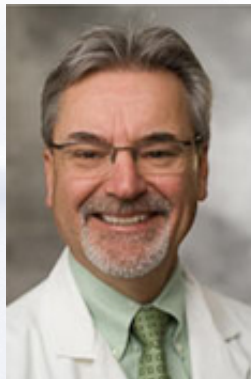


SURGERY Synopsis

Jurkovich Heads to Denver Parting Wisdom from 23 Years



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“Did you ever get the feeling that you wanted to go, but still had the feeling that you wanted to stay?” These lyrics from a song by Jimmy Durante sum up Dr. Jerry Jurkovich’s state of mind as he prepares to leave his position as Professor in the Department of Surgery, University of Washington and Chief of Trauma Services at Harborview Medical Center. After 23 years at HMC, Dr. Jurkovich has accepted a position as Director of Surgery at Denver Health & Vice Chair of Surgery, University of Colorado; his new position begins in March 2012.

Recently, two of the Department’s Assistant Professors in Trauma/Burn, Dr. Heather Evans and Dr. Erik Van Eaton, were able to talk with Dr. Jurkovich as he reflected on his time at Harborview, his thoughts about leaving and his new position.

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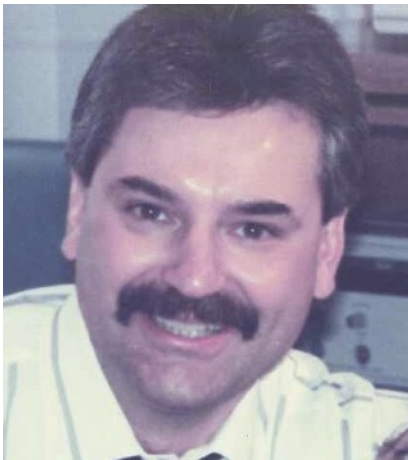
Question: “How do you decide that it’s time to do something new in your career?”

Dr. Jurkovich: “I think it’s different for absolutely everyone. Sometimes you have to go because you’re no longer welcome or feel like you belong in some place. That certainly never was the case for me here. Sometimes you go because a job is so good, you can’t pass it up. There is just so much more money, so much more everything, you just can’t say no, but that wasn’t the case either. Sometimes you go because of family reasons. That’s actually not the case either.

“So then what are you left with is why? This was really the struggle for me: why?

“On this shoulder was this little elf saying- ‘you have it perfectly good here. Why are you messing with a good thing? You have a great life. You’re very comfortable, you love your job, you love the people, you’ve made a name and established a position for yourself. You’re doing very well.’

“On the other side, there’s this little guy saying: ‘come on – let’s just do something different. Let’s do something fun. Let’s take a chance, take a risk, you know. You’ve always said you wanted to do this. You’ve looked at these jobs for 15 years in different ways, shapes or forms. This may be your last chance - maybe. So, why not?’ That (voice) ended up winning out.



Dr. Jerry Jurkovich, circa mid-1980s

“And so how do you know when it’s time? I don’t know. It’s like having kids, there is no good time to decide to have kids, you just do it.”

Question: What was it about this particular job that made you decide to make the change?

Dr. Jurkovich: “(This new job)...just had a good combination: 1) It was where I trained, so that’s a little bit of the appeal... not overwhelming, but some...but it doesn’t really carry much of that ‘oh, I remember when’ sort of issue. 2) The timing is right. Family circumstances make it easier now. The kids are established, they pretty much have their life. Dee (my wife) was ready to move. 3) (The job) is something I’ve always thought about doing. I’ve always thought about being the chief of surgery at a hospital like Harborview, a safety net hospital, a county hospital. I always thought it would be a next step. I’m expecting it to be different (and a challenge). 4) I know that I’ve liked Denver in the past, I have every reason to believe I’m going to like Denver – you know, I’m going to like its weather, I always have. My hobbies are fly fishing, skiing and playing golf and that’s a great location for those. I could use some more sunshine and dry weather.”

23 Years of changes: To his job, to the trauma system and to Harborview

Dr. Jurkovich spoke about his professional life, reflecting on the changes he has seen come to Harborview, to the discipline of trauma surgery and how those have affected him.

Question: Let’s talk about for a couple minutes what you feel like you’ve accomplished since you came here.

Dr. Jurkovich: “I started “twenty-three and a half years ago; August 8, 1988.” The changes since then have been many.”

Changes to Harborview

“I’ve watched the hospital grow...probably 500 million dollars’ worth of expansion. I have watched all the waterfront as it was built, the R & T (Research & Training Building) as it was built and then the Maleng (building) and (finally) the Ninth and Jefferson Tower... I’ve gone from clinics down at the end of this hallway to the West Clinic over into this clinic. We moved clinics three times.”



Harborview Medical Center
Maleng Building

Changes to the UW Trauma Surgery Program

“We hugely expanded the faculty over that time period – and really most significantly, I think, is our expansion of the fellowship program, the variety of options we offer - the critical care fellowship, the MPH program, the acute care fellowship, the research fellowship. Those (changes) have been really big.”

Development of a state trauma system:

“The development of the state trauma system began in 1985. I came in 1988, and the trauma system really began in the very late 80s and early 90s. I’m really proud of what Washington state has done and what Ron Maier (Ron Maier, MD, Professor, Chief of Surgery, Harborview Medical Center and Division Chief of Trauma/Burns) started before I was here. We did it together for a while; then, largely I took over the last half (of my time here).

“(During this time we) cemented Harborview as a single Level 1 institution for the entire state. (We worked through) the ups and downs of Airlift Northwest and its ability to transport people (to HMC) from Alaska and Montana and all over the world. This program - a regional program with a single Level 1 Trauma Center - is really a unique model for the country. A lot of people point to and look at it as arguably the premier trauma system, in terms of design, for the world. We’ve attracted a lot of international visitors and local visitors and people have come and looked at it...We’ve expanded our connections with Japan and China. That connection has been fun to watch.

“There are a lot of reasons we’re able to do it (design a premiere trauma center), but part of it’s just the way the Northwest is.

“Continuing to build a state trauma system into a true regionalized inclusive network to maintain it over a 20 year period, and to maintain Harborview as the only Level 1 trauma center ~ (accomplishing that) was a big deal. To keep that running and working and keep the hospital expanding – I mean, all that has been based on the continuous expansion, continuous inflow of new patients every year over that time period. Making that happen and keeping it working and afloat was good fun.”

Taking it to the next level: Work at the Regional and National Stage

Dr. Jurkovich continued: “the opportunity to work here has provided me involvement in a variety of different national leadership issues. Both the Committee On Trauma (COT) of the American College of Surgeons and the American Association for the Surgery of Trauma (AAST), have afforded me really significant opportunities to be involved in activities I thought important and that made a difference.

“I worked all the way through the COT from participant into state chair into regional chair and then to the vice chairman of the whole COT. During that time COT converted all the regional structures and made three different international regions. The COT did great work with site verification visits, system performance, resident paper competitions – they’ve done really a lot of good work. That was a lot of fun.

“On the trauma side working with AAST and the Western Trauma Association has been very terrific for me. Working with the AAST, leading the committee for a decade, we were able to develop this concept of acute care surgery and put on paper the requirements for what a modern trauma surgeon is – a mix of surgical critical care, emergency general

surgery, and trauma surgery – a real acute care surgeon. We redefined what a trauma surgeon is and (we worked to) define fellowships for this training, making it a really viable pathway for a career. We (worked hard) to convert (trauma) fellowship into critical care or acute care surgery fellowships.

“From a national level, this place (HMC) afforded me the gravitas to say, ‘well, I come from a place that really practices like that and we do a really good job.’ So people listen to you; you’re speaking from experience. Harborview and the University of Washington allowed that to happen. You get the freedom to go to all those meetings and to do all that stuff and to be gone from work and have partners that cover for you and have a hospital that understands it. That is really good.”

The Local Surgical Community

“I think being involved in the local surgical community is important. I think one of the great advantages of being in an academic career is that you have enough time and enough opportunities to be involved with things other than your clinical care at the hospital. You really are afforded the opportunity to do more than that. I’ve always been a real fan of the local surgical societies, whether it’s the Seattle Surgical Society or the state chapter of the American College of Surgeons, or the North Pacific Surgical Association. I thought those were great because they get you to know the other surgeons in the community who are doing more than just caring for their patients and going home.

“It’s hard for private practice community surgeon to make it to the state chapter to be involved in those things. So I have a lot of respect for people who did that. I like knowing them, I like talking to them, I like their different

perspective. It gave me great insight into what their life was like so that when they were calling for a trauma referral, it gave me some sense of what they were dealing with. And, I think that works both ways. I think making that contact for you is helpful for them to know there’s a contact in the referring center that they can go to.

“So I’ve really enjoyed getting to know the other surgeons in the city and the region and the county, and as a trauma director for the place that serves as the only Level 1.”



Harborview Medical Center

Going to Denver: Challenges and Opportunities Ahead

Question: All that community building that you’ve done, how does that parlay into your new position?

Dr. Jurkovich: “I think for me I’ll probably carry that same attitude back to Denver, which is, I’ll go to as many of the Denver surgical meetings as I can. I’d like to visit every hospital that sends patients to Denver Health at least once to say ‘I’m new here, you might not

know me, but I want to know what you need.'

"It's a particularly competitive environment there. It's the Wild West out there. The government has elected not to put many constraints on what kind (and how many) trauma centers (they allow); so consequently there's huge competition, there are essentially helicopter wars. I think there are 17 helicopter transport services in the state of Colorado. That environment is totally different (from here)."

Question: So what else will you take to Denver Health?

Dr. Jurkovich: "The trauma surgeons at Denver Health epitomize what it is to be acute care surgeons. I mean they really do. They're wonderful at it. Their core group of eight general surgeons really does the vast bulk of all general surgery - thoracic, vascular, endocrine, oncology. They have a nice model that I'd want to expand upon, which is there is one person among their faculty who actually is the kind of established expert in X. They use that person when they need help or need guidance or need teaching about something. So, for instance, there is a breast surgeon there. Everybody does breast work, but there is a full-time breast surgeon who you can turn to if you need help with some breast work. All these people take trauma call and they are - they're trauma surgeons - but they have a clinical area of expertise. I'm going to see if we can hire each of our faculty with a single area of expertise that's out-

side of general trauma surgery, but the vast majority of what they're going to do is going to be general trauma, general surgery and trauma and burn surgery. Their elective practice will be whatever their elective niche is. I like that concept and we'll see if we can make that fly as a group."



Denver Health Medical Center

Question: So what do you see as the thing that's going to be your biggest challenge in moving on?

Dr. Jurkovich: "I suspect that my biggest challenges are things that I'm not even thinking of as being challenges. I don't know what I don't know."

"I think the personnel management might be harder than I think it's going to be. The practice style there, the way the hospital is run and the way the faculty are related to the university and their academic issues are totally different than this environment, and so I think that'll be a challenge to me to accept that and learn how to make the most out of that circumstance. The physicians are all employees of the hospital, they have their academic arrangement

with the university, but there really is no financial arrangement with the university. And as an employee of a hospital, it's much more like an employee than it is like a professor.

"I think (our professional life) is a very free lifestyle here. I mean, really unfettered - you know, kind of do whatever you want to do - as long as the work gets done. I expect that to be a change and I'm a little nervous about that part of it."

"And, I think the sense of responsibility as the leader of the surgery department, as chief, will probably be more significant than I initially appreciate. The issue of the weight of

your word, the weight of your actions, the weight of your attitudes, your presence, will have more of an impact than I imagine (now) that it does. So a lot of the casualness I think will be gone."

Question: Who are the people that you think of in your training, in your professional career beyond training, that you would think about in trying to emulate?

Dr. Jurkovich: "Carlos Pellegrini, MD (Professor and Chair, Department of Surgery, University of Washington). I think Carlos does a spectacular job. His dedication and work for the University of Washington has been unparalleled, although I'm not quite sure how he's done it. He is always upbeat and positive. I think he does a really good job. Rick Goss, MD, the medical director here at Harborview, has done a lot of

things that I've enjoyed watching how he does them. Ron (Maier) of course, and the way he has this ability to control the faculty yet let them do the best they can do has been phenomenal. So, Ron, Carlos, Rick Goss, and then, Johnese Spisso (Chief Health System Officer, UW Medicine & Vice President, UW Medicine Health System). I've appreciated the way she's moved from being the trauma nurse coordinator to chief medical officer for the entire university health care system. Her 'can do' attitude and, 'okay, we'll try to do that. Let me figure out how we're going to do it.' She's been good. Those four individuals are the ones (from here) that come to mind."

Deep Roots in the Seattle Community

Dr. Jurkovich talked about the deep root he and his family has in Seattle: "We have loved Seattle. We're planning on coming back and retiring and living at least part of our life in Seattle. I love the Northwest. I love the green, I love the water, I love the trees, I love the politics, I love the people. I love the long summer days. I like everything about the Northwest.

"We raised our kids here - in the same house - from preschool to end of college. We became really involved with the community. I really liked that. When we were at our home community, I was not Dr. Jurkovich, I was 'Dee's husband' because she was really involved with school and the kids. Then when we crossed the bridge and came into Seattle, it was - (to Dee) 'oh, you're Dr. Jurkovich's wife.' We had sort of parallel kind of worlds. So that was sort of fun. I enjoyed that."

Thoughts on Leaving the University and HMC

"I actually don't think there's a better

place to work for an academic surgeon than Harborview and the University of Washington. I can't imagine a better work environment than this. It has spectacular people, incredible freedoms, terrific support, great clinical resources, great patients, a political environment that allows you to work in comfort in a safety net hospital with very little struggle, relatively speaking.

"That's part of the reason I really struggled with this (new) job. I just wanted to make sure I was doing it because it was something I really wanted to do, not because it was something I thought I had to do. I think I'm too old to think it's something I have to do.

"That would be my advice: to do stuff that you like to do and do it because you like to do it. Not because you think you should, not because you think it's a steppingstone, not because you think it's a good way to get to someplace. That'll burn you in the end. Just do it because you want to do it. And because you think it's fun, and it will work out great. Whatever it is."

23 Years of Changes at Harborview

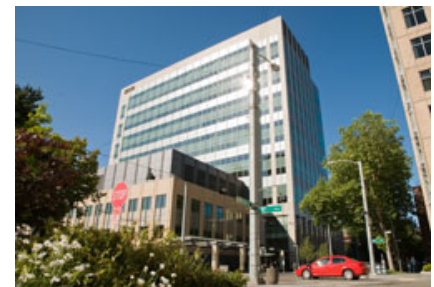


Norm Maleng Building

The Norm Maleng Building adjoins Harborview's East Hospital wing by a six-story bridge building, which spans

Ninth Avenue and makes a bold architectural statement. Public art is integrated into the streetscape and under the bridge building, which also includes a soft blue lighting treatment for the north façade.

Named in honor of the late King County prosecutor Norm Maleng, this state-of-the-art facility for inpatient expansion was built to the highest seismic standards and houses eight new operating rooms, 50 additional critical- and acute-care beds, clinic space and visitor waiting areas.



Ninth & Jefferson Building

Ninth & Jefferson Building (NJB), a 14-story building located across the street from the main medical center.

Positioned on the eastern crest of the hill on Ninth Avenue, the building (908 Jefferson Street) is bordered by Terry, James and Jefferson streets and serves as a new gateway to the Harborview campus.

NJB houses expanded specialty services such as, the Eye Institute, Global Health, Institute for Simulation and Interprofessional Studies (ISIS), Neurosciences, Otolaryngology, Orthopaedics, UW Medicine Sports and Spine Center and the Sleep Institute.