

# SURGERY

## Synopsis



### CHAIR'S MESSAGE



**Douglas E. Wood, MD,  
FACS, FRCSEd (ad hom)**  
*The Henry N. Harkins  
Professor and Chair*

In mid-March we reached the one-year mark of living with COVID and by many measures, we have turned the corner in this battle. It's not over, but as many are saying "there is light at the end of the tunnel."

It is worth reflecting on the past year and the Department's response. First, I am proud of the Department's resilience and ability to adapt to ever changing circumstances over the course of this year. The phases of COVID demanded different responses and it frequently felt as if we were flying the plane while we built it.

Going back a year to March 2020: suddenly everything was different. We all had to change how we worked and how we lived outside of work. The impact on our patient care systems was swift and dramatic. So many systems in the hospital exponentially ramped up as we learned new COVID protocols, worked to acquire sufficient PPE and so much more. Surgery was greatly affected when all elective surgery was cancelled, almost all of our staff began working remotely and our resident and clerkships had to completely alter their training programs (the changes made were covered extensively in our Fall 2020 [issue](#)).

The Department determined not to let this crisis just be a crisis, but rather a moment to examine and improve processes. An example was a multi-departmental workgroup formed to focus on the long-standing issues of late OR start-times, long turnover, and inaccurate predicted case length. The goals of this initiative are to improve the OR efficiency by 20%, i.e. to be able to do 20% more cases in the current block time. (Some have misinterpreted this that

we are asking faculty to do 20% more work; this is not the case.) Other anticipated benefits are increased surgeon satisfaction, improved OR team relationships, and better patient experience due to more reliable start times. And for the hospitals and health system the goal is to better utilize the important operating room time and allow us to catch up on the backlog of patients needing surgical care.

UW Medicine and the Department learned a lot during the complete shutdown and when the second wave of the pandemic arrived, we were able to provide a more nuanced response. A cross-departmental leadership team, of which I am a part, has been able to use the lessons learned more broadly and put a more fine-tuned focus on UW Medicine's response to the COVID winter surge. The dedicated work of our faculty allowed us to eventually regain and maintain the ORs at full status. The months of March, April and part of May 2020 saw steep declines in surgery, which affected our finances; however, the changes and careful management since we were allowed

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to reopen the ORs fully has resulted in a 6.9% increase in productivity over the prior year and a 6.4% increase over current budget. Meeting these budgets had seemed unattainable in Spring of 2020.

The faculty were experiencing enormous change, but our staff have been partners throughout and deserve special thanks and acknowledgement. They have also been affected profoundly during the pandemic. Overnight most had to transition to remote working, which for many included setting up a workspace, learning new technologies in order to keep work flowing, and some dealing with children out of school or multi-generational households with COVID health concerns. Throughout the uncertainty and disruption of this period our staff have responded with professionalism and determination to keep work moving forward. I know the faculty, trainees and leadership join me in saying a big thank you to all our staff; they are appreciated by all of us, and the glue that holds together our mission to improve the health of the public.

I know how hard this has been on faculty. They have had to work differently and have experienced enormous professional disruption. As example, all professional meetings in the last year were conducted remotely; and while this worked, it is a major professional disappointment for the academic surgeon, who thrive in their collaborations and networks of colleagues around the

U.S. and around the world. Nonetheless, faculty continued with their academic work, presenting papers and research remotely. And, we continued building our clinical programs – some new, some enhanced.

The biggest change occurred throughout the entire UW Medicine system. UW sites, both inpatient and outpatient, are now all on the same electronic medical record system – known as Destination 1 (D1) and built on the EPIC electronic platform. The importance and enormity of this change is profound. This move has been planned and implemented over several years. Implementation required building technical infrastructure, converting and integrating medical records, testing, training and finally going live on Saturday, March 27, 2021. In 2020, Harborview Medical Center, UW Medical Center and Valley Medical Center admitted 59,251 patients, UW Medicine's primary, specialty and urgent care clinics had 1,633,592 patient visits, and all of these patient charts are now on one system. Caregivers at any of those sites can pull up the entire medical record on any UW patient. The COVID restrictions have increased the logistics of bringing this change to fruition. I so appreciate our faculty, several of whom were designated as “super users,” whose job it was to help us all during training and these first days of “go-live.”

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We added a substantial number of new faculty this year, reflecting renewal and growth of our clinical programs. Some of our new faculty have been introduced in previous issues; more are introduced in this issue. They bring with them new programs, fresh ideas, and incredible talent. I am thrilled to have them join UW Surgery; they give me a lot of optimism about our future. You will be able to read about them on page 8.

The Schilling Lecture and activities, an annual all-department event was conducted entirely remotely. It was well and was especially important for the residents presenting their research and those attending the symposium. A full report on the Schilling Lecture events can be found on page 4.

As discussed in our last issue, the training programs for our residents, fellows and medical students all underwent substantial revamping. I'm pleased to say that our trainees did more than just adjust to the circumstances, they led with creativity, dedication, and self-sacrifice. Not only did our residents quickly work to reorganize into distinct cohorts to change how they delivered care, but they also volunteered to care for non-surgical patients during the Covid surges.

This year's resident interviews were all conducted remotely, culminating in "Match Day" on March 19, 2021. I'm happy to report that all of our resident slots in all four of our programs filled with top tier residents; great residents attract other great resi-

dents! We are incredibly fortunate to have a talented and diverse class of R1s joining us at the end of June.

Finally, and not least, I am proud of the Department's response to the societal issues of racism, discrimination and health inequities that came into the forefront over the summer. We explored the Department's response and many of our activities in our Spring [issue](#) of Surgery Synopsis. Our activities continue in our pursuit to make a better and more just place to work and a more just society. A recent example of our ongoing work - and the way that the Department of Surgery is providing leadership around this important issue of gender equality for surgery faculty and residents - is the Pregnancy Policy for faculty and residents that was developed by the Women's Council, chaired by Dr. Kris Calhoun. The policy is based on input from women faculty and residents and reviewed against ACGME guidelines as well as federal, state and University laws, guidelines and practices. In fact, the work of the UW Surgery Women's Council largely informed the updated policy statement from the American College of Surgeons on Pregnancy, Parental Leave and Workplace Accommodations for Surgical Residents and Fellows, and a similar updated policy for faculty. I am pleased to announce that this policy has received final approval from all parties and has been signed by Dr. Calhoun as the Chair of the Women's Council, Susan Marx, Vice Chair of Finance & Administration, and myself. We will be reviewing with Leadership

Council and rolling out to the entire faculty in April 2021.

Our faculty continue to shine and be recognized for their achievements. Please find our faculty in the media on pages [14](#).

I hope you enjoy reading this issue of Surgery Synopsis.

Sincerely,

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The Henry N. Harkins  
Professor & Chair  
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Harborview Medical Center / West View