

Hospital Voice

A magazine for and about Oregon Community Hospitals



Driving Force

Hospitals help fuel Oregon's economy

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A Family Affair

How patient advisory councils improve care

11

Find and Compare

New website displays hospital data in a user-friendly way

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About the Cover

Patient Cenobia Abachiche gets crafty at Samaritan Health Services' Arts in Health program. Learn more in the Hospital Spotlights section of this issue.

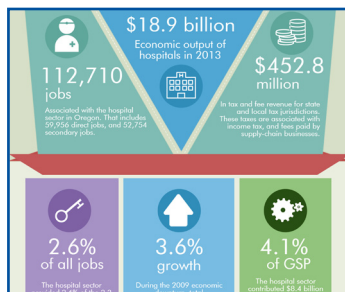
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OREGON'S HOSPITALS STAND OUT

Adventist Health welcomed Don Welch as regional CFO. He will provide financial oversight to **Adventist Medical Center** and **Tillamook Regional Medical Center**.

Adventist Medical Center received a Get With the Guidelines Stroke Gold Plus Quality Achievement Award with Target: Stroke Honor Roll from the American Heart Association/American Stroke Association.

Asante was named in the "50 Great Health Systems to Know" by Becker's Hospital Review.

Asante was named a top 15 health system in the nation for the third year in a row by Truven Health Analytics.

Asante Three Rivers Medical Center was re-designated as a Baby Friendly hospital by Baby Friendly USA.

Asante Rogue Regional Medical Center was named one of the nation's top 100 hospitals in 2015 by Truven Health Analytics.

Asante Rogue Regional Medical Center was named in the "100 Great Community Hospitals" list by Becker's Hospital Review.

Bay Area Hospital Community Foundation awarded nearly \$300,000 in grants to 26 local nonprofit groups.

Blue Mountain Hospital welcomed Randall Mee as its new CEO.

Coquille Valley Hospital welcomed Karen Lautermilch as its new CEO on Aug. 1

Coquille Valley Hospital purchased a new orthopedic table after an anonymous donation of \$100,000.

Columbia Memorial Hospital and **OHSU Knight Cancer Institute** will develop a cancer treatment center in Astoria.

Curry Health Network hired Virginia "Ginny" Razo as its new CEO.

Grande Ronde Hospital was named a top 100 Critical Access Hospital in the nation by iVantage Health Analytics.

Harney District Hospital hired Dan Grigg as its new CEO.

Legacy Health and **Silverton Health** announced plans to affiliate.

Legacy Health's President & CEO George J. Brown, MD, FACP, was recognized by the American Hospital Association as Oregon's Grassroots Champion.

Legacy Health's CFO, Linda Hoff, was named a health system "CFO to Know" by Becker's Hospital Review.

Mercy Medical Center's Outpatient Imaging has received three-year accreditation in Magnetic Resonance Imaging from the American College of Radiology.

OHSU's Mark W. Tomlinson, MD, co-authored a paper published in the New England Journal of Medicine on non-invasive prenatal diagnosis.

OHSU's CFO Lawrence Furnstahl was named a health system "CFO to Know" in Becker's Hospital Review.

PeaceHealth welcomed Victoria King, MHA, MSN, as the system's chief nursing officer.

PeaceHealth named Michael Metcalf as the COO of PeaceHealth Medical Group.

PeaceHealth Cottage Grove Medical Center was named in the "100 Great Community Hospitals" list by Becker's Hospital Review.

PeaceHealth Cottage Grove Medical Center and **PeaceHealth Peace Harbor Medical Center** were named 2015 HEALTHSTRONG hospitals by iVantage Health Analytics.

PeaceHealth Sacred Heart Medical Center at RiverBend's Hyperbaric Center received accreditation with distinction from the Undersea and Hyperbaric Medical Society.

PeaceHealth welcomed Jim Cole as coordinator of EMS service for its Oregon West Network.

Providence Health & Services will begin an affiliation with Medford Medical Clinic.

Providence Portland Medical Center earned a third Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center Magnet Recognition Program.

Providence St. Vincent Medical Center welcomed Scott Marsal, MD, FACP, as its division chief of medicine.

Salem Hospital was named in the "100 Great Community Hospitals" list by Becker's Hospital Review.

Salem Health welcomed Dr. Steve Gordon as its Chief Medical Officer.

Samaritan Health Services is collaborating with Stanford Health Care and its Stanford Cancer Center to enhance cancer care, education and clinical research in the region.

Samaritan Health Services welcomed Brent Wesenberg, MD, as medical director of Samaritan Urgent Care clinics in Benton and Linn counties.

Silverton Health's Dr. Michael Gabe retired after 26 years of practicing medicine in Silverton.

Sky Lakes Medical Center welcomed surgeon Dr. Marc Orlando.

Southern Coos Hospital & Health Center will install a new automated medication management system.

St. Charles Health System opened a Center for Women's Health in Bend.

St. Charles Health System hired Jennifer Welander as its chief financial officer. Welander has worked for St. Charles since 2009.

Tuality Healthcare earned a Gold Plus Stroke Award from the American Heart Association for the fourth consecutive year.

Wallowa Memorial Hospital was named as one of the nation's HEALTHSTRONG Top 100 Critical Access Hospitals in the nation by iVantage Health Analytics.

Willamette Valley Medical Center was voted McMinnville's "Best of the Best" for health care services by the McMinnville News-Register.

One of the reasons I love what I do is that the world of health care has become increasingly focused on involving patients and their families in shaping the overall care experience. In the last 12 months alone, I've seen Oregon's community hospitals redouble their commitment to patients in a number of innovative ways.



For example, earlier this year, Oregon hospitals launched a price transparency initiative, which includes ways to make it easier for patients to access and understand how much their care will cost. Oregonians want more health care price information, and with this initiative, they will be able to find details on hospital prices that can help their decision making (see "A Clear View" on page 19 for more information).

On top of that, our organization recently launched a new website that displays Oregon hospital quality of care data on a user-friendly platform, called Oregon Hospital Guide. Visitors to the site can find and compare hospitals on a number of measures, including patient experience, emergency room care, and heart attack treatment (see "Find and Compare" on page 16 to learn more).

What's also exciting is a new collaborative effort among Oregon's community hospitals to create Patient and Family Advisory Councils. These are groups of patients and their families who meet with members of a health care team to provide ongoing guidance about how to improve the health care experience. As hospitals embark down the path of involving the patient in all aspects of care, many are finding that these patients are more likely to be satisfied with their care and less likely to return due to complications (see "A Family Affair" on page 11 for details).

I also encourage you to read the article "Driving Force" on page 5, which highlights how our community hospitals help fuel the state's economy, especially in rural areas. From the direct jobs they provide, to the dollars they infuse back into their communities, Oregon's hospitals not only contribute to the health of individuals within their four walls, but also to the economic health of the cities and counties they serve. As policy makers consider strategies to reduce hospital utilization and cost, we must continue to use this type of information to ensure that we consider the unintended consequences on local economies of these types of decisions. That's not to say that we should not change our care and delivery models, but we need to so do with the big picture in mind.

This is by far one of the most dynamic times in the health care field. Record numbers of Americans now have insurance and Oregon's hospitals are enjoying an uptick in their financial performance. Yet, as budgets inevitably weaken, hospital inpatient volumes stagnate and overall regulation increases, we will have our work cut out for us. Despite these dynamics, I am ever proud to represent a group of community hospitals whose commitment never waivers to serving their patients, their families, and their communities, 24 hours a day, 7 days a week, 356 days a year.



Andy Davidson
President & CEO
Oregon Association of Hospitals & Health Systems

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DRIVING FORCE

By Jon Bell

Oregon's community hospitals help fuel the economic engine across the entire state

As in most counties in Oregon, the Great Recession was hard on Clatsop County, the rural corner of northwest Oregon.

Visitors tightened up their purse strings, putting a squeeze on the travel and tourism industries in places like Astoria and Seaside. Unemployment soared toward 11 percent, and layoffs stung employees everywhere, from Georgia Pacific's Wauna paper mill to Clatsop Community College.

But one community centerpiece managed to stay strong, even grow, throughout the recession: Columbia Memorial Hospital in Astoria.

"It was tough. We had companies around us that closed and many that were having to do layoffs," said Erik Thorsen, chief executive officer at Columbia Memorial, one of two hospitals in Clatsop County. "But we had a growth strategy, and it honestly was good for us. In the past six years or so,

we've added about 125 positions to our employee count, so we've really been able to grow and expand."

That Columbia Memorial was able to remain steady and add jobs at a time when many employers were trimming down speaks volumes about the stability that hospitals are able to offer when it comes to jobs. For better or worse, people get sick and injured and need care no matter which way the economic winds are blowing.

It also hints at just how important hospitals can be, especially in rural communities, in terms of helping to fuel the economy. From direct and indirect jobs to taxes generated and charitable contributions made, hospitals all across Oregon play a huge role in the economic vitality of not only the communities they're in, but the entire state as well.

"Hospitals mean a great deal to their communities, from urban centers like Portland to rural places like Burns," said Andy Van Pelt, executive vice president of the Oregon

continues ▶

► Driving Force, continued

Association of Hospitals and Health Systems (OAHHS). “From the family-wage jobs they provide and the economic stability they furnish to the community benefit they contribute, Oregon’s hospitals are vital to our state.”

Adding value

Some of that impact and importance, particularly the economic factors, can be fairly straightforward to identify, even if some of the numbers can be hard to fathom. OAHHS recently commissioned Portland firm ECONorthwest to conduct a study on the economic impacts that Oregon’s community hospitals have on the state. Using data gathered from an American Hospital Association annual survey and other sources, ECONorthwest discovered just how much fuel hospitals help add to the economic engine.

According to the study, Oregon hospitals were connected to \$18.9 billion in economic output in Oregon in 2013, the most recent year data was available. Economic output is the value of goods and services produced. Almost 60,000 Oregonians are directly employed by Oregon hospitals, and another 52,000 jobs are directly associated with hospitals. The total number of jobs directly or indirectly supported by the hospital sector is 112,710—nearly 5 percent of employment in the entire state.

“These are stable, family-wage jobs that make up a large percentage of the state’s total employment,” said Philip Schmidt, director of public affairs for OAHHS.

Those numbers don’t take into account all the jobs that are loosely supported because of the presence of a hospital in a community: the baristas who

make a morning latte for a nurse on her way into work, the gas station attendant who fills the physician’s tank, the server who waits on the hospital executive and her family.

Rural realities

Multnomah County, which encompasses much of the Portland metro region, has the largest hospital presence. There, hospitals are responsible for nearly 19,200 direct jobs and 15,100 secondary jobs. While that sounds fairly substantial—and it is—metro-area counties like Multnomah, Washington and Clackamas have more jobs in other sectors compared to rural counties like those in southern or eastern Oregon.

As a result, hospitals are even more important in rural Oregon. The ECONorthwest study found that hospital employment in some rural counties, such as Harney, Grant, and Klamath, often makes up more than 6 percent of total employment.

If they’re not the largest employer in a rural community, they’re usually second only to school districts. What ECONorthwest also found was that health care-related employment in rural communities tends to be much more stable than employment in other sectors.

“Looking at employment trends over the last 12 years shows that health care employment is a lot less susceptible to decreases during recessions versus traded-sector jobs,” said Tessa Krebs, an associate with ECONorthwest. “In 2009 at the depths of the recession, total employment (in eight rural counties examined in the study) was down 4 percent, but health care actually grew by 3.6 percent.”

In southeastern Oregon’s Lake County, Lake District Hospital, with its 220 employees, is definitely one of the



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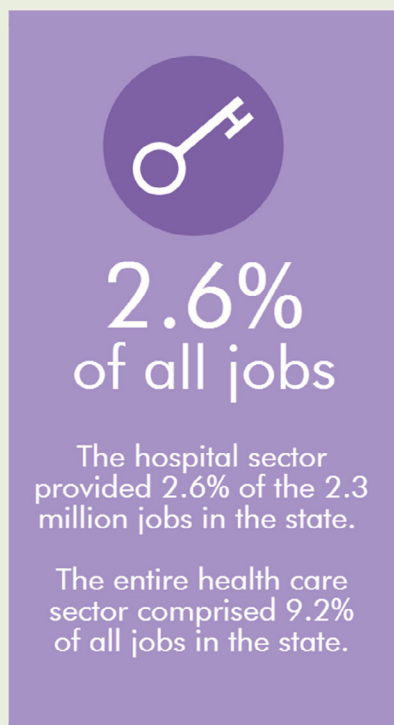
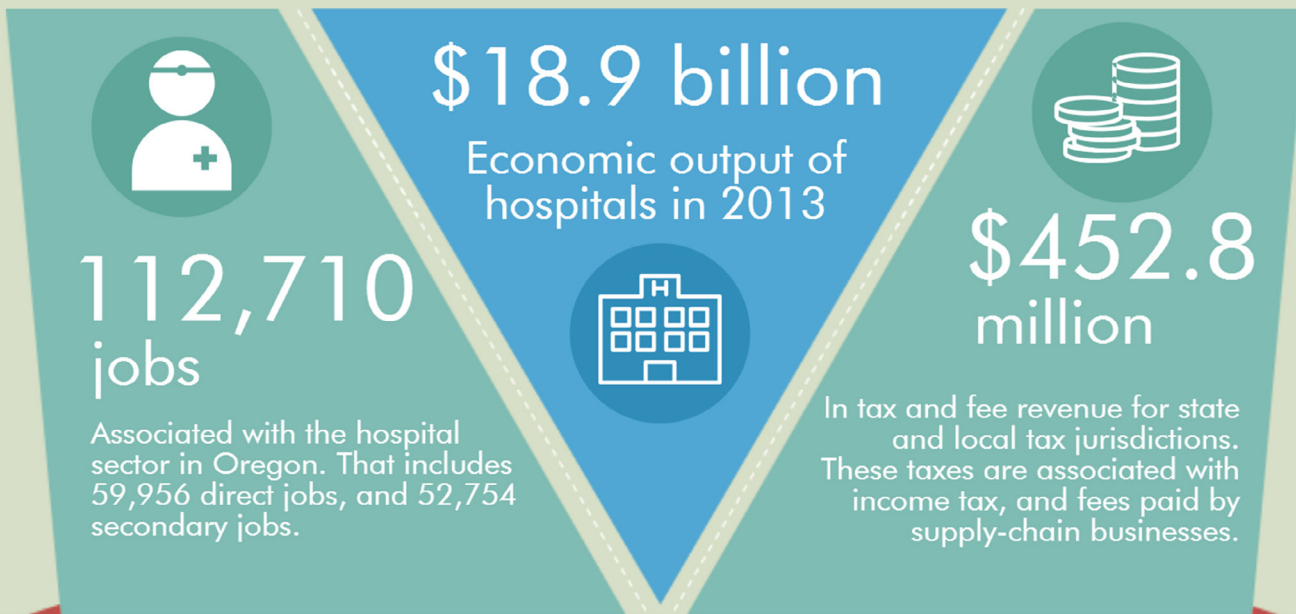
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From direct and indirect jobs to taxes generated and charitable contributions made, **hospitals all across Oregon** play a **huge role** in the **economic vitality** of not only the **communities** they're in, but the **entire state** as well.



Source: "Economic Contribution of Oregon's Community Hospitals," ECONorthwest, June 2015.

› Driving Force, continued

largest employers in the area, as is the federal government and the agriculture and manufacturing sectors. The hospital is in Lakeview, which has a population of about 2,300 people. Employment at the hospital stayed fairly steady during the recession and will bump up even more next year when it adds 14 more jobs.

“We’ve added more services so we’re adding more employees,” said Charlie Tveit, chief executive officer of Lake Health District.

According to the ECONorthwest study, in 2013, Lake District Hospital supported 174 direct jobs and another 71 indirect jobs tied to the hospital’s supply chain. But the hospital’s economic contribution spreads out much farther than that. Lake District Hospital’s employees will earn wages and benefits that will largely be spent

in Lakeview at the small city’s grocery stores, gas stations, and other retail and service businesses.

Building bridges

At Columbia Memorial in Astoria, the hospital’s recent growth has impacted the local economy in similar ways. Thorsen said ancillary businesses have sprouted up that, while maybe not directly connected to the hospital, are nonetheless in the community in part because of Columbia Memorial.

“I’ve seen more durable medical equipment companies, and things like chiropractors and yoga instructors,” he said. “Can you say those are directly tied to us? I don’t know, but I think that’s what they mean by indirect jobs. I think our recruitment of more providers and our growth has driven a need for some of those new businesses.”


In addition, hospitals also spur new economic activity—construction jobs, for example—anytime they expand or update their facilities. Lake District Hospital doubled in size three years ago and will be building new facilities for long-term care soon. Not long ago, Columbia Memorial expanded its surgery department and added a three-story office building. After a unique land swap agreement with the city and the school district in 2014, the hospital acquired land next door that it will use for a new cancer center, which is expected to break ground next year and add at least 25 new jobs.

Beyond direct and indirect jobs and economic output, Oregon’s hospitals also contribute in other ways. While most are nonprofits and don’t pay taxes, the wages and salaries they pay generate a huge amount of tax revenue for the state—to the tune of \$452.8 million in 2013, according to the ECONorthwest study. That number also includes taxes and fees paid by supply-chain businesses.

Hospitals also provided more than \$1.8 billion in community benefit contributions in 2013, which in Oregon is defined as health care services that nonprofit hospitals provide even though they’re not paid for them.

Break out charitable donations to community organizations from that total—Columbia Memorial gave \$210,000 in 2013 alone—sponsorships for local events, donated defibrillators and a host of other contributions, and the impact of Oregon’s community hospitals gets magnified even more.

“I think we really do have a big impact on the community,” Thorsen said, “and I believe very strongly that our connection to the community goes much farther than the brick and mortar buildings that we have.”



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Jilyln Cernava (far right) became a member of Salem Health's first patient advisory committee, the Neonatal Intensive Care Unit's Parent Advisory Council, after both of her children were born prematurely. She is pictured with husband Joram, and daughters Clara (middle left) and Anna.

A Family Affair

By Cliff Collins

Hospitals work to engage patients and their families at all levels of care

No one can fully understand what it's like to have a newborn child in the intensive care unit, unless they've experienced it firsthand. Jilyln Cernava has—twice.

As the mother of two children who were each born prematurely, Cernava knows the shock of having a newborn hooked up to machines in order to stay alive. That experience led her to want to help other parents in the same situation.

So when Salem Hospital invited her in 2007 to join its new Neonatal Intensive Care Unit's (NICU) Parent Advisory Council, she accepted readily. Cernava has been active with the group ever since, including co-chairing it for a time with

[continues ▶](#)

» A Family Affair, continued

a Salem Hospital staff member. She said the group has seen ups and downs, “but it has done a lot of good.”

Examples include requesting more lactation support. “We wanted and got staff trained to be advocates of breast feeding,” she said, which has been proven to help newborns’ health and development, whether in the NICU or not.

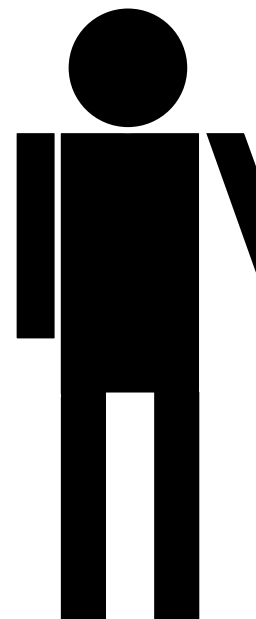
The council was Salem Hospital’s first patient and family advisory council, and it has been so successful that its name has changed to the Parent Action Committee.

“We work on minimizing trauma to parents and make them partners in their care,” Cernava said.

Involving patients

As is the case at Salem Hospital, hospitals across the state are working to provide better care experiences, better population health, and lower costs. Many have found that

...Hospitals across the state are working to provide better care experiences, better population health, and lower costs. Many have found that **partnering with patients and their families is a key to improving in those areas.** This work, called patient and family engagement, includes the voices of patients and families in decisions about care and leads to better experiences for everyone involved.




partnering with patients and their families is a key to improving in those areas. This work, called patient and family engagement, includes

the voices of patients and families in decisions about care and leads to better experiences for everyone involved.

Evidence about the benefits of patient and family engagement is so compelling that 35 Oregon hospitals and health systems have joined an initiative sponsored by the Oregon Association of Hospitals and Health Systems (OAHHS) called the Patient & Family Engagement Collaborative. Its objective is to assist community hospitals in encouraging patients and their families to become active partners in their own care.

“The idea is to get patients and families to think about health care as something done with them, not to them,” said Diane Waldo, OAHHS associate vice president of quality and clinical operations. “You’re doing things together for better health, rather than doing things to a patient.”

What is a Patient and Family Advisory Council?

A Patient and Family Advisory Council partners patients and families with members of a health care team to provide guidance on how to improve the health care experience. As part of this process, patients and families are invited to serve on hospital committees to ensure that their points of view, perspectives, and experience are not only heard, but also integrated into the services that hospitals provide. These councils help overcome a common problem that many organizations face when they begin to develop patient- and family-centered processes: They do not have the direct experience of being on the other side of care. Through their unique perspectives, patients and families give valuable input on issues that impact care. 



Building partnerships

The Patient & Family Engagement Collaborative's goal is to help hospitals establish a "patient and family advisory program." To achieve that objective, OAHHS partnered with the

Institute for Patient- and Family-Centered Care, an internationally recognized organization that for 25 years has helped hospitals improve care by implementing engagement strategies, said Mary Minniti, senior policy and program specialist at the institute.



Patient- and family-centered care is grounded in mutually beneficial partnerships among health care providers, and patients and their families, she said. Minniti and Patty Black of PeaceHealth Medical Group serve as the content experts for the collaborative's 15-month instructional program.

Each hospital appointed a multidisciplinary team of two to four members who participate in learning sessions, coaching webcasts and individual technical-assistance conference calls. These various sessions take place through May 2016.

"Common obstacles every hospital faces are limited time and limited resources," said Minniti. "The challenge for participants is, how do they do this and not make it new work? If you think of an advisory council as separate, it makes more work. You have to integrate it."

For example, if a hospital is planning on building a new wing, it is important to include patient and family

representatives to advise how it should be laid out, she said.

Learning from peers

Kaiser Permanente Northwest chose to be part of the collaborative for two reasons, said Jonathan Bullock, program manager for the Kaiser Permanente Northwest's Patient and Family Centered Care Program. First, he said there is always something new to learn in order to improve their own program. Second, Kaiser wants to share with other hospitals the practices that have worked for them.

"If we've got some best practices, we should share them," he said. "We're working hard to make sure everything we do has patient input right from the get-go. I think we will continue to see improvement because of that."

Buy-in from hospital leadership is another reason Bullock thinks Kaiser's program has been successful.

"The leadership here states regularly the importance of partnering with our patients and families," he said.

Kaiser's two local hospitals currently have 10 patient and family advisory councils, with a total of 100 Kaiser members advising every aspect of the health system's inpatient and outpatient services.

The program has also helped Kaiser Sunnyside Medical Center improve its patient satisfaction ratings. The federal Centers for Medicare & Medicaid Services conducts its Hospital Consumer Assessment of Healthcare Providers and Systems—known as HCAHPS—a standardized, publicly reported survey of patients' perspectives of their hospital care. HCAHPS is intended to allow

comparisons to be made among hospitals locally, regionally, and nationally.

The HCAHPS Survey includes questions about patients' experience with a hospital. These include communication with doctors and nurses, responsiveness of hospital staff, cleanliness and noise level of the hospital, pain management, communication about medicines and discharge information, as well as how patients rate the hospital overall and whether they would recommend it to others.

"Improved HCAHPS scores is another goal that this work will address," Waldo said.

A new way of thinking

According to Laurie Gurske, RN, director of quality management at Sky Lakes Medical Center in Klamath Falls, the hospital's board of directors set as a strategic goal developing a patient engagement program. The hospital formed a "steering team," to develop mission and values statements. It also produced an information pamphlet for patients and families interested in serving on the council.

The biggest challenges so far are time constraints and competing priorities, Gurske said. A patient advisory council represents "a new program; a new thought process," and will take time to grow, she said. But she is confident it will be an asset to patients.

Steve Krautscheid, ancillary services administrator at Tuality Healthcare in Hillsboro, said Tuality Hospital created a patient and family advisory council a year ago, and is excited to be a member of the OAHHS collaborative.

» A Family Affair, continued



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“We thought this was a good opportunity to learn from what other hospitals are doing,” he said.

Krautscheid wants to expand the number of Tuality’s councils to represent several services and areas of the hospital.

Staff acceptance has been positive, if initially hesitant.


“At first, people were not really sure what an advisory council did,” he said. “Now that they’re seeing the advisory council partner in such a wide variety of things, they’re understanding what’s involved.”

One suggestion council members made led to Tuality simplifying its signage and forms.

“The bottom line is, this (the patient) is the best person to ask: the person who’s been through it,” he said. “We’ve created ways of care, but we don’t often stop to ask patients.”

Support in the NICU

As for Jillyn Cervana at Salem Hospital, she says the NICU patient advisory council has grown over time. Along with lactation support, the council also formed a parent mentoring program, whereby parents who have had children in the NICU volunteer to visit new parents of babies born prematurely. The volunteers call on them at the bedside, offering “the voice of experience,” she said. “Quite often, we’re the hope they are seeking. We can say, ‘I understand your fears.’”

She also encouraged the hospital to sponsor NICU reunions to bring together former patients, their families and staff who helped them. Those include her own children, ages 9 and 12, who are now “healthy and happy.” 



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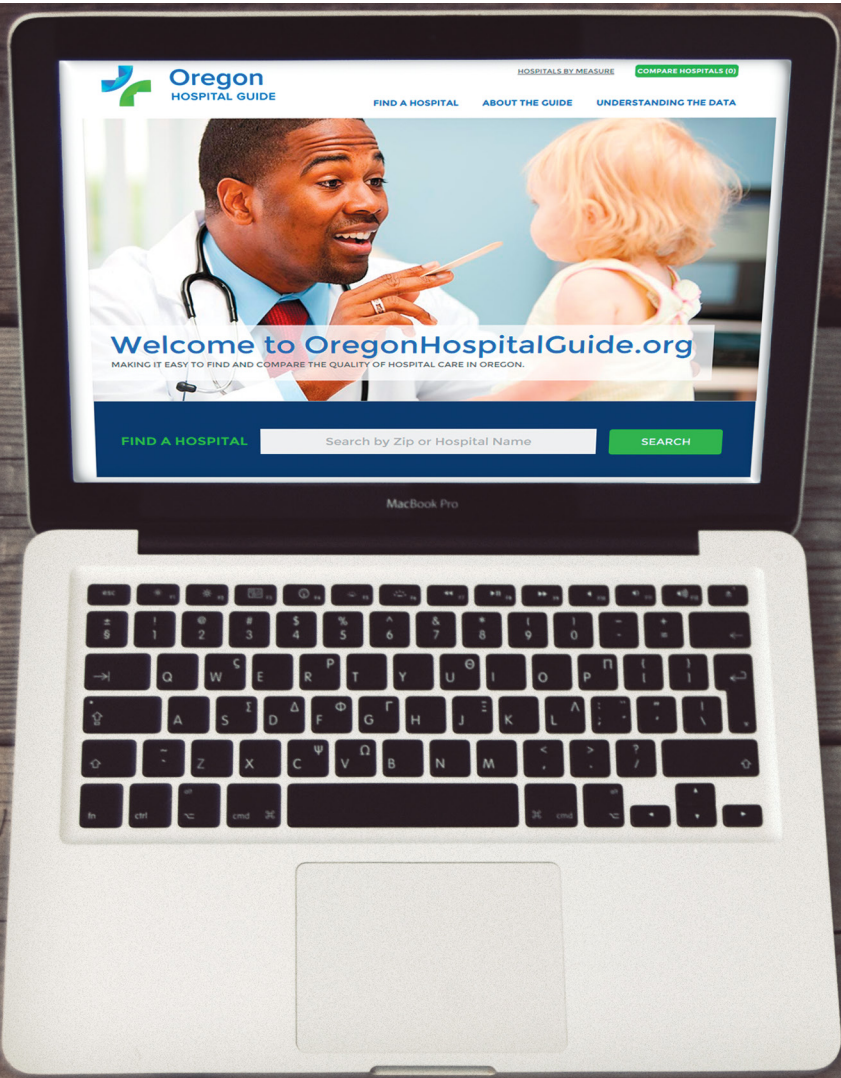
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FIND AND COMPARE

New website displays Oregon hospital data on user-friendly platform

Earlier this year, the Oregon Association of Hospitals and Health Systems (OAHHS) launched Oregon Hospital Guide (www.OregonHospitalGuide.org), a new website that displays hospital data on a user-friendly platform.

OregonHospitalGuide.org is the new home of data that tracks the quality of care in Oregon's hospitals; a tool which patients can

use to learn about their local community hospital. The site is designed to make complex information understandable and accessible to all Oregonians.

The quality of care information displayed on OregonHospitalGuide.org is gathered from the Centers for Medicare and Medicaid Services (CMS) and is updated quarterly. Notably, in the category of Patient Experience,


OregonHospitalGuide.org displays a rating of “poor” to “superior” for hospitals across the state, based on a new star ratings system by CMS for quality measures on its Hospital Compare website. This is the first of many ratings coming in future months that will further simplify information for Oregonians.

“We strongly believe that patients should be able to access hospital data and understand what it means,” said Diane Waldo, associate vice president of quality and clinical programs for OAHHS. “To that end, we have spent the last few months designing this site to focus on ease-of-use, understandability, and value to the visitor. We are proud of OrHospitalGuide.org because of the value it brings to Oregonians.”

The website:

- ▶ Presents existing quality of care information in an accessible, understandable way using simple navigation
- ▶ Enables users to compare hospitals on several quality of care measures
- ▶ Explains the meaning and importance of the different quality of care measures in plain language
- ▶ Provides searchable geographic and contact information with links to all hospitals

The website will expand over time. Future plans include posting patient utilization and hospital financial data, such as inpatient visits, emergency room visits, operating margins and gross patient revenue.

“This website shows Oregon hospitals’ continued commitment to transparency,” added Waldo. “We believe that making hospital data accessible and understandable helps patients and families with their health care decisions.” 

To learn more, visit www.OregonHospitalGuide.org.



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A CLEAR VIEW

Oregon hospitals launch price transparency initiative

Earlier this year, the Oregon Association of Hospitals and Health Systems (OAHHS) announced that it developed a price transparency initiative with three key elements, all of which focus on giving consumers price details in advance of a visit to a hospital for a procedure.

These elements include legislation calling for a new state-run website displaying median prices paid for procedures at hospitals; tools for hospitals to provide good-faith estimates to self-pay and out-of-network patients; and a pledge to work with insurers to help insured patients understand their out-of-pocket expenses for care.

“We want to make sure that hospitals’ price data is easy to find,” said Andy Davidson, president and CEO of OAHHS. “We know that our patients want more health care price information and with this initiative, Oregonians will be able to find hospital prices that will help their decision making.”

The first element of the initiative entails legislation (Senate Bill 900) calling for a website, sponsored by the State of Oregon, that would use information from an existing database, called the All Payer All Claims database, to display median prices paid by

insurers for common hospital inpatient and outpatient procedures. That bill passed the Legislature in early July.

The second element entails working hand-in-hand with insurers via the Oregon Health Leadership Council

continues ▶

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» A Clear View, continued

(OHLC) to help patients who have insurance understand what their out-of-pocket expenses will be. This information would be based on their insurer's contract with a particular hospital or provider, along with information about the patient's particular insurance coverage. It is clear that patients want to know what portion of charges they will be responsible for in advance, and Oregon hospitals and the OHLC will work to ensure that is achievable.

"The Oregon Health Leadership Council is committed to helping patients understand health care pricing—and is eager to work with our members to achieve that goal," said Greg Van Pelt, president of the OHLC. "We know that people want health care providers and insurers to work together to ensure a patient-friendly experience. This is precisely what we intend to do."

We know that people want health care providers and insurers to work together to ensure a patient-friendly experience.

The last element of the OAHHS initiative is a commitment by hospitals to assist Oregonians who are paying for their own care (or for out-of-network services not covered by their health plan) in getting a good-faith estimate from any hospital for the cost of a scheduled procedure.

"Oregon hospitals put the health care needs of their patients first every day. Oregonians know they can count on their community hospital for quality care, and now they can count on us to be even better partners in informed decision making," added Davidson. 



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HOSPITAL SPOTLIGHTS

ASANTE ASHLAND COMMUNITY HOSPITAL | LEGACY HEALTH | SALEM HEALTH | SAMARITAN HEALTH SERVICES

Asante Ashland Community Hospital



Patient Terry Loomis looks out through a hyperbaric chamber at the Center for Wound Healing and Hyperbaric Medicine at Asante Ashland Community Hospital.



► DIVE MASTER: How Hyperbaric Medicine Helped Heal a Stubborn Infection

Terry Loomis was a U.S. Navy seaman in the Vietnam War when he volunteered for the precision drill team, a discipline that takes hours to perfect. Terry practiced, and with each step in his steel-tapped shoes, his feet toughened and calloused.

On a January morning more than 45 years later, the 68-year-old stepped out of the shower and onto something. He reached down to brush it off and, to his shock, discovered that a piece of his callous had come off. It left a silver dollar-sized section of his sole bare, where his drill team callous used to be.

“I had no pain,” Terry recalled. Because Type 2 diabetes had deadened his nerves, Terry had no idea an infection had been progressing inside his foot.

It’s tough cases like these for which **Asante Ashland Community Hospital** offers one of the region’s most advanced wound care centers. At the Center for Wound Healing and Hyperbaric Medicine, physicians and surgeons are specially trained to treat hard-to-heal wounds. It is the only wound center in the region to provide hyperbaric oxygen therapy, a technology that can save limbs and lives when other treatments have failed.

Antibiotics curbed Terry’s infection for a while, but within weeks, it came back, this time spreading to a central bone.

“This became a more serious problem,” said Paul Hoffman, MD, Asante wound specialist and surgeon.


If the infection couldn’t be controlled, Terry’s right leg was at risk. So, Dr. Hoffman called on a foot surgeon to remove part of Terry’s bone along with his middle toe.

Although necessary, the surgery was a setback for Terry. “I played football and baseball; I went to the gym. Anything that slowed me down drove me nuts,” he said.

To heal his wounds, it was determined that Terry needed hyperbaric oxygen therapy. While lying in a pressurized, enclosed chamber, Terry would inhale pure oxygen that would travel through his bloodstream and nourish the injured tissue.

He took his first “dive,” as hyperbaric treatments are called, in March 2014. Each session lasted two hours. The daily dives went on for months, and slowly, Terry’s foot began to heal. By September, he was out of a wheelchair and was walking again. He is still not back to the sportsman he once was, but he has both legs and a renewed enthusiasm. He credits his recovery to the fact that he is a “hard-headed old man” and to his care at Asante Ashland Community Hospital.

Dr. Hoffman, in turn, credits hyperbaric medicine, which has led to a dramatic drop in amputations and is now covered by most insurance policies.

“This shows how effective this therapy is in wound healing.” 

continues ►

HOSPITAL SPOTLIGHTS, CONT.

Legacy Health

▶ FOOD FOR THOUGHT: Legacy Health Collects More than 40,000 Pounds for Local Food Banks



Cindy Lauinger (left) and Sandra Hoyt-Schmid from Legacy Medical Group, Cornell in Beaverton box up donations during Legacy's Health Food Drive.

More than 250,000 people in the Portland metropolitan area and Southwest Washington—a third of them children—don't know where their next meal is coming from. Everyone is at risk of falling on hard times and needing the support of a food bank.

"I know what it's like to be hungry," said Michelle Kurzhals, manager of Legacy Medical Group clinics in Canby and West Linn. "As a child, I remember being gifted with food boxes like these and it made such a huge difference, not just because I could eat, but also because it helped me feel like I was worth something, that people cared."

Legacy Health held the drive during the last two weeks in May to provide a significant amount of food during an "off" time of year, when food pantry cupboards are often growing bare. In the summer, many children no longer have access

to free meals at school, and families rely on the support of community food banks.

"One of my strongest memories is from a simple thing: one box contained Pop Tarts. I thought only rich, important people could have Pop Tarts and I felt a great deal of self-worth because of this simple gifted treat. My teams and I want nothing more than for everyone in our communities to feel that same sense of self-worth. It begins with a meal."

The goal of the first-ever Legacy Health system-wide food drive was to bring in 10,000 pounds of food to represent Legacy Health's more than 10,000 employees. The drive brought in 9,319 pounds of food and \$6,766 in monetary donations, representing the equivalent of 43,146 pounds of food for 11 food banks in the Portland metropolitan and Southwest Washington areas.

The following food banks received food and monetary donations from Legacy Health:

- ▶ **AWARE Food Bank, Woodburn**
190 pounds, \$280 donation
- ▶ **Clark County Food Bank, Vancouver**
1,622 pounds, \$1,926 donation
- ▶ **Columbia Pacific Food Bank, St. Helens**
86 pounds, \$150 donation
- ▶ **Community Action, Hillsboro**
231 pounds, \$250 donation
- ▶ **Lift Urban Portland**
1,238 pounds, \$740 donation
- ▶ **NE Emergency Food Program, Portland**
1,279 pounds, \$778 donation
- ▶ **Sandy Action Center, Sandy**
302 pounds, \$200 donation
- ▶ **SnowCap Community Charities, Portland**
621 pounds, \$550 donation
- ▶ **St. Vincent de Paul Canby Food Bank**
511 pounds, \$250 donation
- ▶ **Tualatin School House Pantry**
2,663 pounds, \$1,437 donation
- ▶ **West Linn Food Pantry**
591 pounds, \$150 donation 

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HOSPITAL SPOTLIGHTS, CONT.

Salem Health

▶ A STUDY IN LEAN: Salem Health's 'SCIP' Effort Focuses on Reduced Infections

Today's health system needs to be able to react and adapt in order to survive.

"That calls for precisely the strategy we are pursuing; to be a nimble operation that is always willing to reevaluate where we are and where we're going," said Lane Shetterly, member of the Salem Health Board of Trustees. **Salem Health's** method to become that nimble organization is Lean.

"We chose Lean because it incorporates methods for sustaining improvement, and also because it has been highly effective in other industries," said Leah Mitchell, vice president for Kaizen, quality, safety, and patient care services. "It's very much about the engagement of people at every level, working to create change."

Salem Health's Quality Operations Committee (QOC) strategically plans and oversees the health system's quality improvement projects. The QOC includes 17 physicians, three board members, and five executive team members. More than a dozen quality improvement teams meet regularly, each working toward a specific goal aligned with organizational strategy for quality and safety, financial performance, engagement, and patient experience.


Surgical care improvement project

The Surgical Care Improvement Project (SCIP) is an effort to improve surgical outcomes by ensuring that a "bundle" of important steps takes place for every surgery. The QOC decided to focus on five measures. One of those is to remove a urinary catheter within two days after surgery unless there is a documented clinical reason to retain it longer. It's an important measure because some patients may develop urinary tract infections if the catheter isn't removed soon after surgery.

Senior Kaizen Clinical Nurse Consultant, Nancy Dunn, said that, using Lean, they looked for the root cause, not who made a mistake. "We realized we needed an appropriate system to support the provider and nurse to do the right thing at the right time."

A best-practice alert was installed in the electronic medical record to remind the physician to remove the catheter the first day after surgery. On the second day, the alert screen becomes more explicit, reminding the provider to either remove the catheter or document the clinical reason why not, and lists the SCIP-eligible appropriate reasons for that choice. The computer system also generates a morning report for nurses, listing the surgical patients who still have a catheter inserted. It's a mistake-proofing process called a "redundant check."

The SCIP team used a physician-led, data-driven, and patient-centered methodology to improve results on all five measures. Physicians, nurses, pharmacists, and others, held a 15-minute huddle most days to review what had been accomplished and what they hoped to accomplish next. Physician leader, Dr. Raj Nair, a general surgeon, credits this interdisciplinary teamwork as a key success factor in achieving sustainable results.

By the end of the project, the SCIP team had scored a bull's eye, reaching 98 percent from the baseline of 91.84 percent. Since the best practice alerts went into place, there has been a significant reduction to zero infections for SCIP-eligible patients for one year (June 2014–June 2015). 

This is an excerpt from: Elaine Zablocki, Salem Health Models Widespread Quality Improvement (case study), The Governance Institute, 2015.

continues ▶



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HOSPITAL SPOTLIGHTS, CONT.

Samaritan Health Services

► CRAFTY CARE: Arts in Health Program Fosters a Healing Environment

Cynthia Cox and other Samaritan Health System patients get crafty at the Arts in Health program, which emphasizes healing the mind and spirit in addition to the body.



A growing movement has emerged in health care nationwide over the past several decades to integrate a more holistic approach to patient care.


Designed to recognize the importance of healing of the mind and spirit in addition to the body, the concept involves bringing the arts in a variety of forms into the health care setting in order to promote a healing environment.

In Benton, Lincoln, and Linn counties, this movement is thriving thanks to a unique, innovative program, Arts in Health, which provides arts experiences to patients, family members and caregivers throughout the **Samaritan Health Services** network of hospitals and outpatient care settings.

“I have the best job ever,” said visual artist Michelle Flamez, who works with patients in Corvallis. “I love working with patients because they inspire and teach me as much, if not more, than what I do for them. The staff notices positive changes in the patients as well.”

Established in 2014 through a partnership between Samaritan and The Arts Center in Corvallis, the program continues to grow into a vibrant arts program, which offers arts activities to staff, patients, and family members. Local artists work directly with patients in one-on-one settings as well as with groups, including the Man-to-Man prostate cancer support group in Corvallis and in Saturday workshops at the Samaritan Cancer Resource Center in Albany.

Musicians also grace various areas of the hospitals and play in specific patient rooms as requested by caregivers or family members. In addition, healing gardens at most Samaritan-affiliated hospitals offer a calm respite from what can be a stressful experience. The program is largely supported through donations to the respective hospital foundations.

The Arts in Healing program continues to reach thousands of patients, staff and support people every year, and as the program continues to grow, patients and health care workers will continue to reap the benefits of a program that encourages healing through the arts. 



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