Summer/Fall 2016

ED ospital Voice A magazine for and about Oregon Community Hospitals



Building a Healthy Rural Oregon

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The Informed Patient

Website helps patients get a clearer view of hospital prices **11**

Power to the Patients

Hospitals get back to basics to improve patient care



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About the Cover

Registered nurse Katie Hubball of Good Shepherd Health Care System works with patient Ras Taylor through the Cardiopulmonary Rehab Program. Read the full story on page 25.

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Sky Lakes Medical Center

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OREGON'S HOSPITALS STAND OUT

Adventist Health received Platinum Award recognition by the American Heart Association as a Fit-Friendly Worksite.

Adventist Health Medical Group welcomed Dr. Ralph Prows as its first full-time chief medical officer.

Asante was named a Top 15 Health System in the Nation for the fourth year in a row from Truven Health Analytics.

Asante Rogue Regional Medical Center was named in Truven Analytics' Top 100 Hospitals of 2016 Report.

Asante Three Rivers Medical Center received the American Nurses Credentialing Center's Pathway to Excellence re-designation for creating a positive work environment.

CHI St. Anthony Hospital welcomed Katie Morioka, WHNP, to its family clinic.

Columbia Memorial Hospital CEO Erik Thorsen was named a 2016 Rural Hospital CEO to Know in Becker's Hospital Review.

Columbia Memorial Hospital received a Care Award from the International Board of Lactation Consultant Examiners for providing breastfeeding mothers with lactation support through its CMH Lactation Program.

Good Samaritan Regional Medical Center CEO Becky Pape was appointed to serve on the Oregon Talent Council.

Good Shepherd Health Care System CEO Dennis Burke was named a 2016 Rural Hospital CEO to Know in Becker's Hospital Review.

Good Shepherd Health Care System received the Recognition for Innovation and Outcomes award from the National Rural Health Resource Center.

Good Shepherd Health Care System's Diagnostic Imaging Department received a Gold Seal of accreditation in magnetic resonance imaging by the American College of Radiology.

Grande Ronde Hospital was named a Top 100 Critical Access Hospital in the United States from iVantage Health Analytics for the second year in a row.

Four of **Grande Ronde Hospital's** clinics received Rural Health Clinic designation by the Public Health Division and Centers for Medicare and Medicaid Services. Harney District Hospital named Mary Gregg as its nurse manager.

Kaiser Sunnyside Medical Center received the highest rating for adult valve replacement and heart bypass surgeries from the Society of Thoracic Surgeons.

Kaiser Westside Medical Center welcomed Brantley Dettmer as its chief operating officer and Janet Reeder as its chief nursing executive.

Lake Health District, Lower Umpqua Hospital, PeaceHealth Cottage Grove Medical Center, and PeaceHealth Peace Harbor Hospital are participating in the National Rural Accountable Care Consortium, a program designed to help rural Medicare patients live healthy lives.

Lake District Hospital expanded its nonsmoking policy to include e-cigarettes on campus.

Legacy Health's Pamela Weatherspoon, manager of diversity and community engagement, was among the Portland Business Journal's 2016 "40 Under 40" honorees.

Life Flight Network has become the first air medical operator to receive the Helicopter Association International Accreditation Program of Safety designation for helicopter air ambulance operations. It also received International Standard for Business Aircraft Operators accreditation from the International Business Aviation Council. Life Flight Network is owned by a consortium of Legacy Emanuel Medical Center, Oregon Health & Science University, Providence Health & Services and Saint Alphonsus Regional Medical Center.

McKenzie-Willamette Medical Center's intensive care unit earned a Silver Beacon Award for Excellence from the American Association of Critical-Care Nurses. The national three-year award recognizes continuous learning and effective systems for achieving optimal patient care.

Mercy Medical Center welcomed Aric Groshong, MD, as its first pediatric hospitalist.

Mercy Medical Center's Health Imaging Services was awarded a three-year accreditation in nuclear medicine from the American College of Radiology. **Mid-Columbia Medical Center** welcomed John Huffman as its community outreach director.

Oregon Health & Science University School of Medicine began an emergency medicine residency rotation at Columbia Memorial Hospital.

Oregon Health & Science University welcomed nanoengineer Sadik Esener to lead its early detection cancer research.

Oregon Health & Science University received a grant from the U.S. Department of Health and Human Services to improve and expand the delivery of substance abuse services, with a specific focus on opioid abuse in underserved populations.

Oregon Health & Science University and Sky Lakes Medical Center announced plans for a clinic and educational center in Klamath Falls.

Oregon Health & Science University was named in Becker's Hospital Review list of Top 100 Great Hospitals in America.

OHSU Partners welcomed CFO Scott Johnson.

PeaceHealth welcomed Mark Zarraga, MD; Erik Young, MD; and S. Andrew Orlino, MD.

PeaceHealth welcomed Ron Saxton as interim executive vice president and general counsel.

PeaceHealth welcomed Susan Blane as director of community benefit for its Oregon Network.

PeaceHealth Cottage Grove Medical Center was listed in Becker's Hospital Review's 50 Critical Access Hospitals to Know in 2016; and received the 2016 QUEST Award for High-value Healthcare from Premier Inc.

PeaceHealth Peace Harbor Medical Center was recognized with a Citation of Merit from Permier Inc. as part of the 2016 QUEST Awards for High-value care.

PeaceHealth Sacred Heart Medical Center at RiverBend received Baby-Friendly designation from the Baby-Friendly Hospital Initiative.

PeaceHealth and **Providence Health & Services** signed a strategic alliance agreement to collaborate on new community wellness projects. **PeaceHealth Sacred Heart Medical Center at RiverBend** was verified as a Level Two Trauma Center by the American College of Surgeons Committee on Trauma.

Providence Health & Services radiation oncologist and scientist Kristina Young, MD, PhD, was named a most promising young researcher by the Sidney Kimmel Foundation for Cancer Research.

Providence Portland Medical Center welcomed Mari Kai, MD, as director of its Graduate Medical Education Program.

Providence Medford Medical Center received national accreditation for cardiac care from the Society of Cardiovascular Patient Care.

Providence Seaside Medical Center welcomed Brook Benze, orthopedic surgeon; Christopher Nyte, otolaryngologist; Laura Gordon, urologist; and Dale J. Veith, psychologist.

Samaritan Health Services' Wound Care and Hyperbaric Oxygen Therapy Services was accredited as a Comprehensive Center by the Undersea and Hyperbaric Medical Society.

Samaritan Health Services welcomed physician assistant Jacqueline Fitch to its Samaritan Family Medicine Resident Clinic in Lebanon.

Samaritan Health Services promoted Heidi May-Stoulil to director of mental health operations. She has worked at Samaritan since 2002.

Samaritan Health Services is planning a drug and alcohol treatment center in Lebanon.

Samaritan Heart & Vascular Institute welcomed certified physician assistant Bradley Newhart to its Cardiology Department.

Samaritan Heart & Vascular Institute cardiologist Edward Toggart, MD, began a three-year term as governor for the Oregon Chapter of the American College of Cardiology.

Santiam Hospital welcomed Maria Turney, FNP, to its Cascade Medical Clinic.

Sky Lakes Medical Center became the first Blue Zones Projectapproved worksite in the Pacific Northwest.

Sky Lakes Medical Center updated its food guidelines and no longer sells sugar-sweetened beverages.

Sky Lakes Medical Center opened the Sky Lakes Wellness Center.

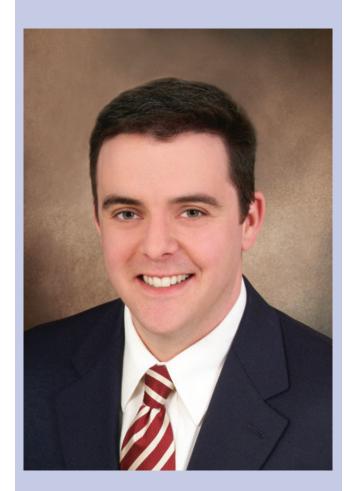
St. Charles Health System opened an outpatient lab at Crossroads Plaza in Bend.

Willamette Valley Medical Center welcomed Anne Ziemba, certified nurse midwife, and Dr. Joanna Zamora, pediatrician, to its medical staff.

Willamette Valley Medical Center CFO Meredith Nelson was appointed to the Capella Healthcare National Advisory Board of Directors.

Willamette Valley Medical Center's Wound Care & Hyperbaric Medicine Center received the Robert A. Warriner III, MD Center of Excellence Award in wound healing from Healogics.

CONGRATULATIONS ANDY!



The Oregon Association of Hospitals and Health Systems' Executive Vice President, Andy Van Pelt, was among the Portland Business Journal's 2016 "40 Under 40" honorees.

Andy has been Executive Vice President since 2015. He joined OAHHS in 2008 as its director of communications. Since that time, he has helped lead the association's policy and advocacy programs, with particular focus on small & rural hospital transformation. He also helped structure the association's for-profit subsidiary, Apprise Health Insights, a key resource for hospital and health system data and analytics.

Prior to joining OAHHS, he was director of communications at Jesuit High School. Andy holds a master's degree in business administration from Gonzaga University. He is on the Board of Directors of Catholic Charities Oregon.

In my line of work, we talk a lot about the concept of health care transformation. But what does that actually mean?



To me, transformation means anything that helps the health care system move from volume to value—how we get to a place where we not only care for the sick but we also work to keep people out of the hospital in the first place. This goal might be understandable, but it certainly isn't simple.

The good news is that Oregon's community hospitals work every day to make positive steps toward a transformed system. These efforts are taking shape in a number of ways:

- Transforming health care by putting the patient's needs at the center of care. This might seem like
 a no-brainer, but if you've ever been on the receiving end of health care, you likely know exactly
 what I mean. Oregon hospitals are actively engaging patients and their families to put the patient
 first through the formation of Patient & Family Advisory Councils, where members of the local community provide input on hospital operations and practices—from the readability of welcome signs
 to the design of new facilities. Learn more about this effort on page 13.
- Transforming health care by being transparent. During the last year, hospitals have spearheaded an effort to make health care costs and quality easier to comprehend and easier to access. After all, if health care leaders have trouble figuring out the cost and quality of care, then how do we expect anyone else to understand it? Patients can now more easily find cost estimates for procedures, prices paid for the most common inpatient and outpatient procedures, and a search-and-compare tool on the quality of care, for every hospital in Oregon. Learn more about this effort on page 11.
- Transforming health care by ensuring that everyone who needs care gets it. Regardless of race, cultural background or disability, all Oregonians are entitled to the highest quality of care. That is why OAHHS signed the American Hospital Association's #123forEquity Pledge to Eliminate Health Care Disparities, and we are encouraging all of Oregon's hospitals to join. Read about it on page 10.
- Transforming health care by eliminating geographic barriers: Thanks to tireless advocacy from hospitals across the state, the State of Oregon has dedicated \$10 million toward increasing health care access and addressing workforce shortages in rural communities. Read all about this work on page 8.

In essence, health care transformation encompasses an array of concepts that enable the health care system to act like a system. It brings together patients, payers, providers and purchasers to align efforts and achieve the goals of better health, lower costs, and the highest quality.

I encourage you to share this issue of Hospital Voice with your fellow hospital leaders, employees and board members and, as always, reach out to me any time.



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Andy Davidson President & CEO Oregon Association of Hospitals & Health Systems To find out more about your community hospitals, please visit us online at www.oahhs.org.

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Market Assessment

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Community Health Needs Analysis

Chimemaps provides near real-time relevant data that illustrates the true burden of health issues to communities and provides statewide comparisons.

Health Intervention Planning

Hospitals are identifying high-frequency users by medical condition. They are targeting health outreach and interventions, resulting in reduced readmissions and improved community health.

BUILDING A HEALTHY RURAL OREGON

Four transformation programs open to all rural Oregon hospitals

Oregon's 32 small and rural hospitals provide essential health care services within the communities they serve, and for many towns, they are the largest employer.

However, Oregon's small and rural hospitals are managing in a time of unprecedented change in health care delivery as the Affordable Care Act and Coordinated Care Organizations continue to transform the health care system. They need support as they address these challenges.

They now have programs to help. At the close of the 2016 Legislative Session, Senator Alan Bates (D-Ashland), Rep. Nancy Nathanson (D-Eugene), and Oregon's rural hospitals announced the inclusion of \$10 million in the state's budget to fund programs designed to help ensure the sustainability of rural health care.

"With the funding now in place, it is up to hospitals to take the initiative to commit and implement these programs. This is a unique investment in rural health care in Oregon, and it is imperative that hospitals take advantage of this rare opportunity."

The projects are specifically designed to keep rural communities healthy and were developed following a listening tour, conducted in a partnership between the Oregon Health Authority, the Oregon Office of Rural Health, and the Oregon Association of Hospitals and Health Systems.

"These investments in our rural health will improve lives and economies," said Sen. Bates, Co-chair of the Joint Committee on Ways and Means, who helped shepherd the projects through the legislature. "Health systems are not one size fits all and I am glad to see rural areas getting specific tools to meet their needs." The programs focus on topics such as access, population health, virtual health care, workforce shortages and care transitions. They were chosen based on their demonstrated track record of success in other states and provide several different opportunities for hospitals to get involved depending on their specific needs. The four programs, free to any rural hospital, are:

Fostering local access to care

In this program, hospitals will work with a national consultant to establish transitional post-acute care programs, a model that has found success in many Midwestern hospitals. The goal is to improve readmission rates, increase patient satisfaction, and provide the tools to transition patients back to their rural communities. This not only helps reduce the cost of health care and transportation to urban settings, but also helps free up capacity at urban hospitals.

Fostering population health management

Today, rural health care leaders operate with very different understandings of how to manage the health of the population. This program will allow a broad array of rural providers, not just hospitals, to build a shared platform of knowledge about population health and invest in common improvement strategies. The multi-week educational series includes group training and coaching focused on rural communities and culminates in a certificate of population health management.

Implementing virtual clinics

This new care delivery model will increase access to urgent care and/or after-hours care without additional brick-andmortar facilities. A virtual clinic is staffed around the clock and offers patients visits via video conference or telephone. This program improves access in rural communities immediately through the addition of up to 20 providers through a virtual office, with the effect of redirecting care to a more appropriate setting.

Calling All Rural Providers

OAHHS urges all of Oregon's small and rural hospitals to participate in the upcoming transformation programs. Rural hospitals have the flexibility to select any or all programs depending on their local needs. To learn more and to apply, contact Katie Harris, OAHHS Director of Program Management, at kharris@ oahhs.org or (503) 479-6027.

Strengthening the primary care workforce in rural Oregon

In addition to the three prior programs, part of the rural transformation funds will go to support the Oregon Graduate Medical Education Consortium, which will help bolster the number of graduate medical education slots in Oregon. This short-term action will have long-term rewards through an increase in primary care providers with a special focus on rural training tracks.

"Oregon's rural hospitals are grateful for this opportunity and the support for rural health care from the legislature," said Rick Yecny, Chief Administrative Officer of PeaceHealth Peace Harbor Hospital in Florence, who chairs the OAHHS Small and Rural Hospital Committee. "Oregon's small and rural hospitals face a difficult task in ensuring they transform to meet the needs of the modern health care system while staying financially viable. The programs envisioned will accelerate that process and ensure Oregon's rural residents continue to receive top-notch health care in the communities where they live."

"I applaud these organizations for their dedication to finding ways to transform rural health care in Oregon," said Rep. Nathanson, Co-chair of the Joint Committee on Ways and Means, who was a key champion of the funding. "I'm proud to support these investments, which will have longterm benefits for health care access in rural Oregon."



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Health Care for All

Hospital association signs pledge to eliminate health care disparities

Earlier this year, the Oregon Association of Hospitals and Health Systems' Board of Trustees unanimously voted to endorse the American Hospital Association's #123forEquity Pledge to Act to Eliminate Health Care Disparities.

Health disparities are differences in health that are avoidable, unfair or unjust. This pledge enables hospitals to take measurable action on their belief that nobody should be denied the chance to live a long and healthy life because of social, economic or environmental conditions.

"As stewards of community health, it is our commitment to ensure that patients have equal access to medical care when they need it," said Jim Mattes, chair of the OAHHS Board of Trustees and President and CEO of **Grande Ronde Hospital** in La Grande. "This pledge supports our vision to deliver quality health care without disparity to all those in need of our services."

By signing the pledge, OAHHS has agreed to urge all Oregon hospitals to sign the #123forEquity Pledge and assist them in their efforts to eliminate health care disparities. So far, 20 Oregon hospitals have signed.

"Critical to the success of the #123forEquity campaign is a collective, statewide effort," said Andy Davidson, President and CEO of OAHHS. "We are proud that many of Oregon's hospitals have already signed the pledge, and we are ready to assist all hospitals in achieving this important goal."

Nationally, hospitals are making progress to achieve health equity, but more work needs to be done, according to a biennial benchmarking survey by the Institute for Diversity in Health Management. The survey found significant increases from 2013 in the percentage of hospitals that are using data on patient race, ethnicity and language to identify gaps in care and implement programs to improve quality. However, fewer than half of the hospitals surveyed used the data in this way.

The survey also found that 80 percent of hospitals educate all clinical staff during orientation about how to address the unique cultural and linguistic factors affecting the care of patients, and 79 percent offer continuing education opportunities on cultural competence. While minorities represent 32 percent of hospital patients nationally in 2015, according to the survey, only 14 percent of hospital board members and 11 percent of executive leadership were minorities-similar to the results of the 2013 survey.

"Hospitals across America are working hard to advance quality and improve care for every individual," said AHA President and CEO Rick Pollack. "Understanding why different patient populations in a community may experience different outcomes is a critical piece of those efforts. The survey tells us that we have not made as much progress as we would have liked in some key areas. It shines a light on where more attention is needed to meet the expectations of patients and communities."

By signing the #123forEquity Pledge, hospitals agree to:

- Choose a quality measure to stratify by race, ethnicity or language preference, or other sociodemographic variables (such as income, disability status, veteran status, sexual orientation and gender).
- Determine if a health care disparity exists in this quality measure. If yes, design a plan to address this gap.
- Provide cultural competency training for all staff or develop a plan to ensure staff receives cultural competency training.
- Have a dialogue with their board and leadership team on how to reflect the community, and what actions can be taken to address any gaps.

"We believe that by taking action on this pledge we will both help improve the health of our state's most vulnerable citizens and also improve our respective relationship with the communities that we serve," said Davidson. "It is our goal to have 100 percent member participation in this pledge."



THE INFORMED PATIENT

Website helps patients get a clearer view of hospital prices

Hospitals understand that patients want information about prices in advance of care.

For that reason, not only has every Oregon hospital committed to providing a cost estimate for hospital services within three business days, they have also begun putting their price data online. These two proactive endeavors are aimed at giving Oregonians as much information about potential costs as is possible.

The hospital transparency website www.OregonHospital Guide.org features a "Cost Estimates" and a "Procedure Costs" section for each hospital in the state. The cost estimates section provides comprehensive information for consumers to contact a hospital's cost estimate and billing department. It also links directly to each hospital's financial assistance policy, which can be helpful for people who need help paying their bill.

Meanwhile, the "procedure costs" data displayed on the website is the result of proactive work by OAHHS to pass legislation mandating the state produce these data points from its "All Payer All Claims Database." The procedure cost data shows users what the median price paid by commercial insurers for common inpatient and outpatient procedures at each hospital in the state. It also gives the statewide median price for each procedure.

"Oregon's community hospitals are proud to lead our state toward a more transparent health care system, starting with a clear picture of prices paid for procedures in their facilities. And, when coupled with the corresponding commitment to provide a good faith estimate for the cost of a procedure, every Oregonian, whether insured, uninsured, or out-ofnetwork can get the financial information they need to make better health care decisions for themselves and their families," said Andy Davidson, OAHHS President and CEO. "We are very proud of this pro-consumer commitment by Oregon hospitals." In addition to this new information, the website, which launched in March of 2015, also provides searchable, comparable quality of care data for every hospital in the state, as well as hospital financial and utilization data—all of which patients can use to learn about their local community hospital.

Oregon Makes the Grade

Due in large part to the legislation the Oregon Association of Hospitals and Health Systems sponsored in 2015, Oregon has received a health care transparency rating of "B" in The 2016 Report Card on State Price Transparency Laws, developed by the Health Care Incentives Improvement Institute and Catalyst for Payment Reform. In every previous edition of the scorecard, Oregon had received an "F" along with most other states in the nation. Now Oregon is one of seven states that receive above a failing grade, and is one of only one of four which get an "A" or a "B."

"Oregon is a model for how strong vision and leadership can help under-performing states move rapidly up the ratings," said Suzanne Delbanco, executive director of Catalyst for Payment Reform. "We are pleased to see Oregon getting the recognition it deserves for providing crucial information to consumers who want spend their health care dollars wisely." To read the report, visit www.catalyzepaymentreform.org.

"We commend Oregon hospitals for their accomplishments and for their commitment to improving price transparency," said Healthcare Financial Management Association President and CEO Joseph J. Fifer, FHFMA, CPA. "Oregon is among the first hospital associations in the nation to adopt the recommendations in the HFMA Price Transparency Task Force Report, which reflect the industry consensus on price and quality transparency."

> The Informed Patient continued

Patient-Focused Care: PeaceHealth Enhances its Financial Assistance CE Program

Beginning July 1, **PeaceHealth**—which operates four hospitals in Oregon—began offering an enhanced Patient Financial Assistance program, including a streamlined Financial Assistance application, additional access for patients to resources and information, and updated billing and collections procedures.

These changes are part of the ongoing work PeaceHealth is doing to provide the best patient experience and highest community benefit possible. Much of this work is based on information gathered as part of their Community Health Needs Assessment, conducted in collaboration with multiple community partners.

These changes include:

- Enhancements that ensure that the amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance are not more than the amounts generally billed to individuals who have insurance covering such care.
- Postponement of certain collections on patients who have applied for financial assistance.
- Standardization of collection practices.

PeaceHealth also added content to its Financial Assistance website to better serve patient's needs, including:

- Policies and procedures for financial assistance, and for patient billing and collections (translated in the top five languages in its service areas: Russian, Vietnamese, Chinese, Tagalog, and Spanish).
- A plain language summary of PeaceHealth's Financial Assistance program.
- Identification of providers that do and don't follow the PeaceHealth Financial Assistance program.

Public notices promoting the availability of the Financial Assistance program are displayed prominently in hightraffic areas like the Emergency Department and lobbies. It is also be available in hard copy on request. And community partners have been enlisted to help raise awareness of these changes.



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POWER TO THE PATIENTS

Hospitals get back to basics to improve patient care

Oregon hospital patients are speaking. Now more than ever, hospital leaders are listening.

Community hospitals across Oregon have active Patient and Family Advisory Councils, which give patients and their families an outlet to share feedback about their experiences. The feedback allows hospitals to improve care at all levels of patient care.

For instance at **Mercy Medical Center** in Roseburg, patient suggestions have already led to improvements. For example, after touring the hospital's emergency department and providing feedback, Mercy created a training video for staff on how to improve communication with incoming patients.

In addition, members of the Council have toured the Progressive Care Unit, Family Birth Place and Centennial Medical Group's orthopedic offices and offered suggestions and ideas for enhancing overall experiences.

They have also reviewed several marketing documents and gave recommendations, which included reducing the amount of text, clarifying some of the statements and removing industry jargon.

The Council is currently made up of five community members and is supported by Mercy Medical Center's chief nursing officer, communications director, director of mission services, patient advocate, and service excellence coordinator.

"At Mercy, we have always been committed to listening to the diverse needs and desires of the community we serve," said Kathleen Nickel, Director of Communications. "Our Patient and Family Advisory Council gives us another great way to learn from the people who matter most to us: our patients. We are excited to work alongside patients as a team in the name of making health care better."

According to health care journal BMJ Quality & Safety, involving patients in their own care can result in:

- Fewer adverse events
- Better patient self-management
- Fewer diagnostic tests

- Decreased use of health care services
- Shorter lengths of stay

Evidence also demonstrates that family members who are involved in patient care are able to give providers new information when they are present during rounds. Patients and families frequently provide care coordination and can help to assess care practices for consistency, accuracy and safety. Family members are also called upon to make decisions when patients aren't able to act on their own behalf. Their presence can positively influence a patient's recovery.

At **Lake District Hospital** in Lakeview, high-quality health care means combining cutting-edge technology with direct input from patients and their families about how to improve the everyday operations of the hospital.

"The best environment for healing is where patients, families and health care providers can collaborate and support each other," said Charlie Tveit, CEO of Lake District Hospital. "Patients who understand their care plan have a better chance of staying healthy. Moreover, patients are helping us by offering suggestions and insights that improve the patient care experience."

Patients and their families at Lake District Hospital are welcome to participate in team meetings for the hospital's Swing Bed program. A "swing bed" is the term used for a hospital room that can switch to different levels of care the actual room does not change; what changes is the kind of care that the patient in that room receives. In addition, the hospital recently began a program of having clinical staff report to one another at the patient's bedside during shift changes, so that patients can provide input about their care.

Lake Health District's Home Health & Hospice program considers family members to be part of the team of patient care, working with them to provide the best care possible, whether palliative or curative. For Hospice, this continues after their loved one dies through a bereavement program.



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> Power to the Patients continued

To bolster their patient engagement efforts, Lake District and 29 other Oregon hospitals took part in the Patient & Family Engagement (PFE) Collaborative, a statewide effort to increase patient engagement through a partnership of the Oregon Association of Hospitals and Health Systems and the Institute for Patient- and Family-Centered Care. Participating hospitals from across the state received specialized training and shared best practices on how to include patients and their families, through in-person learning sessions, webcasts and check-ins.

"Partnering with patients and their families on ways to improve hospital operations offers many advantages," said Diane Waldo, Associate Vice-President of Quality and Clinical Services at the Oregon Association of Hospitals and Health Systems. "When patients and families participate in hospital care quality improvement projects, hospital leaders no longer have to guess what patients value—they have a representative on the team to ask. Patient and family advisors also often challenge what is possible by offering a fresh perspective and new ideas."

Since the end of last year, PFE Collaborative participant **Samaritan Health Services** has taken a proactive approach to organizing and recruiting new patient and family advisory council members at its five hospitals in Linn, Benton and Lincoln counties. Each hospital is has developed councils that represent their community's diverse populations.

At Samaritan Albany General

Hospital, managers and patient and family advisory councils have been working to establish goals for the group and complete several projects to improve the patient experience. Completed projects to date include patient education materials for waiting areas, emergency and critical care department discharge procedures and department performance displays, among others.

Samaritan Pacific Communities Hospital in Newport has seen a great response from their community members, who are helping with the development of their new hospital.

As the patient and family advisory council groups continue to develop and implement improvements to the patient experience, all the councils continue to work toward establishing best practices and sharing with Samaritan's other hospitals. The ways of engaging patients and their families are as varied as the patients themselves, and rightly so. No one method or approach will work for every patient. That patient uniqueness is the crux of achieving success—it's found by asking, listening, and genuinely caring about what is most important to each patient and their health. It is engaging patients and their families in a partnership of care, which requires more than just a single means to achieve.

Ways Hospitals and Health Systems Engage Patients

- **Delegating a leadership position:** Organizations are appointing a Chief of Patient Experience Officer, or other senior executive, responsible for leading the hospital's pursuit of patient-centered care.
- **Listening to patients:** Hearing first-hand experiences, both negative and positive, at board and committee meetings is a powerful message that brings purpose to the work of hospital leadership.
- **Patient-centered training:** One focus of staff training is to move past "that's not how we've always done it" thinking, transitioning to engaging staff in understanding their contribution to patient experiences.
- Shared decision-making with patients: Recognizing the patient as a member of his or her own care team and sharing decision-making between the hospital, physician(s), patients and their families is becoming a high-value component of patient-centered care. Many of these methods help to enhance the hospital's efficiency and prevent readmissions:
 - Patient navigators help patients access needed care and services across the continuum of care and help to ensure they can and do follow treatment plans.
 - Staff or volunteers can help patients with decision support.
 - Many organizations are exploring the use of technology to involve patients in managing their health and to also enable physicians to understand if and how patients are adhering to treatment plans.

Oregon hospitals that participated in the OAHHS Patient & Family Engagement Collaborative:

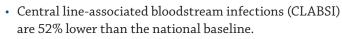
Asante Ashland Community Hospital Good Samaritan Regional Medical Center Kaiser Sunnyside Medical Center, Clackamas Kaiser Westside Medical Center, Hillsboro Lake District Hospital, Lakeview Legacy Emanuel Medical Center, Portland Legacy Good Samaritan Medical Center, Portland Legacy Meridian Park Medical Center, Tualatin Legacy Mount Hood Medical Center, Gresham Randall Children's Hospital at Legacy, Portland Mercy Medical Center, Roseburg PeaceHealth Peace Harbor Medical Center, Florence PeaceHealth Sacred Heart Medical Center – University District, Eugene St. Charles Bend St. Charles Madras St. Charles Prineville St. Charles Redmond Providence Portland Medical Center Providence Milwaukie Medical Center Providence Willamette Falls Medical Center Samaritan Albany General Hospital Samaritan Lebanon Community Hospital Samaritan North Lincoln Hospital, Lincoln City Samaritan Pacific Communities Hospital, Newport Shriners Hospital for Children, Portland Sky Lakes Medical Center, Klamath Falls Saint Alphonsus Medical Center - Ontario Tillamook Regional Medical Center Tuality Healthcare, Hillsboro Wallowa Memorial Hospital, Enterprise

CDC infections report shows Oregon hospitals significantly outperforming national average

Oregon's hospitals perform significantly better than the national average in preventing health care-acquired infections (HAI), according to the National and State Healthcare Associated Infections Progress Report released earlier this year by the Centers for Disease Control and Prevention.

HAIs are infections that patients can get while receiving medical treatment in a health care facility. The report, based on 2014 national data (the most current available), shows infection rates are lower than the national average for every condition that the CDC tracks:

- Catheter-associated urinary tract infections (CAUTI) are 5% lower than the national baseline and 17% lower than the state's average last year.
- Surgical site infections (SSI) for abdominal hysterectomy are 9% lower than the national baseline, and 20% lower year-over-year in Oregon.
- Hospital onset Clostridium difficile (C. diff) infections are 27% lower than the national baseline and 4% lower than last year's state average.
- SSIs for colon surgery are 16% lower than the national baseline.



 MRSA Bacteremia infections are 35 percent lower than the national baseline.

"Health care-acquired infections are serious and harmful to patients. They are also preventable," said Diane Waldo, Associate Vice-President of Quality and Clinical Services for the Oregon Association of Hospitals and Health Systems. "This report shows how hospitals are committed to patient safety as demonstrated by their effort to improve outcomes. Hospitals will continue to work closely with all partners on the health care team, including patients and families, to make hospitals a safe place to receive care. The goal is to eliminate hospital and health care-acquired infections entirely."

Health care-acquired infections are among the top 10 leading causes of death in the United States and cost upwards of \$33 billion per year nationally, according to the CDC. Preventing these infections has become a key element to improve patient care and lower costs in the health care system.

"Addressing the issue takes effort on two fronts: consistent

and reliable patient care and improved patient engagement," Waldo said. "In an effort to spread and sustain a culture of safety, Oregon health care providers participate in patient safety initiatives that incorporate accountability and evidenced based best practices."

Nearly all of Oregon's 62 hospitals have participated, or are currently participating, in the Centers for Medicare and Medicaid Services (CMS) Partnership for Patients initiative, which aims to reduce hospital acquired conditions by 40 percent and readmissions by 20 percent. Since beginning their Partnership for Patients work, hospitals working with OAHHS have achieved a 40 percent or greater reduction in CAUTI, CLABSI, surgical site infections, ventilator-associated complications, and early elective deliveries. 🖪



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THANK YOU, ELLEN LOWE

If there are three words that perfectly describe OAHHS Community Advocate Ellen Lowe, they are: Dignity, Compassion and Goodwill



Dignity

Whether they are political leaders or members of our underserved communities, Ellen believes everyone deserves dignity and respect.

Compassion

Consider Ellen's career and the causes and issues she invested her energy to address over the years and you will see behind it all an active compassion. Ellen has devoted her career to helping those who are in need, whether she knows them or not.

Goodwill

In a world that is characterized by competing special interests, Ellen is committed to making the world a better place for people to live, work and play. This is a quality that is difficult to find but it is one that Ellen consistently and selflessly demonstrates.

All of us at the Oregon Association of Hospitals and Health Systems want to thank Ellen as she embarks on her next chapter. Her dedication to community health is a living demonstration of the principles of our mission.

At the core, Ellen is a public citizen who has been instrumental in raising the bar for the health care community in Oregon.

During the 2007 Oregon Legislative Session, Ellen championed the passage of Oregon's landmark Community Benefit Reporting Act. This law was a top priority to hospitals and helped quantify the mission that drives the hospital community.

Because of her efforts, in 2007 OAHHS developed the Ellen C. Lowe Community Advocate Award. This award honors a community member for his or her unique, unusual or continuous support of hospital missions and the health of the community. As the inaugural recipient, Ellen displayed the embodiment of spirit of the award: compassion, understanding, wisdom and a clear vision to see the core of community issues, all traits that Ellen embodies.

On behalf of the Association and all of its members, thank you Ellen for your service to our community. 🔳



HOSPITAL SPOTLIGHTS

ASANTE THREE RIVERS MEDICAL CENTER | WILLAMETTE VALLEY MEDICAL CENTER SKY LAKES MEDICAL CENTER | PEACE HEALTH | BAY AREA HOSPITAL GOOD SHEPHERD HEALTH CARE SYSTEM | SAMARITAN HEALTH SERVICES | SALEM HEALTH

Walking for Health

WILLAMETTE VALLEY MEDICAL CENTER'S WALK WITH EASE PROGRAM ENCOURAGES STAYING ACTIVE WITH ARTHRITIS

For the past six years, the Joint Replacement Institute of Oregon has provided care for patients undergoing hip and knee replacement surgery at **Willamette Valley Medical Center** in McMinnville. Key components of this program include early mobilization after surgery and emphasis on health and wellness. Natalie Reed, a physical therapist and the program's manager, believes the emphasis on mobility and health has completely revolutionized recovery after surgery.

"Eight years ago, we would have been happy to get a patient out of bed and into a chair for lunch the day after surgery," said Reed. "Now patients are up walking the day of surgery and most go home the next day."

As a physical therapist, Reed has long believed that many health conditions and pain management issues could be significantly improved if people simply moved more. This belief and her experience working with patients with arthritis led Reed to a program through the Arthritis Foundation called Walk with Ease. According to the Arthritis Foundation, walking is one of the safest and most beneficial forms of exercise for people with arthritis and other chronic health conditions. Walk with Ease is an 18-class program, taught two or three times a week, that has been shown to reduce the pain and discomfort of arthritis while increasing balance, strength and walking pace. Each class includes a mini-lecture about arthritis and time for both walking and stretching. Participants adjust the program to their individual needs and fitness levels. Participants also receive a Walk with Ease book which provides additional information and resources.

Reed became certified to teach the course through online training and taught her first class to McMinnvillearea residents in last September. Her first class had 15 participants; her fourth session, which started in June, had over 30 sign-ups.

"This is a great community outreach program," Reed said. "We are able to offer the class free to participants and have partnered with both the McMinnville Community Center and McMinnville Senior Center. Several people have noted

improvement in their walking endurance, overall health and pain management."

Dr. Jacqueline Eriksen, a family medicine physician in McMinnville, agrees. "I have the class information posted in all of my patient rooms. One of my patients was struggling with her health so I encouraged her to sign up. At that time, I was seeing her monthly in the clinic and she could barely walk a block. Now she can walk more than a mile and she comes in only every few months for care."

Carrol and Roy Bowerman, a married couple, attend the class together to stay accountable to their walking program. "It is hard to stay consistent on your own; we get caught up with other things at home and with our property. With this class we schedule time to walk," said Carol.



Walk with Ease participants pose for a photo at Willamette Valley Medical Center.

HOSPITAL SPOTLIGHTS, CONT.

Great Heights

AMERICAN FLAG PROMPTS PATIENT EXPERIENCE AT ASANTE

Rhonda Bartholomew, a nurse in the orthopedics unit at **Asante Three Rivers Medical Center** in Grants Pass got a recent reminder of just how far the reach of patient experience can extend.

She had a patient recently who was perfectly happy with everything about his stay during a knee operation. But when the time came to prepare him for a physical therapy session and then discharge, something was bothering him.

"He said it was something that had nothing to do with me, and he was sure that there was nothing I could do about it anyway, but he just needed to say it," Bartholomew said. "I told him, 'Of course, I'm your nurse and I care about everything—and you might be surprised what I can do."

The patient explained he is a Marine Corps veteran and many of his friends had died in the Vietnam War. He felt



A flag retirement ceremony takes place at Asante

strongly about honoring the American flag and had noticed the one on the hospital campus—visible from his room window—was tangled in a tree.

While still in the patient's room, Bartholomew phoned her unit clerk, explained the situation and asked her to call the facilities staff to have the flag freed from the tree. The flag was flying freely by the time the patient completed his physical therapy session and was preparing to leave the hospital.

But neither the story nor the patient's satisfaction with Asante ended there. The facilities employees who had freed the flag noticed it had become faded and tattered, so arrangements were made for a flag retirement ceremony.

A trumpeter was booked from the Merlin, Oregon detachment of the Young Marines. Asante Three Rivers security officers volunteered to be a part of the ceremony— Rob Gunderson presented the new flag and Daron Dawson served as master of ceremonies. The hospital's chaplain Sandra Richard gave the invocation, and nutrition services coordinator Bobbi Bussey arranged for refreshments. Bartholomew and the Marine Corps veteran who noticed the original issue with the flag also attended the ceremony.

"He kept thanking me for making it happen and I had the opportunity to explain that I couldn't have made that happen alone," Bartholomew said. "I told him that's how we do it here; we pull together as a team for a better outcome because we care beyond changing bandages and giving medications. We care for the whole patient by caring about what our patients care about."

In all, about 30 people attended the weekend flag ceremony. "The patient was so moved by the whole ceremony and the fact that we at Asante would go to such lengths to care for our patients even when it didn't actually have anything to do with 'patient care,'" Bartholomew said.

She remembers the tears in her patient's eyes, and his parting words: "I feel so cared for here that it almost makes me want to go back into the hospital and get my other knee fixed."

Setting a Precedent

SKY LAKES MEDICAL CENTER BECOMES FIRST BLUE ZONES PROJECT APPROVED WORKSITE IN NORTHWEST

Sky Lakes Medical Center in Klamath Falls became the first Blue Zones Project-approved worksite in the Pacific Northwest.

The Blue Zones Project is a community-by-community wellbeing improvement initiative designed to make healthier choices easier through permanent changes in environment, policy, and social networks. As a community champion for Blue Zones Project, Sky Lakes has long been an advocate for community well-being and earned approval by prioritizing employee wellness.

Worksite leadership and staff have been working since January to implement changes across the organization to promote health and well-being for more than 1,300 employees—including 900 full-time staff members.

"Working with Blue Zones Project, Sky Lakes has been able to adopt best practices that enhance the impact of existing employee wellness efforts and truly demonstrate our commitment to a healthy work environment," said Paul Stewart, president and CEO of Sky Lakes Medical Center. "I am proud of our staff for being part of a project that will help improve the quality of life for our friends and neighbors in Klamath Falls."

Sky Lakes achieved Blue Zones Project Approved status by successfully completing the Blue Zones Project Worksite Pledge and adopting or supporting a number of well-being best practices. While Sky Lakes ensured wellness practices that focused on physical and emotional well-being, the organization prioritized:

- Improving cafeteria food and beverage options by increasing access to healthy options;
- Regularly sharing communications about wellness resources like walking groups as well as sharing success stories; and
- Regularly encouraging employees to commute to work via walking, biking, or public transit.

As part of the well-being efforts at Sky Lakes Medical Center, more than 250 employees have taken the Blue Zones Personal Pledge, a personal well-being commitment.

"Local employers have a tremendous ability to impact our entire community by making healthy choices easier," said Jessica Dubose, Community Program Manager for Blue Zones Project - Klamath Falls. "Sky Lakes has gone to great lengths to invest in better well-being for our entire community. This designation highlights the commitment of our hospital to creating a healthier community, starting with its own employees."

Blue Zones Project is brought to Oregon through leadership funding by Cambia Health Foundation to support Oregon Healthiest State. Sky Lakes Medical Center, a community champion, answered Cambia's funding match to support the Blue Zones Project initiative in Klamath Falls.

A Healthy Start

PEACEHEALTH'S RIVERBEND FACILITY EARNS BABY-FRIENDLY DESIGNATION

PeaceHealth Sacred Heart Medical Center at RiverBend in Springfield recently earned designation as a Baby-Friendly facility.

Baby-Friendly designation is awarded to facilities that meet the stringent requirements of the Baby-Friendly Hospital Initiative for providing optimal infant nutrition and mother-baby bonding resources for new mothers.

"Baby-Friendly designation is the gold-standard in infant nutrition, said Louella Freeman, chief nursing officer for Peace Health Sacred Heart. "A Baby-Friendly facility will provide a new mother with the very best knowledge, skills and confidence to achieve successful breastfeeding. Being Baby-Friendly means that moms can count on there being policies in place that support optimal infant nutrition and mother-baby bonding. Every mother and baby is special, and they deserve to be offered the best evidence-based information and care." Hospitals seeking designation are evaluated on 10 areas around educating and supporting expecting and new mothers on breastfeeding including. These include extensive staff training, maintaining skin-to-skin contact between mothers and their new babies and providing numerous education and support resources for moms and babies.

Baby-Friendly hospitals encourage breastfeeding for all babies unless medically indicated. Baby-Friendly practices also support mothers who are unable or choose not to breastfeed by educating them to safely prepare and feed formula to their babies.

There are 340 active Baby-Friendly hospitals and birth centers in the United States and 13 in Oregon. PeaceHealth's other Baby-Friendly facility is the PeaceHealth Nurse Midwifery Birth Center in Springfield.

HOSPITAL SPOTLIGHTS, CONT.

Working Together

BAY AREA HOSPITAL'S SHARED GOVERNANCE MODEL INCREASES PATIENT SAFETY

It sounds more confusing than it really is: shared governance is just another way to think about patient safety. For the nurses at **Bay Area Hospital** in Coos Bay, it is an organizational model that goes much deeper. But what it boils down to is a process that allows patients to have a say in how their care is administered.

Amanda Bernetz, RN, who works on the medical care unit, explained it as a way frontline workers and executives go about "working together on how we work here—on how the nurses function here in our jobs."

The organizational model works through a number of different subgroups in each unit in the hospital. For instance, the nurses gather regularly in their unit to look for ways to improve workflow. There are also teams that focus primarily on improving patient safety within those units.

Jennifer Green, RN, the clinical nurse manager of the hospital's post-surgical unit, doesn't want the community to get lost in the process, however; she wants them to remember that when they come to the hospital, they are getting the safest care. The safety program allows for defects to be caught before a problem actually occurs. These days, a near-miss is enough to elicit change.

Daily "safety huddles" help identify issues that need to be addressed before they become major problems. A colorcoded board helps keep the units on task. New defects are designated in red. The yellow board is work in progress. Green signifies completed projects. The many success stories, which show up in blue, indicate that the effort is effective.

"Without shared governance the nurses wouldn't feel empowered to speak up and advocate for our patients," said Kristen Hyatt, RN, a nurse on the intensive care unit. "Now when we see something our patients need or something that isn't working for them, nurses have that frontline power we can say what we need for patients and it gets done. These programs help facilitate that."

Some changes that have benefited patients may go largely unnoticed by them, such as "Quiet Zone" mats that allow for nurses to have uninterrupted time when they access patient medications from the pharmacy cart, or moving

refrigerators to keep cold water closer to patients who request it.

One change that has come about through this new empowerment allows patients and their families to have a greater say in their care. Deanna Prater, RN, the hospital's nursing excellence coordinator, said it was thanks to this emphasis on shared governance that bedside reports became a reality.

"Doing a report at the bedside, rather than in a room without the patient or family there, makes so much sense," she said. "Bedside reports are an opportunity to involve the patient and family when nurses are giving the change-of-shift report, so patients and families can be involved to say "This is a concern of ours.' It's just better communication."



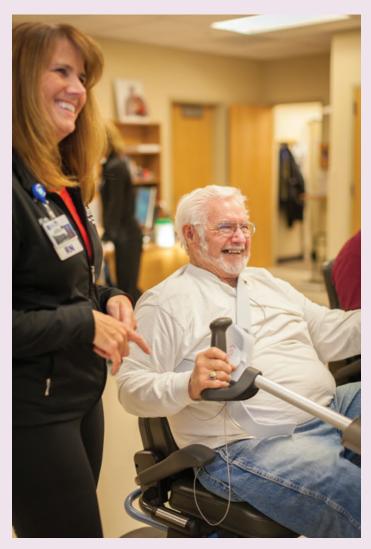
During a safety huddle, Tabitha Myers, RN, and Angela Haines, RN, update a work in progress on the yellow board.

A Life Renewed

PATIENT'S LIFE CHANGED THROUGH GOOD SHEPHERD HEALTH CARE SYSTEM'S CARDIOPULMONARY REHAB PROGRAM

Ras Taylor was at the brink—having had a knee replacement, hip replacement, been diagnosed with chronic obstructive pulmonary disorder (COPD), atrial fibrillation (AFib), a candidate for double feet amputation, and on a handful of medications—he wasn't sure where to turn.

"My doctor began to share with me that by changing my lifestyle, diet and exercise that it could significantly improve my life," said Ras. "My doctor started by weaning me off some of my medications, and at the same time encouraged me to



Katie Hubball, RN, works with patient Ras Taylor through the Cardiopulmonary Rehab Program

become a vegetarian, which I did." She also referred him to the Cardiopulmonary Rehab Program at **Good Shepherd Health Care System** in Hermiston.

The program is comprised of exercise, diet, and education programs supervised by a team of exercise physiologists, registered nurses, and respiratory therapists—with oversight from Ed Ricketts, MD, internal medicine physician who provides physician oversight for the program.

"Everybody can use exercise," said Dr. Ricketts. "The benefit of a program such as this is the expert oversight from a dedicated team that provides constant support and encouragement—which patients also receive from their peers that are going through the program with them. It's also especially gratifying patients, like Ras, to see how they keep improving little by little, month after month."

Paula Hagal and Katie Hubball of the cardiopulmonary program, exercise physiologist and registered nurse respectively, worked closely with Ras, providing encouragement and motivation.

"When Ras first joined the program he was so weak, he lost his balance easily and had several medical conditions he was dealing with, but this didn't deter him from meeting his goals. He was faithful at meeting his education and exercise appointments and progressed at a great pace. When you have a patient that wants to get better and take the necessary steps with diet and exercise it makes their experience with us, well—fun. Our patients look forward to coming and seeing us and we look forward to seeing them" shared Katie and Paula.

"I feel so much better now than when I first started with the program," said Ras. "I'm now able to walk 1.5 miles per day, alternating walking and my trips to rehab every other day, and feel better than I have in 15 years. I can ride a stationary bike, and I use walking poles to help me keep my balance. I truly owe a lot to the rehab team. Without them guiding and encouraging me I don't know if I'd be here today."



HOSPITAL SPOTLIGHTS, CONT.

Whole Health

SAMARITAN PRESENTS GRANTS TO IMPROVE COMMUNITY HEALTH

Samaritan Health Services presented its 2016 Social Accountability grants to a number of agencies at a luncheon at the Boulder Falls Conference Center in Lebanon earlier this summer.

The grants were awarded to community organizations in Linn, Benton and Lincoln counties that will use the grant funds to help achieve community health goals. The recipients are determined through a selection process that takes place at each Samaritan facility.

Samaritan Health Services CEO Larry Mullins presented the checks and said a few words about the goals of the annual grants.

"We traditionally have targeted health care related activities, but health care's taken on a much broader definition," Mullins said.

And he noted that a few of the organizations receiving the

grants provide an overall community benefit instead of a more traditional health care benefit.

For Lebanon recipients, the Boys & Girls Club of the Greater Santiam and the Lebanon Public Library are examples of nonprofit organizations that aren't directly tied to health care services, but provide assistance to the community.

"We believe one of the most important things we can all do is help support each other for the community benefit," Mullins said.

This year, the total amount awarded was about \$500,000, he said. That total was split among 40 organizations. The \$500,000 is about double the amount awarded in previous years.

Samaritan has awarded these grants since 1997, "but this is the first time we've had formally announced the grants at an event like this," Mullins said.



Mullins said one reason for hosting the event was to call individual attention to each organization.

"We think the type of work you're doing is so critical to the community," Mullins said. ℍ

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HOSPITAL SPOTLIGHTS, CONT.

Rehabilitation by Design

SALEM HEALTH'S NEW REHABILITATION CENTER IS TAILORED FOR COLLABORATIVE CARE

Salem Health officially opened its new Rehabilitation Center at 755 Mission St., Building M in Salem. The twostory, 35,000 square foot space is designed to meet the rehabilitation needs of the community, and is tailored for specialized and collaborative care. Among the new building's features are:

- An innovative overhead system designed to provide a safe and real-world experience for patients focused on gait, balance and fall risk
- A larger warm water aquatic therapy pool
- Multiple spaces for pediatric therapists to offer suspended vestibular equipment as part of therapy
- Larger gyms for adult therapy and Work Injury Management

"Our patients love this fresh, new, natural environment for their therapy," said Phil Haworth, rehabilitation services manager. "They can experience more natural light, state-ofthe-art equipment and inspired specialists with space to do their best work. It's really exciting."





About 45 therapists and psychologists with Salem Health Rehabilitation Services see more than 7,300 new patients every year. Salem Health exceeded 50,000 patient visits in 2015.

Construction continues onsite of the new therapy and community play area, Salem's first outdoor play area for people of all abilities. People interested in making a donation can find more information online at www.salemhealth.org/tcpa.

Salem Health, an OHSU Partner, offers care to people in and around Oregon's mid-Willamette Valley. It is comprised of hospitals in Salem and Dallas, a medical group of primary and specialty care providers, plus other affiliated services.

For the second consecutive year, the hospital in Salem received the prestigious 2016 Truven Health 50 Top Cardiovascular Hospitals, placing it among the nation's highest performing hospitals.

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