DEAR COLLEAGUES,

It is an honor to be a part of the exciting, world-changing work conducted daily throughout UW Medicine. With a mission to improve health for all people, our scientists, teachers, clinicians and dedicated staff strive to make the UW Medicine health system one of the best in the world through discovery and education, and by providing high-quality, safe and effective medical care.

This Report to the Community reflects a small portion of the work we are doing locally, regionally and worldwide as we transform healthcare. This work is conducted in laboratories, at the bedside in patient care settings, in educational settings by training the next generation of healthcare professionals and scientists, and through public advocacy.

Since Valley Medical Center joined UW Medicine on July 1, 2011, there are eight entities in UW Medicine: a school of medicine, four hospitals, a network of neighborhood clinics, a physician practice plan and a critical-care air ambulance service. UW Medicine provides our region with a rich array of resources, from primary care to complex and specialized care for everything from organ transplants to trauma and burn treatment. As the only medical school in a predominantly rural five-state region, we strive to fulfill the need for a well-trained healthcare workforce.

UW Medicine research has global impact. From leading the application of genomics to improving human health to developing new approaches to diagnose, treat and prevent life-threatening human diseases to measuring the impact of global health interventions through the Institute for Health Metrics and Evaluation, UW Medicine faculty, staff, students and trainees play a critical role in addressing issues that touch all people.

The work we do at UW Medicine improves the health of the community and transforms medicine. The work we do changes the world.

Thank you for your support of UW Medicine.

Paul G. Ramsey, M.D.
CEO, UW Medicine
Executive Vice President for Medical Affairs and Dean of the School of Medicine, University of Washington
1945
Gov. Monrad Wallgren signs bill authorizing formation of UW schools of medicine and dentistry.

1946
UW School of Medicine opens with an initial class of 75 students.

1947
Seattle Children’s, then known as Children’s Orthopedic Hospital, becomes a teaching affiliate of the School of Medicine.

1951
The Veterans Administration in Seattle affiliates with the School of Medicine.

1959
UW Medical Center: A $13 million, eight-floor facility built on a former golf course, University Hospital opens to patients with 291 beds and a nursery.
1967

Harborview Medical Center: UW Board of Regents and King County sign a pact by which the facility is managed by the UW, owned by the county and governed by a county-appointed board of trustees.

1962

UW Physicians: A partnership known formally as Association of University Physicians is founded to provide care to the community and to support the medical school’s mission.

1970

The WAMI Program, UW’s proposal to cooperatively expand medical education in Washington, Alaska, Montana and Idaho (Wyoming joined later), receives nearly $1 million in seed funds.

1982

Airlift Northwest: A consortium of Seattle hospitals establishes the air ambulance service.

1988

Children’s University Medical Group: UW Medicine and Children’s Hospital establish this practice to help the hospital and medical school fulfill pediatric patient care, charitable, educational and scientific missions.
1997
Seattle Cancer Care Alliance is founded by UW Medicine, Fred Hutchinson Cancer Research Center and Seattle Children's.

2003
South Lake Union Research: Phase I of the facility is launched.

1996
UW Neighborhood Clinics: UW’s Board of Regents establishes a network of neighborhood clinics to provide primary care throughout King County. The network opens its first facility in 1997.

2010
Northwest Hospital & Medical Center becomes part of UW Medicine.

2011
Valley Medical Center becomes part of UW Medicine.
Johnese Spisso, chief health system officer, UW Medicine, and vice president for medical affairs at the University of Washington, describes how UW Medicine is transforming patient care locally and globally. She also discusses the health system’s strategic plan to lead healthcare reform, while continuing to provide the safest, highest quality care for patients.

Q. How is UW Medicine transforming patient care? What does it mean to say, “From here, we change the world?”

A. At UW Medicine, this means delivering fully on our mission to improve the health of the public. As an academic health system, UW Medicine provides state of the art clinical care, teaches the next generation of healthcare professionals, and translates research into practices at the bedside that lead to improved outcomes.

One example is a new way to treat ruptured or dissecting aortic aneurysms with a minimally invasive procedure. Based on research conducted at the UW Medicine Vascular Center, we have been able to cut the mortality rate in half. This is one of the most dramatic examples that I have seen in my career. Patients used to have surgery and then remain in the ICU for weeks if they survived. Now, it is very gratifying to see them go home a few days after the procedure.

Another example is our work in diabetes prevention. Along with providing comprehensive care management and treatment, our Diabetes Care Center is applying science in proactive ways to keep patients from developing this increasingly prevalent disease.

Our global role is advanced by the work of UW’s Institute for Health Metrics and Evaluation and Department of Global Health. These centers are developing measurement systems and creating a scientific foundation for best strategies to build a healthier world, particularly in areas where we are seeing profound health disparities in underserved populations. The work of UW Medicine at Harborview Medical Center is mission-focused on the underserved and allows us to implement best-practice models in addressing these health disparities. These models provide benefit to patients from all walks of life.

Q. How will UW Medicine deliver service excellence to every patient, every time?

A. Our strategy to build a culture of service excellence is based on placing the needs of patients first. It focuses on the entire patient experience, including access to care, quality, safety and overall satisfaction. Our pillar goals provide system-wide performance targets for patient satisfaction, quality and safety, physician and employee satisfaction, and fiscal responsibility.

In support of service excellence, we have established quality benchmarks based on data from the University HealthSystem Consortium, a membership of 113...
academic medical centers. At each site, our leaders and medical staff disseminate performance data directly to our care teams to keep quality in the forefront.

Advances in information technology are equally important. In December 2010, we announced the results of our two-year collaboration with Microsoft to design a new use of the Amalga product as a data aggregation platform to support multiple clinical and research initiatives. As a clinical tool, this helps our healthcare professionals treat patients prospectively. For example, medical record information that was previously not easily accessible is now available as an alert that prompts immediate treatment.

**Q.** What is UW Medicine’s role as a regional leader in healthcare?

**A.** As the region’s only academic health system and medical school, UW Medicine is training the next generation of healthcare professionals for Washington, Wyoming, Alaska, Montana and Idaho. Our system also serves the region as the only place for the most complex tertiary and quaternary care. Our Airlift Northwest critical-care transport program supports the region’s hospitals when they need to transport patients to definitive care. Our Level I adult and pediatric Trauma and Burn Center fulfills a vital safety-net role for the state of Washington.

A combination of primary care clinics, community hospitals and academic medical centers allows us to coordinate care and deliver it in the most appropriate and cost-effective setting. We also believe that the large patient population we serve gives us the expertise to achieve the best outcomes – particularly for patients with complex tertiary and quaternary medical needs.

**Q.** What will be the impact of healthcare reform on UW Medicine?

**A.** We are conducting a formal assessment to prepare for becoming an Accountable Care Organization. While the exact form of our participation will depend on final rules from the Centers for Medicare & Medicaid Services, we are well positioned for healthcare reform’s emphasis on keeping patients healthy and avoiding unnecessary tests and procedures.

The biggest uncertainty is around payment reform. Because UW Medicine is the region’s largest provider of care to the underserved, we anticipate that some of the previously uninsured patients will be covered by insurance at a Medicaid type level. But, we will also lose a significant amount of the disproportionate care payments that we receive for our safety net work – at a time when we are seeing levels of reimbursement being reduced from all payer groups.

**Q.** What would you like everyone to know about UW Medicine?

**A.** UW Medicine is a regional and local resource that is here for you. The goal of our health system is to improve health and to provide the best and highest quality of care and service, every patient, every time. Each day, we are working diligently to improve the quality and safety of care while reducing overall costs and improving value and outcomes for patients.

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**UW MEDICINE FAST FACTS:**

481 | Community members who signed up in 2010 for “Mini-Medical School,” an annual, six-week series of physician lectures and demos that UW Medicine began a decade ago.
TRANSFORMING CARE THROUGH PUBLIC ADVOCACY

REDUCING CONCUSSIONS

UW Medicine sets standards and shapes policy to improve the health of the public in communities near and far.

A 13-year-old fullback from Maple Valley, Wash., suffers a concussion on the football field but is allowed to continue to play. The youth suffers further injury and slips into a coma at the end of the game. UW Medicine specialists not only save his life and rehabilitate him; they also aim to save other young athletes from such an experience.

UW Medicine specialists advocated for Washington’s Zackery Lystedt Law, the first of its kind in the nation. This law mandates that student athletes be removed from play after a potential concussion until a healthcare professional clears the student to return to play. In addition, students, parents and coaches receive information about concussions each sports season.

Our physicians also created the UW Medicine Seattle Sports Concussion Program, which offers rapid triage, diagnosis and management of concussions. Drs. Richard Ellenbogen and Stanley Herring, the program’s co-directors, are keenly aware of brain injury in both young and seasoned athletes. Ellenbogen, professor and chair of UW’s Department of Neurological Surgery, also co-chairs the National Football League’s (NFL) Head, Neck and Spine Committee, which sets policy to protect players. Herring, instrumental to the Lystedt law’s passage, is a UW clinical professor in rehabilitation medicine, orthopaedics and sports medicine, and neurological surgery. He is a team physician for the Seattle Seahawks and Seattle Mariners, and a member of the NFL safety committee.

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UW MEDICINE FAST FACTS:

2,000 The estimated babies who went home from the Northwest Hospital & Medical Center’s Childbirth Center with free, hand-knitted hats in 2010.
SAFER METHODS OF PAIN RELIEF

An American soldier returns from war in Afghanistan with injuries and excruciating pain. He becomes addicted to painkillers. The U.S. Army seeks help in reducing veterans’ dependence on prescription and illegal drugs. UW Medicine’s Center for Pain Relief is helping the Army shape a military-wide pain-management program of care, including therapy, medications, exercise and alternative treatments such as acupuncture.

UW Medicine is deeply involved in devising strategies to reduce mortality from prescription opioids, commonly called “painkillers.” The Center for Pain Relief helped to spearhead Washington’s Opioid Reform Initiative, legislation passed in 2010 that guides physicians’ management of chronic, non-cancerous pain. The legislation encompasses mandatory education, required prescription-monitoring and a clinical tracking tool. The law serves as a model for other states and for the Centers for Disease Control and Prevention.

The UW Medicine Center for Pain Relief, led by Dr. Alex Cahana, chief of anesthesiology and pain medicine, is one of two programs worldwide recognized in 2011 with the World Institute of Pain’s comprehensive award. The award spans clinical practice, teaching, research and impact on the international pain network.

EXTENDING THE BEHAVIORAL HEALTH NET

Joan, 35, a waitress in a Wyoming town, regularly sees her doctor for diabetes and high blood pressure. She has felt glum for several months but doesn’t know why. She never mentions her depression to her doctor, and her doctor doesn’t ask.

The number of people suffering from depression and other mental health conditions far exceeds the number of psychiatrists and behavioral health specialists available to care for them, especially in rural settings. UW Medicine physicians and psychiatrists are tackling this disparity with a new collaborative care model: training primary care professionals in the Pacific Northwest and beyond to screen for and treat depression, anxiety, substance abuse and other common behavioral health conditions, said Dr. Jurgen Unutzer, UW professor of psychiatry and behavioral sciences.

Unutzer directs UW Medicine’s Advancing Integrated Health Solutions (AIMS) Center, which works with more than 600 primary care and/or behavioral health practices across the nation to extend mental health resources to patients in community medical settings. These include the Mental Health Integration Program (MHIP), in which UW Medicine physicians partner with Washington state, the Community Health Plan of Washington and Seattle-King County Public Health to provide mental healthcare for safety-net populations not served by or able to afford medical care, through 100-plus community health centers.
NEUROSCIENCES

The UW Medicine Neurosciences Institute is at the forefront of treating complex conditions of the brain and spine, headaches and tumors, and neurodegenerative diseases and stroke.

Dr. Kris Moe, chief of facial and plastic reconstructive surgery, co-developed a surgical technique called transorbital neuroendoscopic surgery (TONES). This surgery approaches the brain through the eye socket, rather than through the nose or open craniotomy, to repair fractures, remove tumors and abscesses, and seal cerebrospinal fluid leaks. Patients recover faster, with less chance of infection and with better outcomes. UW Medicine is one of two programs nationwide to offer this procedure.

In 2010, Dr. Dan Silbergeld, chief of neurological surgery at UW Medical Center, became one of a handful of surgeons nationwide to employ 5-aminolevulinic acid (5-ALA), a contrast agent that makes brain tumor cells more visible during surgery. Studies associate 5-ALA with a twofold increase in the amount of malignant tissue removed.

Harborview Medical Center upgraded its Gamma knife radiosurgery system in 2010. The new instrument enables treatment of a wide range of targets faster and more efficiently than ever before. UW Medicine neurosurgeons are experts in the use of precisely focused gamma radiation to provide non-invasive surgery for brain tumors, tremors and other brain disorders – without a single incision.

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VASCULAR

UW Medicine treats more aortic aneurysms than any other health system in the nation, and our patient-survival rate approaches 90 percent, compared with the national average of 60-70 percent.

At the UW Medicine Vascular Center we use minimally invasive techniques to help patients with problems of arteries, veins and lymphatic system. While we commonly treat patients with varicose veins and unusual vascular malformations, we also frequently manage more urgent conditions such as aortic ruptures.

Whenever possible, we approach aortic aneurysms with a catheter and stent graft inside the vessel instead of by open surgery. Endovascular therapy, performed safely while the patient is semi-conscious, is appropriate for patients who cannot tolerate general anesthesia. The stent graft is placed inside the aorta to stabilize the vessel wall and maintain normal blood flow. This innovative approach reduces hospital stays and costs, and speeds patients’ recoveries.

Dr. Benjamin Starnes, chief of vascular surgery, won federal approval this year to conduct a 150-patient trial of physician-modified aortic stent grafts. For the next few years, UW Medicine likely will be the only U.S. provider permitted by the Food and Drug Administration and the Centers for Medicare & Medicaid Services to offer this unique, lifesaving procedure.

HEART

UW Medicine Regional Heart Center has cared for people’s hearts for nearly 60 years. Our specialists provide the most comprehensive cardiovascular care in the region, with outstanding patient outcomes.

Since 2009 we have been the Pacific Northwest’s only member site in the international PARTNER study, which tests the effectiveness of catheter-placed mechanical aortic valves. The study’s just-ended second phase suggests that the minimally invasive, endovascular procedure is as effective as open-heart surgery in patients for whom surgery poses high risk. Our cardiologists have gained valuable expertise, and FDA approval of the procedure is anticipated in 2012.

Our surgeons also have performed well over 500 heart transplants, with superb outcomes, and our ventricular-assist device (VAD) program was the first in the region to receive The Joint Commission’s certification for expertise in individualizing devices to each patient’s condition.

UW Medical Center also is one of a few sites worldwide studying the value of life-size models of patients’ hearts constructed from CT scans, software and a 3-D printer. Testing devices’ fit prior to surgery could change how cardiologists plan heart-repair procedures.

Dr. Ben Starnes received FDA approval of an innovative technique to modify aortic stent grafts.

Scholarship funding that UW Medicine Advancement awarded to 289 medical school students in 2010. Advancement, UW Medicine’s philanthropy arm, raises funds from community donors.
The UW Medicine Institute for Simulation and Interprofessional Studies (ISIS) provides a highly realistic training environment in which students and practicing health professionals learn, practice and perfect healthcare techniques and procedures. In doing so, they gain proficiency and confidence – another step to making healthcare safer and providing patients with better outcomes.

Our faculty designed curricula for ISIS. The practice sessions of physicians-in-training are recorded to enable detailed debriefings and feedback. ISIS trains a diverse population across Washington, Wyoming, Alaska, Montana and Idaho (WWAMI). Its alliances with the University of British Columbia and the Oregon Health & Science University create a significant network of simulation experts.

Separately, the Interdisciplinary Training Program for Healthcare Professionals enmeshes students from many health disciplines in combined training and gives them skills to collaborate in patient care. Traditionally, students in medicine, nursing, pharmacy, dentistry and social work train separately and with little faculty integration. This new, interprofessional training gives students the opportunity to practice scenarios in which they learn to communicate among themselves and with patients. The goal is to heighten the quality and safety of patient care by teaching how to communicate information accurately, clearly and comprehensively.

Dr. Manuel Ferreira demonstrates transnasal endoscopic procedures to a student in the ISIS lab at Harborview Medical Center.
TRANSFORMING CARE THROUGH RESEARCH

Stem-cell biology and regenerative medicine are believed to be among the most promising breakthroughs in medicine in decades. UW Medicine is a global leader in the development of novel cell-based therapies for patients. Using stem-cell biology, we are pursuing research to develop cures for diseases that currently lack good treatment options.

At the Center for Cardiovascular Biology and the Institute for Stem Cell Research and Regenerative Medicine (ISCRRM), physician-researchers such as Drs. Chuck Murry and April Stempien-Otero are investigating cell-based therapies for cardiovascular disease. Murry is using adult and pluripotent [unfixed developmental potential] human stem cells that are differentiated into healthy, beating heart cells for eventual delivery to patients’ diseased cardiac tissue.

Stempien-Otero is studying how bone marrow-derived cells can spur cardiac repair and regeneration. She proposes that direct injection of these cells can alter scarring and improve blood vessel formation in hearts with end-stage disease.

With stem cells, researchers also aim to transform therapies for spinal cord injury, neurodegenerative diseases, cancer, diabetes, retinal disease, hearing loss, and orthopedic sports injuries.

Patient Tony Arena holds a display of the cardiac tissue he received in a trial of cellular therapy advanced by Drs. Chuck Murry and April Stempien-Otero.

UW MEDICINE FAST FACTS:

300 Packets of healthcare information distributed by UW Neighborhood Clinics staff at the public “Be Well” event in 2010 at Qwest Field.
UW Medicine has enormous impact throughout the world. Department of Global Health faculty and students currently lead or jointly manage more than 300 projects in 80-plus countries. In late 2010, the department launched six new programs, involving 15 UW schools, colleges and departments and 20 institutions worldwide.

In April 2011, one program, the International Training and Education Center for Health (I-TECH), received a $300 million award to train healthcare workers in Africa, Asia and the Caribbean. In 2010 alone, I-TECH trained more than 20,000 people.

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Shaded areas highlight the faculty, projects, expertise and international affiliations in UW’s growing Department of Global Health.

UW’s School of Medicine is one of more than 40 organizations involved in a program to build health infrastructure in Africa. In 2010, Dr. Carey Farquhar, UW associate professor of global health, became co-leader of a $9.5 million grant to expand Kenya’s clinical training beyond Nairobi. UW and University of Nairobi faculty aim to create a program based on UW’s WWAMI Program rural-education model, recruiting local physicians to mentor medical students and residents in outlying areas.

UW’s Institute of Health Metrics and Evaluation works with more than 800 partners to gather information about global diseases, injuries, risk factors and death, and to study the effectiveness of existing healthcare programs. In 2010, its researchers published arguably the most extensive study of global adult mortality ever, showing progress and inequalities. In 2011, it launched the Global Health Data Exchange, a massive, freely and easily accessible catalog of health statistics and resources worldwide.

The International Clinical Research Center, founded with a grant from the Bill & Melinda Gates Foundation, is conducting multiple large-scale clinical trials in Africa related to the prevention of HIV. One trial of 4,758 couples generated global attention in July 2011 with its finding that giving an uninfected partner anti-retroviral medications results in 62–73 percent fewer infections than was the case with placebos.

UW MEDICINE FAST FACTS:

UW School of Medicine students training in the Global Health Pathway in 2010. The program promotes research and clinical experiences to benefit underserved populations globally.
TRANSFORMING CARE THROUGHOUT THE COMMUNITY

Conveniently located throughout Puget Sound, our UW Neighborhood Clinics offer primary care and special services such as travel medicine, obstetrics and nutrition. The clinics employ a “medical home” model that gives patients greater access to the healthcare professionals who know them, their medical conditions and their health goals.

During clinic hours we connect the patient with the best health professional to respond to questions. When urgent problems and concerns arise, patients have 24/7 access to their care team — physicians, physician assistants, nurse practitioners, registered nurses and medical assistants. At all times patients can securely email team members about non-urgent concerns, access test results and make appointments online.

UW Medicine and Northwest Hospital & Medical Center have collaborated on research, education and patient care since 1997. In 2009, Northwest Hospital joined UW Medicine. Cardiology, oncology and obstetrics were the first programs to realize the combined strengths of this integration. Over time, Northwest Hospital will become a site for increased teaching and clinical research activities.

In the same way, UW Medicine and Valley Medical Center in Renton considered and implemented a strategic alignment of services. The alliance’s primary goals are to enhance and expand the healthcare available to the community in south Puget Sound. The relationship took effect July 1, 2011, and Valley Medical Center became the fourth hospital in the UW Medicine health system.

TRANSFORMING CARE WITH INFORMATION TECHNOLOGY

Investing in IT enhances the patient experience by ensuring that accurate information is available when, where and as quickly as it is needed.

One new system enables clinicians to place care orders more efficiently into a patient’s electronic medical record. Orders for lab tests, medications, exams and services are deposited into the electronic record. Members of the healthcare team can immediately see results and changes to a patient’s care. The system eliminates paper-based transcription of orders, decreases the possibility of error, and improves continuity and efficiency of patient care.

We have also renovated and improved our billing system with Epic Systems’ advanced software. This is a secure repository of insurance and demographic information for admissions, outpatient visits and process billings.

UW’s Institute of Translational Health Sciences is using Microsoft’s Amalga information-networking software. Amalga gives clinical and translational researchers quick access to the vast expanse of electronic data stored on disparate systems across our health system.

By enabling researchers to work faster and more effectively, we accelerate the speed at which lab discoveries can be translated into improved and often life-saving care for patients.
UW Medicine continues to grow to meet our mission of improving the health of the public.

As a leader of the biotech boom in Seattle’s South Lake Union neighborhood, UW Medicine broke ground on Phase III of its research building complex in summer 2011. The new project consists of three research buildings of equivalent size to be constructed sequentially and with associated underground parking. The first phase should be complete in spring 2013.

Our Puget Sound network of UW Neighborhood Clinics (UWNC) is growing. UWNC Ravenna opened in October adjacent to University Village, and UWNC Northgate will open in spring 2012 at Thornton Place, a business complex just south of Northgate Mall.

UW Medical Center’s five-story expansion, scheduled to open in 2012, will house a state-of-the-art, 50-bed neonatal intensive-care unit and a 30-bed unit for care of transplant and cancer patients. Private patient rooms will have views of Lake Washington or a multi-story courtyard featuring bamboo groves, flagstone paths, river cobblestones and copper basin water features. The wing also includes expansion space for future needs.

A new multidisciplinary sports medicine clinic, to open in 2013, will be located at UW’s new Husky Stadium. It’s an exciting opportunity to localize our outstanding sports medicine practitioners, whose comprehensive care includes wellness and prevention.

**PROTON THERAPY ON THE HORIZON**

In March 2011, Seattle Cancer Care Alliance (SCCA) and ProCure Treatment Centers broke ground on a new proton therapy center at Northwest Hospital & Medical Center. When it opens in 2013, the massive facility will be among fewer than a dozen such proton centers in the nation.

Proton therapy is an alternative to standard photon, or X-ray, radiation for many types of cancer and some noncancerous tumors. It is often beneficial in treating tumors of the brain, central nervous system, gastrointestinal tract, head and neck, lung and prostate, as well as sarcomas and many pediatric cancers.

Proton therapy is superior to photon radiation because it deposits most of its energy into the tumor and then stops, greatly reducing the collateral damage to healthy tissues.

Northwest Hospital has an excellent oncology care program, accredited seven times by the American College of Surgeons Commission on Cancer.
Life hangs in the balance when a baby is born prematurely or a teen needs a lung transplant or an adult suffers cardiac arrest or stroke. For Pacific Northwest residents, UW Medicine’s expertise in trauma care and medicine is available 24/7 to help them survive and recover from life-threatening injuries and illnesses.

When she was 18 weeks pregnant with quintuplets, Diane Hathaway was prescribed hospital bed rest until she delivered. She and husband Thad sought highly specialized prenatal care and access to neonatologists with extensive experience delivering higher-order multiples. They turned to UW Medical Center, though it was 300 miles from home.

For more than a half-century, UW Medical Center has delivered the best possible care to mothers and babies at risk of complications. A partnership with Seattle Children’s ensures the best care when babies need surgery for congenital deficits or other issues that develop after birth.

The hospital will open an expanded Level III Neonatal Intensive Care Unit in 2012, with space for 50 babies. Rooms will be private and quiet, with customized lighting – qualities crucial to preterm babies’ development. New parents may stay overnight in a comfortable environment.

Alicia Foss survived childhood leukemia, but the chemotherapy that saved her also spurred pulmonary fibrosis, an incurable lung disease. It was diagnosed when she was a high-school senior. For four years Foss waited on the transplant list, while UW Medical Center’s lungcare team kept her and her hopes alive. She received donor lungs in April 2010.

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UW MEDICINE FAST FACTS:

110,000  Patient visits at which Harborview’s Interpreter Services program provided assistance in 2010, the program's 30th year.
UW Medical Center offers the most advanced tertiary and quaternary medical care in our region for patients needing heart, heart/lung, lung, liver, kidney and pancreas transplants. These solid-organ transplants are complex because of the multiple medical issues that must be managed simultaneously.

While surgical expertise is crucial to transplant success, so, too, is interdisciplinary team experience that keeps patients alive before and after operations. In 2009, our lung- and heart-transplant teams each achieved the 500-procedure milestone. We also have performed more than 1,200 liver transplants.

While boating on Lake Washington with her family, Lily James, 7, got tangled in a tow rope that suddenly pulled taut. Her legs were seriously injured, and her right foot nearly severed. Lily was rushed to Harborview, where microsurgery specialists repaired her broken bones and grafted two blood vessels to restore the foot’s blood flow. Out of immediate danger, she began a grueling but successful recovery.

Seattle and King County and UW Medicine pioneered a system for delivering emergency medicine. Dr. Leonard Cobb, UW professor of cardiology, and Fire Chief Gordon Vickery established the Medic One program at Harborview in the late 1960s. Early milestones included the training of the first class of firefighters as paramedics (1970) and the first mass training of citizens in CPR (1972).

UW physicians and staff at Harborview – the only Level I trauma center in the WWAMI states – provide the highest quality care for life-threatening illnesses and injuries. Emergency physicians, surgeons, nurses and other professionals are in-house around-the-clock to provide care immediately.

In one minute, a stroke can kill 2 million nerve cells and 14 billion synapses. The quicker symptoms are recognized and treated at a certified stroke center, the better the outcomes are for survival and reducing long-term disability.

The UW Medicine Stroke Center at Harborview is certified as a Primary Stroke Center by The Joint Commission. It also participates in the American Heart Association/American Stroke Association’s campaign to achieve “door-to-needle” times of 60 minutes or less to administer the clot-busting drug tPA (tissue plasminogen activator) to eligible patients. In November 2010, Harborview became Washington’s first hospital named to the campaign’s honor roll for consistently achieving multiple gold standards.

UW physicians saved Lily James’ right foot.

EXTENDING OUR CARE BY AIR

Airlift Northwest provides critical care while transporting patients throughout one of the largest, most geographically diverse service areas – from remote Alaskan islands to coastal hamlets and high-desert communities in Washington. More than 90,000 people have relied on its staff’s care since its inception in 1982.

Airlift Northwest responds to calls from five strategically located bases. With helicopters based in Bellingham, Arlington, Seattle and Olympia, flight teams arrive within minutes to sites throughout western Washington. Fixed-wing aircraft in Juneau and Seattle enable timely air medical services to the continental United States and Canada.

In 2011 Airlift upgraded its three Learjets to the 31A model, whose navigability on shorter runways broadens the service’s coverage area.

In 2010 its fleet added a turboprop that can land on the short runways in rural and waterside Washington that are not navigable to Airlift’s Learjets. The turboprop is staffed by two critical-care nurses with access to the same state-of-the-art lifesaving equipment as the rest of the fleet.
Forty years ago, faculty and administrators at the UW School of Medicine and some of the region’s physicians had an unorthodox idea. They decided to train students in places and among populations that lacked adequate healthcare. Community-based physicians familiar with the demands of rural practice agreed to teach the next generation of doctors in their practices. Several public universities joined to offer education for first-year medical school classes. As the program took root, state legislators voted and governors signed bills in Alaska, Montana and Idaho, and later in Wyoming, to fund the WWAMI Program, an acronym for the partner states.

From its inception, WWAMI has been an innovator in medical education:

- It gears training of physicians and other healthcare professionals to the needs of the region’s people and communities.
- It is at the research forefront in rural health and workforce issues.
- It works to overcome healthcare disparities.
- It is a model for training primary care physicians in family medicine, adult medicine and pediatrics, as well as other specialties in short supply.

WWAMI-based students learn to help people in greatest need. They work in medically underserved communities and apply their growing clinical skills.

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During the summer after their first year, medical students can be matched one-on-one with a physician in a rural town or inner city. The Rural/Urban Underserved Program, which started in 1989, is headed by Dr. Roger Rosenblatt, professor of family medicine. Students also can learn about and work with specific populations through pathways in Health for the Underserved, Native American Health, Hispanic Health and Global Health.

A newer WWAMI offering is the Targeted Rural/Underserved Track (TRUST), co-directed by Dr. Suzanne Allen, vice dean for regional affairs, and Dr. Tom Greer, professor of family medicine. TRUST connects the medical school, communities and health professionals in the region to create a sustaining pipeline.

Qualified students can undertake this special curriculum in which they receive much of their training with physicians in a selected community; their training can extend from medical school through residency training. The experience often captivates students and can entice them to practice in a rural setting after the training ends.

Allen explained, “WWAMI had five founding goals: to provide publicly supported medical education across the region, produce primary care physicians to serve the region, improve the maldistribution of physicians, expand graduate medical education advanced training opportunities across the region, and do all of these in a cost-effective manner. WWAMI has done well in meeting these goals, and has a very bright future to meet the changing healthcare needs of our five states.”

In 1977, UW Drs. Jerry Bell, left, and Roger Rosenblatt scouted Galena, Alaska, as a potential partner site. Today Rosenblatt directs WWAMI’s summer Rural/Underserved Opportunities Program. Photo courtesy of Roger Rosenblatt

UW MEDICINE FAST FACTS:

1,816 The total UW medical-school students who, between their first and second years of study, have sought additional training in rural/underserved areas of the Pacific Northwest.
When Maitreya Dunham applied for the U.S. Presidential Scholars Program during her senior year in high school, her challenge was to write an essay in the form of a conversation between herself and “any American, living or dead.”

She chose Dr. Mary-Claire King, an internationally renowned geneticist and now a UW professor in the Departments of Medicine and Genome Sciences. Dunham, a student from rural Tennessee with a passion for science, had read about King’s genetics identification work to find missing persons from Argentina’s civil war of 1976-1983.

“I’d read about Mary-Claire’s work in this South American war zone, trying to reconnect children who were lost during that civil war, and using DNA sequencing to do it,” Dunham recalls. “So I chose her and made up an entire conversation between us.”

Dunham’s winning essay gained her Presidential Scholar status and eventually led her to a career and lab of her own at UW. She is now an assistant professor of genome sciences, and King is a mentor and “one of my scientific heroes,” Dunham says.

As a yeast geneticist, Dunham studies how cells change when too few or too many copies of genes and chromosomes are present. She looks for shared traits of gene or chromosome imbalances such as sensitivity to certain drugs, which could have major implications for clinical treatments. Because of yeast’s similar characteristics to human cells, Dunham tests conditions in yeast first, which helps guide targeted tests with human cells.

Dunham’s story is one of the many examples of young female investigators working at UW Medicine today to translate scientific research from the lab “bench” to the patient bedside.

Dr. Elizabeth Swisher, associate professor of obstetrics and gynecology and medical director of the UW Medicine Breast and Ovarian Cancer Prevention Program, studies the genetics of ovarian cancer and the hereditary contribution of risk. Her lab is researching how ovarian cancer starts, focusing on pathways that may lead to better prevention and early detection.

“We’re figuring out who’s at risk,” Swisher explains. “We’re using new technologies for gene sequencing that are telling us many more genes are involved than previously thought.” continued on facing page
Like Dunham, Swisher counts King as a mentor since joining her lab in 1999. “Mary-Claire has helped me become a principal investigator, developing my own niche and my own projects,” Swisher says.

Similarly, Dr. Elizabeth Broussard, acting assistant professor of medicine in the UW Division of Gastroenterology, joined the Tumor Vaccine Group at UW two years ago. Under the guidance of Dr. Nora Disis, who heads both the Tumor Vaccine Group and the federally funded Institute of Translational Health Sciences at UW, Broussard said she has benefited from a mentor who has paved the way with research on vaccine and cellular therapies to prevent cancer recurrences.

“The roadmap of Nora’s work with breast cancer has made this process infinitely more streamlined,” Broussard says of her own work to develop a vaccine to prevent colon cancer recurrence.

Dr. Christine Queitsch, assistant professor of genome sciences, is working on developing DNA-based biomarkers to make it easier to predict disease susceptibility – why and how a person acquires a particular illness. Born in East Germany, she was nurtured by a family fascinated with science and philosophy. Queitsch left Europe in 1993 for the University of Chicago. She eventually arrived at UW in 2007 after several years at Harvard. Along the way, she was mentored by many, including key researchers and teachers who helped shape her career.

Queitsch also runs the 3-year-old summer research intern program hosted by the Department of Genome Sciences in partnership with the Genomics Outreach for Minorities Project. The program admits five to eight undergraduate students who work for 10 weeks in a genome sciences lab of their choice.

“I have been lucky to have amazing mentors throughout my life,” she says, “including the entire genome sciences department here at UW.” The opportunity to give back to her students as a mentor has proven especially rewarding, she adds.

The collaborative work of each of these young investigators, guided by mentors, is an integral part of the translational science taking place across UW Medicine and throughout the nation. Their work is motivated by the need to apply lab research to help people achieve better health.

In the United States, the National Institutes of Health have implemented a major initiative – the Clinical and Translational Science Awards (CTSAs) – to enhance academic health center infrastructures. The UW Institute of Translational Health Science, one of 55 U.S. medical research institutions to receive CTSA funding, works to foster new health-science interactions across the sites and throughout UW Medicine.

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**IMPROVING HEALTH WITH RESEARCH GRANTS, CONTRACTS**

A recap of recent investment in research:

UW Medicine faculty received more than $900 million of research grants and contracts in FY2010:

- 60% from the National Institutes of Health (NIH)
- 17% from foundations, associations and non-profits
- 12% from federal sources other than the NIH
- 6% from local, state and out-of-state governments
- 5% from private industry sources

The University of Washington received $370.3 million in American Recovery & Reinvestment Act (ARRA) awards:

- The UW ranked first in the nation among organizations receiving ARRA funds through the NIH.
- Awards to School of Medicine investigators represented 52% of total ARRA funding (disbursed through the NIH and other sources) to the university.

Genomics, stem cells and informatics offer enormous possibilities to improve human health.
\[
\begin{array}{l}
\text{PATIENT SERVICES} \\
$
\text{235 million: System-wide charitable care}
\text{ provided to patients who could not pay. This is more}
\text{than any other system in Washington state ($189}
\text{million of this care was provided at Harborview}
\text{Medical Center.)}
\end{array}
\]

\[
\begin{array}{l}
967,191: \text{Outpatient clinic visits} \\
120,572: \text{Emergency Department visits} \\
49,541: \text{Inpatient admissions} \\
37,275: \text{Operating room procedures} \\
3,285: \text{Infants delivered} \\
\end{array}
\]

\[
\begin{array}{l}
\text{UW MEDICINE REPRESENTS} \\
\text{More than 18,300 employees} \\
\text{Approximately 2,000 UW physicians and faculty} \\
\text{More than 4,600 clinical faculty members across the} \\
\text{five-state WWAMI region (Washington, Wyoming,} \\
\text{Alaska, Montana and Idaho)} \\
\text{More than 4,500 students and trainees} \\
\text{The ONLY academic medical center in WWAMI} \\
\text{The ONLY Level I Adult and Pediatric Trauma} \\
\text{Center and Burn Center in Washington state} \\
\text{More than $900 million in research grant awards} \\
\end{array}
\]
In 2011, UW Medicine hospitals were well represented in U.S. News & World Report’s first-ever “best hospitals by metro area” rankings. In the Seattle-Puget Sound region, UW Medical Center was ranked No. 1, Harborview No. 2, and Northwest Hospital & Medical Center and Valley Medical Center tied for No. 6.

The Center for Pain Relief was one of two programs globally recognized by the World Institute of Pain’s Comprehensive Multidisciplinary Pain Practice Award.

continued on page 22
Harborview Medical Center
For the second time in three years, the State of Washington honored Harborview with its Warren Featherstone Reid Award for Excellence in Health Care – for its HIV/AIDS satellite clinics in Bremerton and Everett.

Harborview’s orthopedics and pulmonology services were identified among the nation’s top providers in U.S. News & World Report’s 2011 ranking of “America’s Best Hospitals.”

UW Medical Center
In 2011, U.S. News & World Report identified UW Medical Center as the 13th-best hospital nationwide, among 4,825 hospitals evaluated for the “America’s Best Hospitals” rankings. UWMC also was among 17 that qualified for the publication’s Honor Roll by ranking at or near the top in six or more medical specialties.

UWMC’s solid organ transplant program was the only one in the nation to win two silver medals and a bronze from the U.S. Health Resources and Services Administration – for outstanding care with liver and kidney transplant patients.

Northwest Hospital & Medical Center
Earned HealthGrades’ award for excellence in patient safety; for five years its patient safety has been ranked among the top 5 percent of hospitals nationwide.

UW Neighborhood Clinics
Recognized as a “Patient-Centered Medical Home” by the National Committee for Quality Assurance

Airlift Northwest
Earned Seattle Business Magazine’s Outstanding Community Service Award

Valley Medical Center
Earned HealthGrades’ 2011 awards for excellence in joint replacement, orthopedic surgery and spine surgery.

Earned the American Heart Association’s 2011 Gold Award for treatment of heart failure.
Harborview Medical Center is owned by King County, governed by a county-appointed board of trustees, and managed by the University of Washington. Harborview’s charter obligates it to publicly provide specific statistical information about the care it provides to its mission population. That information follows.

### Inpatient Discharges

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Inpatient Discharges</td>
<td>19,758</td>
<td>19,697</td>
</tr>
<tr>
<td>Mentally Ill</td>
<td>6,853</td>
<td>6,332</td>
</tr>
<tr>
<td>Trauma Service</td>
<td>5,699</td>
<td>5,408</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>3,814</td>
<td>3,417</td>
</tr>
<tr>
<td>Burn Service</td>
<td>929</td>
<td>762</td>
</tr>
<tr>
<td>HIV/STD</td>
<td>363</td>
<td>510</td>
</tr>
<tr>
<td>Indigent</td>
<td>8,649</td>
<td>8,330</td>
</tr>
<tr>
<td>Non-English Speaking Poor</td>
<td>1,806</td>
<td>1,030</td>
</tr>
<tr>
<td>King County Jail Inmates</td>
<td>107</td>
<td>104</td>
</tr>
</tbody>
</table>

1 Sum of patient type will not equal total discharges since some patients may group into multiple categories.

### Outpatient Volumes

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Outpatient Volumes</td>
<td>379,603</td>
<td>408,194</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>56,284</td>
<td>43,479</td>
</tr>
<tr>
<td>Non Trauma Emergency Department</td>
<td>48,841</td>
<td>49,492</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>13,543</td>
<td>17,952</td>
</tr>
<tr>
<td>Madison Clinic</td>
<td>16,341</td>
<td>16,135</td>
</tr>
<tr>
<td>Trauma Service</td>
<td>12,466</td>
<td>12,680</td>
</tr>
<tr>
<td>Sexual Assault Counseling (Visits)</td>
<td>4,991</td>
<td>4,689</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>394</td>
<td>447</td>
</tr>
<tr>
<td>Burn Clinic</td>
<td>1,851</td>
<td>1,890</td>
</tr>
<tr>
<td>Indigent</td>
<td>182,325</td>
<td>219,671</td>
</tr>
<tr>
<td>Non-English Speaking Poor</td>
<td>70,183</td>
<td>51,100</td>
</tr>
<tr>
<td>King County Jail Inmates</td>
<td>799</td>
<td>1,102</td>
</tr>
</tbody>
</table>

1 Sum of patient type will not equal total discharges since some patients may group into multiple categories.

### Emergency Department Visits

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>61,307</td>
<td>62,172</td>
</tr>
</tbody>
</table>

1 Sum of patient type will not equal total discharges since some patients may group into multiple categories.

1(a) Also, volume decrease between years consistent with increase in patients’ length of stay.

2 Indigent population criteria WAC 246-453-040 (3)

3 King County Jail Inmates represent 11 months (8/1/2010–6/30/2011)
UW School of Medicine students watch and learn as otolaryngologist Dr. Mark Whipple evaluates a patient.

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UW MEDICINE FAST FACTS:

1,225 Gift bags that Harborview staff donated and distributed at the Children’s Holiday Party in 2010.
The event for neighborhood families and pediatric patients is more than 30 years old.

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Children have flocked to UW neuroscientist Eric Chudler’s website, which celebrates the brain: http://faculty.washington.edu/chudler/neurok.html

The approximate site visits in 2010 to the “Neurosciences for Kids” website, created by UW research professor Eric Chudler. The site’s 2010 drawing contest drew 624 entries, including this one.