



On page 2 read about Swedish's comprehensive service for sarcoma patients.

Doc Talk

Published for healthcare professionals.

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Concussion Awareness and Baseline Testing

The *Journal of the American Medical Association* recently published an updated study that showed 110 out of 111 brains of deceased former NFL football players showed signs of chronic traumatic encephalopathy (CTE).

Children and adults who participate in school and league sports may know about the risk of concussion while playing sports, but concussions can occur almost anywhere. A bump or jolt to the head or body may produce this type of mild traumatic brain injury.

Swedish sports medicine physicians encourage primary-care providers to ensure their patients know the signs of a concussion, so they can get their child — or themselves — immediate medical care if needed. It is also important for parents to ensure their children recognize concussion symptoms and to confirm that their children's coaches monitor for concussion and adhere to return-to-play and return-to-school guidelines.

Swedish provides baseline concussion testing, comprehensive concussion management and guidance for return-to-play decisions for adults and children who participate in league

Swedish Sports Concussion Clinic
www.swedish.org/concussionclinic
 Cherry Hill (Seattle), Ballard and Mill Creek
 206-386-2677
 Bellevue, Issaquah and Redmond
 425-498-2272
 Renton
 425-391-5800

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Services to Address Perinatal Mood and Anxiety Disorders

Research has shown that perinatal mood and anxiety disorders (PMADs) are the leading complication of childbirth. Regardless of age, number of previous births, race or ethnicity, an estimated 15 percent or more of mothers experience PMADs after delivery.

The term "PMADs" encompasses a range of clinical diagnoses, such as depression, anxiety, OCD, PTSD and psychosis. They can develop both in pregnancy and postpartum.

Women are at risk for PMADs for the first two years after giving birth. Studies have found that untreated PMADs can be associated with poor prenatal care, substance abuse and pre-term labor, as well as significant maternal functional impairment, increased risk of child abuse and neglect, and long-term maternal and child mental, behavioral and cognitive problems.

The Center for Perinatal Bonding and Support at Swedish is the first program on the West Coast to offer both a partial hospitalization program (Day Program) and outpatient services. The program was

Center for Perinatal Bonding and Support

Specialists at the Center for Perinatal Bonding and Support provide behavioral health services for pregnant and postpartum patients. They are available for consults and referrals.

1101 Madison Suite 500
 Seattle, WA 98017
 Phone: 206-320-7288

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Meeting the Needs of Patients with Sarcoma

A multidisciplinary team of specialists has made Swedish a regional referral center for patients with soft-tissue and bone sarcomas.

Sarcoma, including cancers such as osteosarcoma, rhabdomyosarcoma and Ewing's sarcoma, is often considered an orphan disease (those affecting fewer than 200,000 individuals nationally). This impression makes it difficult to secure research funding through government sources or philanthropy. However, based on 2007-2009 data from National Cancer Institute Surveillance Epidemiology End Result (SEER), one in 304 men and women will be diagnosed with soft tissue cancer and one in 1,270 will be diagnosed with bone and joint cancers during their lifetime. Extrapolating those statistics to the U.S. population of 300 million, the Sarcoma Alliance suggests that about one million people have been or will be affected by sarcoma.

Swedish is addressing these challenging statistics by providing a comprehensive service for adults and children in the Greater Puget Sound Area and the Olympic Peninsula. The core sarcoma team includes medical, surgical and radiation oncologists, pathologists, and orthopedic surgeons. The team also closely collaborates with plastic surgeons for free-flap and microvascular reconstruction.

New patients receive a comprehensive, team-based evaluation, and are triaged to a medical or surgical pathway. The goal is to create customized teams and treatment plans that are appropriate for each patient.

Treatments for sarcomas are becoming much more sophisticated as gene sequencing helps define the soft tissue and bone tumors, and the most effective measures to treat them. Along with radiation

therapy, treating sarcomas at the Swedish Cancer Institute (SCI) may include newly approved medical therapies, such as:

- **Tribectedin:** For patients with advanced liposarcoma and leiomyosarcoma, whose cancer cannot be removed surgically and have already been treated with anthracycline-based chemotherapy
- **Eribulin:** For patients with advanced liposarcoma whose cancer cannot be removed surgically and who have already been treated with anthracycline-based chemotherapy
- **Olaratumab:** A novel platelet-derived growth factor (PDGF) receptor- α -blocking antibody that received accelerated approval by the U.S. Food and Drug Administration that can be used in combination with doxorubicin as an initial treatment for soft tissue tumors

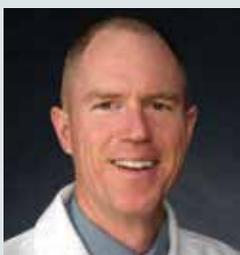
Orthopedic surgeons bring to the team their considerable experience in limb-sparing procedures for bone and soft-tissue cancers, and reconstructive surgery utilizing the most up-to-date implants.

Through its partnership with the National Cancer Institute Community Oncology Research Program (NCORP), physician-researchers at SCI also have access to clinical trials that might be incorporated into the treatment plan of eligible patients with diagnosed sarcoma. ■

To consult or refer a patient, call **1-855-XCANCER (1-855-922-6237)**

Case Study: Soft Tissue Sarcoma of the Thigh

Christopher P. Cannon, M.D., Orthopedic Oncology



Christopher P. Cannon, M.D.

A 52-year-old woman presented to her primary-care provider (PCP) with a soft tissue mass on the back of her right thigh. She reported that it was painless, but was getting larger. Her PCP had ordered an MRI of the thigh, which demonstrated a 12-cm enhancing, heterogeneous mass in the posterior thigh.

The patient's PCP referred her to an orthopedic oncologist at The Polyclinic, a Swedish Health Services partner. Physical exam confirmed a large, relatively firm mass in the posterior aspect of the thigh. The remainder of her examination was unremarkable. After carefully reviewing the recent MRI, the orthopedic oncologist felt the mass

was most consistent with a soft tissue sarcoma, which was in direct contact with, but not directly involving, the sciatic nerve.

Given the size, growth and MRI appearance, the orthopedic oncologist determined a tissue diagnosis was needed. As the mass was readily palpable, the orthopedic oncologist felt it would be amenable to an office core needle biopsy, which is a safe, expedient and cost-effective means of obtaining samples of readily palpable masses. Using local anesthetic and an 18-gauge Tru-Cut™ biopsy needle, several core samples were obtained through a small nick in the skin. The patient tolerated the procedure well.

The specimen was sent to CellNetix Pathology and Laboratories in Seattle for evaluation, where a pathologist determined the tumor was an undifferentiated pleomorphic sarcoma of at least intermediate grade. A staging CT of the chest, abdomen and pelvis

(continued)

Sarcoma Case Study *(continued)*

was promptly obtained, which revealed a small right axillary mass. The musculoskeletal radiologist and orthopedic oncologist felt the axillary mass was likely not related to the soft tissue sarcoma, but they wanted confirmation. The mass was not palpable and thus was not amenable for an office biopsy. The patient was referred to Swedish Interventional Radiology for a CT-guided core needle biopsy. The biopsy revealed benign peripheral nerve sheath tumor (schwannoma).

The case was presented at the Swedish Sarcoma Tumor Board. Given the size (>5 cm), location (deep) and grade (intermediate to high) the consensus was that the patient was at higher risk for developing metastatic disease. Also, given the close proximity of the sciatic nerve, any reduction in tumor size prior to surgery would be helpful in an attempt to spare this vital structure, while obtaining appropriate margins. Thus, neoadjuvant (preoperative) chemotherapy and radiation were recommended. The benign peripheral nerve sheath tumor would be monitored, but would probably not require treatment.

The patient underwent six cycles of chemotherapy at the Swedish Cancer Institute (SCI) with adriamycin and ifosfamide. After completing chemotherapy, she was referred to radiation

oncology, where she successfully received 4500 cGy of radiation to the tumor. She tolerated both chemotherapy and radiation therapy with no significant adverse side effects.

A follow-up MRI after completing both chemotherapy and radiation therapy showed an approximately 3-cm decrease in the size of the mass, with a more clearly defined plane between the tumor and the sciatic nerve.

Four weeks after completing radiation, which allowed the skin to recover, the patient underwent a resection of the sarcoma. It was successfully removed with negative margins and the sciatic nerve was preserved. Because of her preoperative chemotherapy and radiation, her wound was followed very closely. Healing was uneventful.

The patient is now two years out from her original diagnosis. She has no evidence of local recurrence or metastatic disease. Her leg feels normal and she has normal function. She continues to work full time and enjoys participating in all of her pre-surgery recreational activities. ■

This patient's care was a collaborative effort of the following specialists from CellNetix Pathology, The Polyclinic and the Swedish Cancer Institute: Christopher P. Cannon, M.D. (orthopedic oncology); Vivek Mehta, M.D. (radiation oncology); Min Park, M.D. (medical oncology); and Nuria Perez-Reyes, M.D. (pathology).



Figure 1. T1 weighted axial MRI of the thigh demonstrating a large posterior thigh mass in direct contact with sciatic nerve anteriorly.

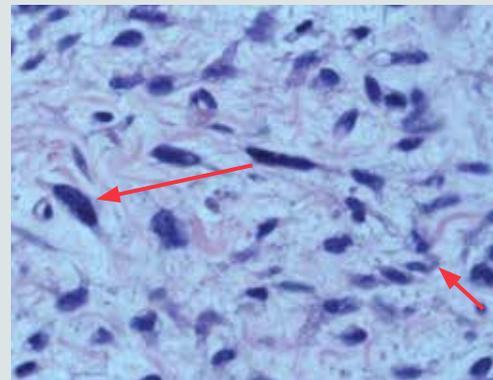


Image 2. Pathology image of tissue sample from core biopsy of the thigh mass. Arrows indicate two areas with evidence of marked nuclear pleomorphism.

(Image courtesy of CellNetix)

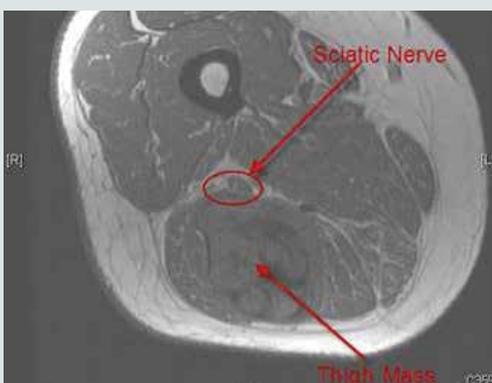


Figure 3. T1 weighted axial MRI demonstrating a significant reduction in the size of the posterior thigh mass. The sciatic nerve remains close but not directly involved with the tumor.

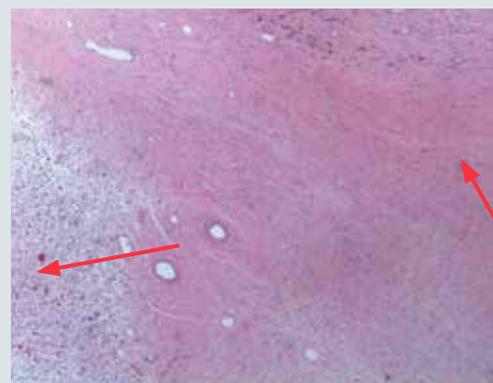


Image 4. Pathology image of the tumor resection, confirming the presence of undifferentiated pleomorphic sarcoma, intermediate grade (lower arrow), and extensive treatment effect (upper arrow).

(Image courtesy of CellNetix)

Perinatal Mood and Anxiety Disorders (continued from page 1)

designed for women suffering from a range of symptoms, including:

- Sleeplessness
- Uncontrollable worrying and feeling overwhelmed
- A feeling of emptiness, guilt and inadequacy
- Excessive irritability
- Impairing anxiety or panic attacks
- Intrusive or scary thoughts
- Poor bonding with baby

Partial Hospitalization/Day Program

Psychiatrists and therapists who specialize in caring for new moms run the partial hospitalization program. Women are admitted for an average stay of two to three weeks, Monday through Thursday, 9 a.m. to 3 p.m. The program includes:

- Education on topics such as coping skills, grief and loss, caring for baby, relaxation and mindfulness
- Opportunities to connect with other new moms experiencing similar symptoms
- Support for mother-baby bonding
- Group, individual and family therapy
- Medication evaluation/management

Women are encouraged to attend the program with their baby as

a way to focus on and practice bonding. The group setting also helps reduce the isolation and stigma associated with perinatal mental health issues.

The program's therapists are trained in cognitive behavioral, interpersonal and dialectical behavior therapies, Circle of Security parenting, and mindfulness. Providers collaborate with marriage and family therapists, lactation consultants and nurse practitioners.

Outpatient Services

The center also offers outpatient individual and couples therapy for new and expectant parents, and outpatient reproductive psychiatry. The center's specialists work closely with providers to ensure early identification of women at risk of perinatal mental health disorders, which facilitates connecting at-risk women to treatment in an efficient and timely manner and offering individually tailored wraparound care to the mother-infant dyad and family.

Outcomes

Since opening its doors in June of 2016, graduates of the program have demonstrated a significant decrease in depression and anxiety symptoms and a dramatic increase in bonding and attachment with baby. ■

Case Study: Perinatal Mood and Anxiety Disorders

Veronika Zantop, M.D., Center for Perinatal Bonding and Support



Veronika Zantop, M.D.

A 40-year-old woman presented at the Center for Perinatal Bonding and Support three months postpartum with a referral for anxiety and difficulty bonding. The patient reported a history of three previous episodes of situational depression related to significant life transitions and heightened anxiety after a miscarriage in 2015. Although she denied previous episodes of anxiety, she sought

counseling following her miscarriage. She said her symptoms improved, but she never felt like herself again.

Evaluation and Treatment

The patient said that for the past month it was difficult finding joy, and that she had lost her zest for life. She was withdrawing from friends, felt irritable and was fighting with her husband.

She reported feeling overwhelmed and having thoughts of wanting to escape her situation. She also said she felt excessive anxiety about her baby, including scary thoughts that something terrible was happening to him, which made it difficult to engage or bond with her baby. Her feelings were causing significant guilt and further worsening of her mood and anxiety symptoms.

Given her passive suicidal ideation, she was referred to the partial hospitalization program (PHP) for further evaluation and treatment, and prescribed Zoloft®. The patient completed several assessments, including:

- **Edinburgh Postnatal Depression Scale (EPDS).** Scored 15/30
- **Generalized Anxiety Disorder-7 (GAD-7).** Her score of 17 indicated a severe level of functional impairment
- **Barkin Index of Maternal Functioning (BIMF).** Her score of 52/120 indicated poor bonding and sense of efficacy as a mother

Progress after one week in the PHP: The patient reported initial improvements in her mood and anxiety symptoms, and was feeling better able to bond with her infant. She said that it was very helpful getting a high level of support and being around women with similar issues. She reported improvement with sleep, appetite and energy, and didn't have feelings of hopelessness or passive suicidal ideation.

Progress after discharge from the PHP: Following graduation from the PHP, the patient continued to follow up with the PHP psychiatrist and a therapist from the Center for Perinatal Bonding and Support. With ongoing support, skills practice and monitoring and titration of her medication, the patient continued to stabilize. After one month, she was back at work and reported finding joy both at work and at home. She said she was fully enjoying time with her baby, was able to focus on him without anxiety or worry, and that finally "bonding really happened." At discharge, the patient's follow-up scores showed significant improvement: EPDS: 7, GAD-7: 6 and BIMF: 100. ■

Developing Long-Term Relationships with Patients with IBD

Inflammatory bowel disease (IBD) affects as many as 1.6 million Americans. It is most common in individuals from 18 to 30 years old. Patients with IBD, which includes ulcerative colitis and Crohn's disease, benefit from developing a long-term relationship with a team of specialists who can centralize their care and monitor and adjust therapies to address symptoms and side effects that may adversely affect their quality of life.

At Swedish, patients with IBD are managed through the Digestive Health Network (DHN) and the Swedish IBD Center. Swedish launched DHN, which is an inter-disciplinary collaboration of more than 50 specialists, subspecialists and surgeons, in 2013 to simplify and streamline access to digestive health services at Swedish. The DHN and IBD nurse navigator is specially trained to triage your patient's condition, symptoms and unique needs, and to connect you and your patient to the most appropriate specialist.

Through DHN, Swedish provides a multi-specialty IBD Center care model to facilitate patient-centered treatment. Gastroenterologists work in partnership with registered dietitians and colorectal surgeons to create customized, flexible treatment plans, which may include nutrition counseling, drug therapy, surgery and possible participation in a clinical trial. The IBD Center model also offers a seamless transition for children with IBD from the pediatric GI group to adult care.

Unfortunately, IBD can be treated, but not cured. It is critical for patients with IBD to be monitored closely throughout their lives because the disease, as well as the medications to treat it, create an increased risk for infections, colon cancer, and blood and dermatologic changes, and also may inhibit bone growth.

The Swedish DHN specialists who care for patients with IBD also develop collegial relationships with patients' primary-care providers. As partners, DHN and PCPs are able to focus on a patient's ongoing — and sometimes complex and time-intensive — GI needs.

Please call **206-215-6533** for more information about the Swedish Digestive Health Network, or to consult or refer a patient to the IBD Nurse Navigator. ■

When to Refer to Swedish

Specialists with the Swedish Digestive Health Network accept referrals and provide consultations and second opinions for patients with symptoms of inflammatory bowel disease, including:

- Diarrhea
- Blood in stool
- Fever and fatigue
- Reduced appetite
- Abdominal pain and cramping
- Unintended weight loss

Call **1-855-411-MyGI** to consult or refer a patient, or visit www.swedish.org/ibd for more information.

Case Study: IBD Therapy During Pregnancy

Karlee J. Ausk, M.D., Gastroenterology



Karlee J. Ausk, M.D.

The young age of onset of inflammatory bowel disease (IBD) provides the opportunity to manage a patient's gastrointestinal disease through a variety of life events and changes. For example, the complex process of pregnancy, childbirth and breastfeeding can be completed successfully in IBD patients with careful planning. Entering a pregnancy with quiescent IBD is the best way to ensure an uncomplicated

pregnancy. Many IBD medications can be safely continued through pregnancy with certain exceptions (i.e., methotrexate and Asacol® HD).

A 20-year-old woman is diagnosed with pancolonic ulcerative colitis. Over four years, she remains stable with natural therapies. She tried and failed (due to worsened symptoms or side effects) 5-aminosalicylates and has declined stronger therapy. She developed severe symptoms of bloody diarrhea and abdominal pain shortly after a positive pregnancy test. Within one month, labs showed severe anemia (hematocrit of 21.5%) with low albumin (2.8 g/dL) and elevated inflammatory markers (CRP 3.56 mg/dL)

consistent with a severe flare. She started infliximab to induce remission. Corticosteroids were avoided because she was in the first trimester of pregnancy. Although she initially responded to infliximab therapy, she developed rapid loss of response despite dose escalation and adequate infliximab trough levels.

She was admitted at 26-weeks gestation with severe bloody diarrhea. Stool studies and a flexible sigmoidoscopy ruled out concurrent infectious colitis. She had severe anemia requiring blood transfusion, malnutrition requiring total parenteral nutrition, and was only partially responsive to intravenous corticosteroids. The colorectal surgery team discussed colectomy for treatment of ulcerative colitis. Hoping to avoid surgery during pregnancy, she started vedolizumab therapy. Over the subsequent six weeks, her IBD symptoms completely resolved. Gradually, her labs normalized and she was able to maintain adequate nutrition off TPN. She had spontaneous vaginal delivery of a healthy baby at 37 weeks gestation.

Prior to delivery, her IBD symptoms recurred to a mild degree and persisted after delivery. Hoping to avoid lifelong medications, she elected to proceed with total abdominal colectomy with plans for subsequent J-pouch. ■

This patient's care was a collaborative effort of the following Swedish specialists: Karlee J. Ausk, M.D. (gastroenterology), Catalina Bernal Schmidt, D.O. (obstetrics & gynecology), Darren R. Pollock, M.D. (colon and rectal surgery), and the dietitians of the Swedish Digestive Health Network.

Nurses are Key to Swedish Clinical Care Navigation

Patients with complex medical conditions face multiple challenges. Not only must they overcome their clinical symptoms and potential side effects of treatment, they must also navigate a complicated healthcare system.

Complexity is not unique to Swedish. For years, experts have researched this topic and proposed various solutions to help the U.S. healthcare system become more patient focused as a means of improving safety and clinical outcomes. In 2001, the Institute of Medicine (IOM) referenced in its report, “Crossing the Quality Chasm: A New Health System for the 21st Century,” an inconsistent, fragmented delivery system that doesn’t use its resources wisely or efficiently and issued a challenge to improve the quality and safety of healthcare in the United States. In response, hospitals renewed efforts to better manage resources and to invest in care coordination and education in an attempt to boost patient compliance and satisfaction, and improve clinical outcomes. Most recently, many hospitals have implemented strategies, primarily in oncology, to help break down roadblocks to care and to ensure patients are able to enter the system and receive necessary care. One such strategy is employing nurse navigators.

At Swedish, efforts to improve navigation are not limited to oncology. It is active throughout the system. The Digest Health Network (DHN), Pelvic Health, the Spine program, and the Swedish Heart & Vascular Institute have nurse navigation programs to help guide patients with a variety of health issues, such as complex digestive, pelvic health, spine, and cardiovascular, heart valve and structural heart conditions.

Nurse navigators at Swedish are registered nurses with extensive clinical knowledge who help patients enter the system through the appropriate portal, provide patient education and coordinate the myriad of evaluation, diagnostic testing, treatment and follow up appointments.

Swedish Navigation Resources

Cardiovascular Surgery:	206-320-7300
Digestive Health Network:	1-855-411-MyGI (1-855-411-6944)
Heart Valve Program:	206-320-8100
Pelvic Health Program:	206-386-2117
Spine:	206-215-6681

For example, the cardiovascular surgery nurse navigator is involved in every aspect of the patients care. She facilitates appointments, educates patients and their family members before surgery, participates in hospital rounds, and coordinates with discharge planners and cardiac rehabilitation for post-surgery placement and to help facilitate recovery. Additionally, the CV Surgery nurse navigator helps collect data through the CareStep program to ensure all CV patients receive the very best evidence-based care.

Sometimes, services provided by different subspecialists overlap and/or a patient’s condition requires extensive evaluation

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Clip & Share with Your Patients

Living in a Dairy-Free World

Creating a dairy-free environment to meet the needs of a lactose-intolerant family member can be challenging. Lactose is the main sugar in milk and other dairy products. People who can’t digest lactose develop cramps, bloating, painful gas, diarrhea and nausea. There is no cure for lactose intolerance. These individuals must get the vital nutrients found in dairy products from plant-based alternatives.

Dairy products are the prime source of calcium, potassium and vitamin D. Therefore, if dairy is not part of your menu, it is important — especially for children — to get enough of these nutrients from other sources. Leafy green vegetables and calcium-fortified orange juice are two good sources of calcium. Tomatoes, spinach, sweet potatoes, bananas, and other fruits and vegetables are high in potassium. Vitamin D is found in fatty fish, fortified orange juice and cereals.

Milks made from soy, rice, coconut, cashews, almond, hemp

and flax are all options to replace cow’s milk. If you read the labels, though, you will find quite a difference among these alternatives. For example, soy milk is a close match to cow’s milk for nutrition and a great source of protein. Rice milk, on the other hand, is low in protein and high in carbs. And one cup of almond milk contains just four almonds, and a lot of water and sweeteners.

One additional word of caution for parents of children younger than two years of age: Children that young need fat in their diets to support rapid growth and brain development. Many alternative milks are low fat or fat free. If you choose to serve one of the alternative milks, be sure to find other sources of fat for your young child’s diet.

Take the first step to dairy free. Become a connoisseur of food labels to compare calories, potassium and vitamin D.

Directional Deep Brain Stimulation

Using Steerable Electrodes to Customize Stimulation

Parkinson's disease affects one million individuals in the United States and 10 million worldwide. It is second only to Alzheimer's disease as the most common neuro-degenerative disease.

Many years ago, deep brain stimulation (DBS) moved from the experimental arena to become the standard of care for patients with medically refractory Parkinson's (PD) and essential tremor (ET). DBS uses electrical impulses sent from a neuro-stimulator (pulse generator) to an electrode implanted in the brain to block the electrical signals that cause PD and ET motor symptoms. Conventional DBS (cDBS) has programmed parameters to set the electrical stimulation and control symptoms, but very little can be done to adjust stimulation to an individual's needs after the electrode has been placed.

If a patient has unique anatomy, the electrode can end up close to pathways that should not be stimulated, which may limit their therapeutic window. If the intensity of the DBS is turned up to control their symptoms, they may simultaneously experience side effects. If the intensity is too little, the treatment won't sufficiently control the symptoms.

Exciting new technology, called directional electrodes, may help improve the quality of life for individuals with refractory PD or ET by giving them more control of stimulation and, therefore, more control of their lives. The use of new directional leads allows the treatment team to more precisely focus the electrical stimulation. It also allows the patient to wirelessly adjust to one of several pre-set programs as his or her symptoms change.

With this new technology, individuals with PD and ET experience freedom, confidence and control they've never had before. The mini-controller, Bluetooth® and patient-friendly software allow the individual to make discreet changes wherever he or she happens to be.

For patients with persistent, disabling PD or ET motor symptoms despite medication trials, directional DBS increases the therapeutic window while minimizing side effects.

For more information about deep brain stimulation, the advanced directional DBS technology or to consult on a patient, please call **206-320-5331**. ■

Baseline Concussion Testing *(continued from page 1)*

or school contact sports. Swedish Sports Concussion Clinics are conveniently located throughout the Greater Puget Sound area, including Swedish locations at Ballard, Bellevue, Cherry Hill, Mill Creek, Redmond and Renton.

Michael Erickson, M.D., clinical lead in the Providence Neuro-trauma/Sports Concussion Work Group, recommends that all school-age children playing competitive contact sports have baseline concussion testing. Swedish Spine, Sports & Musculoskeletal Medicine offers baseline concussion testing at its Cherry Hill and Issaquah clinics.

For more information or to consult on a patient, please call the location that is closest to your practice. ■

Tools for Providers

Swedish and Providence providers can link to a smartnote via `.smg/concussion` in Epic. In addition to leading the provider through a concussion assessment, the note has hyperlinks to SCAT, ACE care plan and symptom evaluation forms.

Community partners who do not have access to the Providence/Swedish Epic system may access concussion information at www.swedish.org/concussionclinic and may request a referral by calling the clinic closest to their practice.

Swedish Health Services Quick Reference

1-800-SWEDISH

www.swedish.org

Referral Services: 1-855-448-8094

Ballard

5300 Tallman Ave. N.W.
Seattle, WA 98107-3985

Cherry Hill

500 17th Ave.
Seattle, WA 98122

Edmonds

21601 76th Ave. W.
Edmonds, WA 98026

First Hill

747 Broadway
Seattle, WA 98122

Issaquah

751 N.E. Blakely Dr.
Issaquah, WA 98029

Mill Creek

13020 Meridian Ave. S.
Everett, WA 98208

Redmond

18100 N.E. Union Hill Road
Redmond, WA 98052

Swedish Medical Group

800 Fifth Ave., Ste. 800
Seattle, WA 98104



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Case studies are provided with the consent of the patient or with personal health information removed or altered in order to protect patient privacy.



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Nurses are Key to Swedish Clinical Care Navigation *(continued from page 6)*

and diagnostic testing or imaging. In those cases, it is difficult — almost impossible — for patients to know where to begin, what services they need and what clinic to call for an appointment. Because this is especially true with digestive-health and pelvic-health issues, the DHN and Pelvic Health nurse navigators focus on eliminating the confusion and ensuring patients are on the correct pathway from the beginning. This is particularly helpful for patients who travel to Swedish from cities throughout the Pacific Northwest and need to coordinate multiple appointments.

Although their relationships with patients may not be long-term, nurse navigators are a key element in patient-centered care. They

help patients understand what care they need, why they need it and what to expect. Most importantly, they help remove roadblocks by triaging the patient's medical needs and facilitating appointments with the right specialist, at the right time and in the right location. This is especially beneficial for patients who travel great distances for the highly sophisticated care that is available at a major medical center and regional resource, such as Swedish.

With its focus on nurse navigation and care-team relationships, Swedish is fulfilling its long-standing commitment to make health-care convenient and accessible for your patients. ■

Continuing Medical Education

Physicians from across the region and around the world come to Swedish Medical Center's Continuing Medical Education (CME) courses to learn about new research and innovative treatment techniques. Swedish Medical Center is accredited by the Accreditation Council for Continuing Medical Education to provide

continuing medical education for physicians. Both online CME for credit and recorded CME for viewing without receiving credit are also available. For times and locations, go to www.swedish.org/cme or call **206-386-2755**. Join the Swedish CME email list at www.swedish.org/CMEProfile. ■