

Surgery News

Peter is truly a “renaissance” plastic surgeon, unfazed at taking on the most complex surgical problems, from devastatingly complex neurofibromas of the face to microsurgical facial reanimation to microlymphatic reconstruction with 12-0 suture. No matter how difficult things got, Peter was always unflappable with the famous “Neliganism”: “It’ll be fine.” His incredible skill and composure made him a superlative teacher, as all of our residents and fellows can attest to, and many of our faculty, myself included.

Outside of his incredible career, Peter is well known for his fabulous guitar and piano skills and has even helped organize annual jam sessions at national conferences. Upon retirement, he and his wife relocated to sunny Phoenix and they plan to spend more time with their children and grandchildren in Toronto once the border is reopened. Although we are deeply saddened to see Peter leave, he had an incredibly important and enduring impact on our program and he will always continue to be a part of our UW family as Professor Emeritus. The residents, faculty and staff of the UW plastic surgery program thank Dr. Neligan for his years of service, education, kindness and incredible stories. He is truly “irreplicable” and is sorely missed.

Nicholas B. Vedder, MD
Professor of Surgery & Orthopaedics
Jamie A. Hunter Endowed Chair
Chief, Division of Plastic Surgery
Vice Chair, Department of Surgery

MARK BRAKSTAD RETIRES



After 28 years as a general surgeon, Dr. Mark T. Brakstad retired from University of Washington (UW) Department of Surgery on June 30, 2020. He was born in Montana and received his chemistry degree from Montana State University in Bozeman in 1979. He attended medical school at the University of Washington, where he met and married Susan, one of his medical school classmates. They eventually had two sons and a daughter, Jonathan, Markus, and Alex, who are all young adults now.

After medical school, Dr. Brakstad completed a Pediatric residency at Children’s Hospital in Cincinnati, Ohio in 1986, then a General Surgery residency at the University of Iowa in 1991. He then returned to Seattle where he did pediatric research at Children’s Hospital and Medical Center from 1991-1993, and also worked as an ER physician at Olympic Memorial Hospital in Port Angeles from 1991-1994.

From 1993-1995, Mark became a solo general surgeon, practicing out of NW Hospital. Since he was the 18th general surgeon at the Hospital, no one thought he could build a solo practice. He proved them all wrong, working tirelessly and reportedly prowling about the ER often. Mark then joined Northwest Surgical Specialists in 1995, which was a private practice group and part of Proliance Surgeons. When Northwest Hospital was acquired by the University of Washington in 2010, and in 2013, Northwest Surgical Specialists started working with surgical and family practice residents, Mark became a Clinical Associate Professor in Department of Surgery. Mark served as Northwest Hospital’s Chief of Staff from 2001-2003



Celebrating Mark as 2012 Care Award Honoree

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Mark with "the catch of the day"

do surgically under any circumstance, even if it's something he hadn't done since residency. Despite Mark's wealth of knowledge, he usually didn't speak up in meetings unless specifically asked to do so. He was a sea of calm in the midst of a hectic office and in a stressful profession. Mark's quiet jokes included sending new OR circulating nurses out to look for the Otis Elevator or non-existent sutures, asking medical students to hold bits of tissue for as long as possible or enticing them to contaminate themselves in the OR, hooking together all the paper clips in the office, and stealthily turning off lights in a room without being discovered. He didn't like dressing up, and generally wore scrubs, a scrub hat, and black Converse All Stars to clinic.

Dr. Brakstad never managed to type with more than two fingers on each hand, but survived the conversion to electronic medical records in 2015, mostly through working 14+ hours a day plus weekends, and also with Dragon voice recognition and eventually a scribe. Mark rounded nearly 365 days/year, with the exception of just a few weeks a year when he was

either at a hernia or trauma conference in Las Vegas, or vacationing with family in Montana. Mark loves to hunt and fish, as well as collect coins. He is now walking six miles every day, rain or shine. He was a wonderful teacher and mentor, and is greatly missed already for his friendship, partnership, mentorship, teaching and wisdom. We wish him a very healthy and happy retirement.

Alison L. Perrin, MD
Clinical Associate Professor
Division of General Surgery

PREVENTING MEDICATION-RELATED PROBLEMS IN CARE TRANSITIONS TO SKILLED NURSING FACILITIES



In September, [Giana Davidson](#), MD, MPH, and her team launched a 5-year cluster randomized [trial](#) funded by the Agency of Healthcare Research and Quality. This R01 will test the effectiveness of a new healthcare transition program focused on reducing medication-related problems and improving patient- and caregiver-reported measures of the quality-of-care transitions for patients transitioning from hospitals to skilled nursing facilities (SNF).

The team has focused on improving care coordination for people discharged to skilled nursing facilities following hospitalization given the unique challenges for patients and their caregivers during this time. These patients are at particularly high risk for poor outcomes given they are often medically complex, have had an unexpected hospitalization, and/or require a healthcare team that can be fragmented and include primary care teams, subspecialists, and the SNF and rehabilitation teams, often none of whom share a common electronic medical record. This work has brought together a team with a range of expertise focused on addressing the gaps in transitions of care that ultimately exposes some of our most vulnerable patients to complications, emotional distress, and costly medical errors. Importantly, this team is also focused on better understanding how care transitions may be experienced differently by some people (e.g., those that are minoritized, do not speak English, lack social support, or have low health literacy) and will examine equity in outcomes of the intervention across the health system.

In addition to Dr. Davidson, this team includes [Elizabeth Austin](#), MPH, Research Scientist, Department of Health Services; [Zachary Marcum](#), PharmD, PhD, MS, Assistant Professor, Department of Pharmacy; [Thuan Ong](#), MD, MPH, geriatrician, palliative care physician and the Medical Director for UW Medicine Post-Acute Care; [Edwin Lindo](#), JD, critical race scholar and Assistant Dean of Social and Health Justice; [Oleg Zaslavsky](#), PhD, MHA, BSN, Associate Professor, School of Nursing; [Bryan Comstock](#), MS, Senior Biostatistician in the Center for

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