MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
*****This form is a public record*****

MEETING DATE: 1/12/2

SUBJECT: M.H.C.o. Bd. of Health Westside Primary Care Clinic

AGENDA NUMBER OR TOPIC:

FOR: _____ AGAINST: _____ THE ABOVE AGENDA ITEM

NAME: Cindy Tyler

ADDRESS: 1959 SW MORRISON St #621

CITY/STATE/ZIP: Portland Or 97205

PHONE: DAYS: 503 946 3262 (voicemail) EVES:

EMAIL: FAX:

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Public comment on non-agenda items is at the beginning of the board meeting, immediately after the consent agenda vote. Public comment on current agenda items, occurs at the end of the presentation of that item. Submittal of this form at the beginning of the meeting is appreciated.
3. Individuals making public comment will be called up in the order these forms are received. The Chair may call on Invited Guests or Elected Officials to speak first.
4. When your name is called, come forward & be seated at the Presenter's table.
5. When it is your turn, start by stating your name for the record. Make sure to speak clearly into the microphones. All meetings are recorded.
6. Public comment is limited to **3 minutes** per person, but the Chair has the authority to shorten time, based on the number of folks testifying.
7. If you wish to present written documentation with your oral comments, please bring 7 copies and submit to the Board Clerk, who will distribute them to the Commissioners. Your testimony will be kept permanently.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
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MEETING DATE: 1/12/12

SUBJECT: CONTINUED FROM 12/[redacted]22/11
DR AMER J. MIRZA – LAWSUIT

AGENDA NUMBER OR TOPIC: —

FOR: — AGAINST: — THE ABOVE AGENDA ITEM

NAME: PAUL, ADOLPH, PHILLIPS

ADDRESS: 1212 SW CLAY APT #217

CITY/STATE/ZIP: PORTLAND, OREGON 97201

PHONE: DAYS: 503-224-9954 ES:

EMAIL: FAX:

WRITTEN TESTIMONY: SAME PAPER AS
11/22/11 AUTHOR AMER J. MIRZA. M.D
ASSISTANT PROFESSER ADULT TRAUMA
RECONSTRUCTION O.H.S.U.
dept of ORTHO AND REHAB

IF YOU WISH TO ADDRESS THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Address the County Commissioners from the presenter table microphones. Please limit your comments to **3 minutes.**
3. State your name for the official record.
4. If written documentation is presented, please furnish one copy to the Board Clerk.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD:

1. Please complete this form and return to the Board Clerk.
2. Written testimony will be entered into the official record.

1/27/11
3/3/11
3/17/11
AC - 3/31/11
4/7/11
TW - 4/14/11
4/21/11
LARRY - 4/28/11
COST - 5/5/11
9/8/11
9/15/11
9/22/11
DR - 10/13/11
PREVAR 10/27/11
MIRZA 11/3/11
SADAM 11/10/11
PROFESSOR 11/17/11

12/1/11
12/8/11
12/15/11
12/22/11

#2/ST

RESONABLE PE

11/12/12

OREGON HEALTH & SCIENCE UNIVERSITY

Patient Information

Patient Name	Sex	DOB
Phillips, Paul Adolph	Male	3/10/1954

Procedures signed by Amer J Mirza, MD at 11/16/10 1429

Author:	Amer J Mirza, MD	Service:	Orthopedic Surgery	Author Type:	Physician
Filed:	11/16/10 1429	Note Time:	11/16/10 1421		

ORTHOPAEDIC OPERATIVE NOTE

Date: 11/16/2010
MR: Paul Adolph Phillips 00225289

OREGON HEALTH & SCIENCE UNIVERSITY
DEPARTMENT OF ORTHOPAEDICS AND REHABILITATION

Cornell West
1500 NW Bethany Blvd., Suite 195
Beaverton, OR 97006
TEL: 503-494-6400
FAX: 503-346-6844

Amer Mirza, M.D.
Assistant Professor
Adult Trauma / Reconstruction

11-14-12 9:35am

PREOPERATIVE DIAGNOSIS(S):
1. Left intracapsular displaced femoral neck fracture
2. Blindness
3. Hypertension

POSTOPERATIVE DIAGNOSIS(S): Same

PROCEDURE:Left hip bipolar hemiarthroplasty

IMPLANTS: Zimmer Size 13 TM stem, +10.5 neck length, 28 mm inner head, 53 mm outer shell.

STAFF SURGEON: Amer Mirza, MD

ASSISTANT SURGEONS: 1. Mathew Harrison, MD PGY5

Anesthesia: General
Estimated Blood Loss: 450 ml
Fluids: 1 liter Hespan, 2 liters crystalloid
Urine Output: 700 ml
Complications: None appreciated
Specimens: None
Drains: Medium hemovac drain

Indications:
Mr. Paul Adolph Phillips is a very pleasant unfortunate 56 year-old male who sustained a left hip fracture in a ground-level fall. He had immediate pain in the left hip and was unable to weight bear on the injured . The patient was brought to the OHSU emergency room and x-rays were obtained of the pelvis and the left hip revealing a displaced intracapsular femoral neck fracture. I discussed treatment options with the patient. We discussed both nonoperative and operative treatment options. Nonoperative treatment would entail a period of protected weightbearing on the left lower extremity. I did not recommend nonoperative treatment given the significant associated morbidity and mortality. We also discussed additional risks of non-operative treatment of the patient's hip fracture including, nonunion, malunion, avascular necrosis of of the femoral head, leg length discrepancy and potential for chronic pain in the hip. Given the patient's age, I reccommended operative treatment of her hip fracture with a cemented hip hemiarthroplasty. Risks of surgery including but not limited to bleeding, infection, nerve injury, hip instability, hip dislocation, groin pain, need for repeat surgery including conversion to total hip arthroplasty, leg length discrepancy, deep venous thrombosis, stroke, and death. Questions were elicited and answered. Knowing the risks and alternatives, the patient elected to proceed with operative treatment of his hip fracture with a hip hemiarthroplasty

Procedure in Detail:
The patient was identified preoperatively in the preoperative holding area. He was brought to the operating room and laid supine on the operating room table. After starting general endotracheal anesthesia, the patient was positioned in a the lateral decubitus position with the operative side up on a bean bag. An axillary roll was placed in the axilla of the down arm. The bean bag was inflated to secure body, torso, and pelvis as well. The patient was given 2 grams of intravenous antibiotics preoperatively (Ancef). The left lower extremity was then prepped and draped in the usual sterile manner using ChloraPrep and DuraPrep. A formal surgical timeout was performed to verify the patient's name, surgical site marking, surgical consent, patient position, surgical sponge counts, surgical equipment/ implant present in the operating room, and preoperative