Our Culture of Safety is Making a Difference

This issue of Currents is devoted to the topic of patient safety. Much has been in the news of late regarding patient safety in hospitals.

At Bay Area Hospital, significant effort is being devoted to creating safe and clinically excellent care for our patients. We’re committed to creating a culture of reliability that results in zero events of harm. In this issue of Currents, you will read more about our culture of safety as well as the practices and the programs we have implemented to provide our patients with safe and clinically excellent healthcare.

You will also read about:

• What our physicians and our Board of Directors have to say about patient safety at Bay Area Hospital

• How our facility expansion and computer technology will aid in improving patient safety

• Programs we have implemented that have improved patient safety

• Partnerships we’re involved with to improve patient safety

It is my hope that you will find the Bay Area Hospital patient safety story to be informative and reassuring. I am proud of our excellent and caring staff. They bring a high level of professionalism to their jobs every day. And I am proud of the positive outcomes that all of our efforts have produced so far. We pledge to continue our commitment to improve the health of the communities we serve every day.

Paul G. Janke, FACHE
President/CEO
MISSION
We improve the health of our community every day.

VISION
Bay Area Hospital will be the model for regional healthcare excellence.

VALUES
Kindness, Excellence, Teamwork, Ownership, Innovation

Currents Health Magazine is published by Bay Area Hospital for the employees, medical staff, and the South Coast community. If you would like extra copies of a particular issue or have questions or concerns regarding the publication, please call or write to Bay Area Hospital Foundation and Community Relations Department, 1775 Thompson Road, Coos Bay, OR 97420, (541) 269-8543. Visit our website: www.bayareahospital.org. © 2012 Bay Area Hospital. All rights reserved. Articles in Currents Health Magazine are intended for general information only and should not be construed as medical advice or instruction. For diagnosis and treatment of specific conditions, consult your physician.
As members of Bay Area Hospital’s Board of Directors, we believe that patient safety is our highest priority. The South Coast communities we serve have the right to expect no less. At our core, ensuring the quality of our services is our mandate.

Medicine is not a perfect science. Delivery of hospital services is complex. Even the best people can make mistakes. Our board, hospital management, and medical and hospital staff share a commitment to work to minimize errors, to reduce their impact, and to learn from them to improve the quality of care and the safety of all of our patients. This commitment is the cornerstone of our improvement efforts at Bay Area Hospital.

At Bay Area Hospital, numerous safety improvements have been made in recent years. We have put in place many new practices to prevent the spread of infection, to prevent falls, to avoid medication errors, and to prevent unnecessary readmissions. We use industry benchmarks to track our progress, and we measure our outcomes. Going forward we will be more actively sharing our progress and outcomes with the community.

When our expansion opens next spring, it will include new private rooms to decrease the risk of infection and improve patient privacy. Our new computer systems and updated technology already are bringing state-of-the-art care to the bedside. Yet our most important asset in improving patient safety is not facilities, and it is not imaging systems or computer systems. Our greatest asset is the attitude of our staff.

Bay Area Hospital is fortunate to be able to rely on its dedicated, talented, and compassionate team of doctors, nurses, and other healthcare professionals. Their commitment to providing patients with safe and excellent care is the reason why you and your family can continue to depend on and have confidence in our family here at Bay Area Hospital.

Mike Gordon
Tom McAndrew, MD
Mike McIntyre, MD
Toni Poole
Jon Richards

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A commitment to patient safety—both the mother’s and the baby’s—is a hallmark of Bay Area Hospital’s Family Birth Center. Upon arrival, a mom who is in labor is assessed from head to toe and placed on a monitor, which can be viewed in the patient’s room, at the nurse’s station, and in the break room.

“Two nurses attend every delivery: one is focused on mom, and one is focused on baby,” says Susan Chaney, RN, CNM, Family Birth Center manager. All nurses in our department are certified in neonatal resuscitation, CPR (cardiopulmonary resuscitation), and educated on fetal heart monitoring. “Our labor room is next door to surgery, just in case an emergency C-section is called for.”

Practicing simulation drills on a regular basis helps delivery room teams prepare for emergencies.

“It’s a good refresher for what you need to do in a high-risk situation, so everyone’s on the same page,” Chaney adds.

With an annual birth rate of about 660 babies, the Family Birth Center can be a busy place. That’s one reason why the hospital closed the center to the public.

“Patients have come to appreciate this. It helps them think about safety and privacy issues for their children,” Chaney explains. “Because patients tend to have a few less visitors, it helps with breastfeeding and bonding.”

(continued on page 6)
When babies are born, they receive ID bracelets that match the one their mom wears. The Family Birth Center has its own infant security system that prevents someone from abducting a baby.

At the Family Birth Center, several policies have been put in place to improve newborn babies’ health.

“We’ve eliminated elective deliveries before 39 weeks of pregnancy—they’re not best for baby unless there’s a medical reason; and we’ve stopped dispensing any formula to mothers who have chosen to breastfeed,” Chaney says.

The hospital also offers moms the Tdap vaccination to prevent spreading pertussis (whooping cough) to their vulnerable infants. Tdap is a

Susan Chaney

It’s no accident that Bay Area Hospital’s Family Birth Center is on par with leading hospital birthing departments nationwide. Innovative practices, such as closing the center to the public and no longer giving formula to breastfeeding mothers, are due to Susan Chaney’s leadership.

“Susan has improved the health of our community through her advocacy for evidence-based practices in labor and breastfeeding,” says Carolyn Jacobson, Bay Area Hospital MOMS (Management of Maternity Services) program supervisor.

Chaney, a registered nurse, a nurse practitioner, a certified nurse midwife, and the manager of the Family Birth Center, has worked at Bay Area Hospital for the past eight years of her 15-year career in obstetrics. She earned her BS degree in nursing from OHSU (Oregon Health & Science University) in 1997 and her MS degree from OHSU in 2001. Chaney’s broad experience includes working as a labor and delivery nurse and a neonatal intensive care unit nurse as well as providing full prenatal and delivery care as a certified nurse midwife. Her public health experience includes working with migrant workers, pregnant teens, immigrants without health insurance, and medically fragile children.

In a recent hospitalwide in-service session, Chaney role-played a nurse in a mock legal deposition involving a hypothetical medical error that caused a patient’s death. Her convincing performance drew a large range of questions that provided further education.
booster immunization to help develop immunity to three deadly diseases caused by bacteria: diphtheria, tetanus, and pertussis. Right after delivery, nurses place babies on their mothers with as much skin touching as possible. Touching skin helps babies bond with their mothers as well as colonize their mother’s beneficial skin bacteria.

Before newborns leave the hospital with their family, parents are asked to participate in an infant car seat inspection with a car seat technician certified by the Oregon Department of Transportation.

“We encourage everybody to take the time to let us check it out—and we don’t let anybody go home without a car seat,” says Sannie Warbis, Bay Area Hospital’s interim director of quality, patient safety, and satisfaction.

Chaney adds, “We have had more than one occurrence of a parent being involved in a car accident, then coming back to us and thanking us for helping them prevent their infant from being hurt.”

Bay Area Hospital has implemented several innovative practices aimed specifically at improving patient safety.

**Time Out.** In 2004 the Joint Commission introduced a Time Out safe-surgery checklist to reduce the risk of errors in hospital operating rooms throughout the nation. The Time Out process requires operating-room staff to ask and answer several questions prior to surgery. Bay Area Hospital physicians and nurses always ask and answer three simple questions before conducting any procedure that may invade a patient’s body—even if it’s in the Emergency department, in the operating room, or on a nursing floor. Those questions are: Do we have the correct patient? Do we have the correct procedure? Do we have the correct side or site on the patient? Staff also must ask themselves whether the patient has allergies that need to be considered and whether correct medications, implants, positioning devices, and necessary equipment are available.

**Speak Up.** Bay Area Hospital’s Speak Up program encourages patients to become active participants in their own healthcare by helping eliminate potential mistakes. If patients don’t recognize a medication being administered, they should question whether it is the correct medication prescribed by their physician. Patients who take a number of medicines should ask their physician or pharmacist whether it is safe to take a new medication with current ones. Sponsored by the Joint Commission, the Speak Up program also asks patients to become educated about their own condition, to write down important facts their doctor tells them, to read medical forms carefully so that they understand before signing anything, and to learn how to operate any medical equipment they will be using at home.

“Our system gives parents a feeling of security.”
Using the power of new technology, Bay Area Hospital has implemented several electronic systems to increase patients’ safety and the quality of care. The new electronic medical record system, with its many functions including CPOE (computerized provider order entry), is aimed at improving both the quality and the safety of healthcare at Bay Area Hospital, says Kent Sharman, MD, a family practice physician and member of the hospital’s technology team.

Electronic Medical Records
The hospital has been building its electronic medical record system for the past six years. Recently, local clinics—including Bay Clinic, South Coast Orthopaedic Associates, Waterfall Clinic, and North Bend Medical Center—also have added electronic medical records to their practices. Now electronic information is available throughout much of the Coos Bay and North Bend medical community.

A patient’s medical provider can access the patient’s electronic medical records at both the provider’s clinic and the hospital, explains Brenda Curtner, Bay Area Hospital’s clinical informatics manager.

Computerized Physician Order Entry
CPOE, which is now being used by Bay Area Hospital’s providers, is the newest addition to the electronic system. When an order is placed directly by the physician, the system checks against the patient’s allergies, test results, and medications. When a patient is taking certain drugs that may interfere with others, an alert lets caregivers know that there is a potential problem. Alerts also notify doctors and nurses if a patient has a history of certain infections.

CPOE minimizes human error when nurses and pharmacists try to read a physician’s orders. If a physician’s handwriting is illegible, and the doctor can’t be reached, it could cause a delay in treatment, says Ben Pfau, the hospital’s chief information and facilities officer.

Medication Administration Check
MAK (Medication Administration Check) is a computer-based medication administration program that reduces medication errors, improves patient safety, and streamlines caregivers’ workflow. MAK uses patient wristbands with bar codes to ensure that medications are given to the
“We’re riding that wave of connectivity. We’re at the midpoint of a big movement to integrate information.”

—Kent Sharman, MD
North Bend Medical Center

Correct patient in the right dosage at the correct time. The entire medication cycle—from ordering to administration—uses technology to provide the safe delivery of medications. It also documents electronically that the medication was given, for all care providers to see.

MAK technology is now being used in the hospital’s inpatient areas, and it is expected to be implemented throughout the hospital soon.

**Electronic Scheduling System**

Bay Area Hospital is implementing an electronic scheduling system to prevent scheduling issues associated with conflicting patient preps and procedures as well as to facilitate more-convenient visits for patients.

“It benefits patient management, so appointments or surgeries don’t get canceled or postponed, and it allows the various departments to optimize our patients’ visits,” Curtner says.

“We’re excited about all of these new technologies, and we hope they will help ensure patient safety,” says Dr. Sharman. “For a district hospital in rural America to be on stable enough financial grounds to invest in cutting-edge technology is pretty amazing.”

He adds, “I’m a firm believer that having access to timely patient information through information technology will enhance our ability to serve the healthcare needs of the community.”

**Safety Huddle.** A safety huddle is conducted on a daily basis. Department leaders come together 10 to 15 minutes each morning, Monday through Friday, to address key issues of concern involving patient and hospital safety. These concerns might include medications, falls, equipment, and communications. With representatives from all departments assembled in one place, it is easy to quickly involve them in follow-up or sharing solutions. Each nursing unit also meets to discuss patients with specific safety or health concerns so that all caregivers in the unit are focused on prevention and risk.

**Root Cause Analysis.** Bay Area Hospital convenes a root cause analysis to get to the heart of the issue for events with an unexpected outcome or a near miss. Hospital personnel who are directly involved in such an incident meet to dissect the problem and determine what could have been done differently. A root cause analysis is also used to improve communication and to debrief everyone about an event that has occurred.

**SBAR.** This acronym stands for Situation, Background, Assessment, and Request. It is a communications tool that Bay Area Hospital uses to improve patient safety whenever one caregiver transfers a patient to another caregiver or wants to communicate important patient information to a physician. This is how it works: A caregiver might tell another about the patient’s situation, such as, “Mr. X is having difficulty breathing.” Important background information, such as, “Mr. X has a history of asthma,” is also given. A caregiver’s assessment might include the information, “Mr. X has decreased lung sounds, he is on oxygen, he is breathing 40 times per minute, and he has a temperature of 101 degrees.” The caregiver’s request might be, “I would like a Tylenol order for the fever, and would you like respiratory therapy to give him a treatment?”
No Surprises
Revealing Potential Patient Problems Before Surgery

Jay Anderson is an active 85-year-old man. He enjoys walking for exercise. Last June he started having abdominal pain and had to limit his beloved walks. A visit to his doctor revealed he had a hernia. He was scheduled for surgery on July 20 at Bay Area Hospital. Several days before surgery, Anderson visited the hospital’s Pre-Op Clinic, where a thorough medical history and a series of lab studies were done. Anderson proved to have an abnormally low sodium level.

“I did everything I could to increase my sodium, but unfortunately at the next test it was even lower than before,” he remembers.

Anderson’s family practitioner, Kent Sharman, MD, and his surgeon, Frank Larson, MD, decided to delay surgery. It would be safer to wait until the sodium level was corrected.

Anderson was disappointed by the delay because his pain had worsened and he missed his exercise. “But then I thought, they are protecting me by making sure I am in the best condition possible for my surgery,” he says.

Dr. Sharman changed one of Anderson’s prescription medicines and worked with his diet. Follow-up blood tests showed Anderson’s sodium levels to be stable, and Dr. Sharman cleared him for surgery on July 25.

Anderson, a retired US Air Force senior master sergeant and a veteran of three wars—World War II, Korea, and Vietnam—is now back at his volunteer position at Bay Area Hospital, where he staffs the first-floor information desk.

“I feel great, and I’m back walking again,” he adds. “I appreciate the fact that the hospital is concerned about me as a patient. They wouldn’t want anything to happen to me. Here the patient comes first.”

Bay Area Hospital’s Pre-Op Clinic opened its doors last spring. Its purpose is to thoroughly evaluate a patient before their surgery to make sure they are in the best condition possible, says Lauren McKinley, MD, the hospital’s director of anesthesia. “We want our patients

Current ACCREDITATIONS

Bay Area Hospital’s commitment to providing safe and high-quality patient-centered healthcare to residents of Oregon’s South Coast is recognized by a number of respected hospital-accrediting organizations. To better serve patients, Bay Area Hospital routinely subjects itself to outside review by these organizations.

Joint Commission, an independent, not-for-profit organization that accredits US healthcare organizations. The Joint Commission’s accreditation is recognized nationwide as a symbol of quality that reflects an organization’s commitment to meeting certain stringent performance standards. In 2010 Bay Area Hospital earned a Gold Seal of Approval for quality and patient safety. The commission has also accredited Bay Area Hospital’s Home Health Services.

American College of Surgeons Commission on Cancer has accredited Bay Area Hospital’s Community Cancer Center as a Comprehensive Community Cancer Program. Nationally, only 25 percent of hospital programs are accredited. Of these just 14 percent are accredited as Comprehensive Cancer Programs. The Commission on Cancer also accredited Bay Area Hospital’s Tumor Registry.

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to have the most pleasant as well as safest surgical experience possible,” she continues.

Scheduled anywhere from three weeks to a few days before surgery, Pre-Op Clinic visits encompass labs, diagnostic tests, and a complete medical screening. Specialists evaluate the findings, and based on test results, the perioperative staff is alerted to a patient’s individual needs. The anesthesia team is available to talk with patients about their concerns or medical conditions, and the patient is instructed by the pre-op nurse what medications should be taken and what foods should be eaten prior to surgery. The nurses advise the patient what to expect the day of surgery, where to go, and answer any questions the patient may have.

“The clinic has tremendously increased patient safety and satisfaction,” McKinley says. “We have the ability to find and identify medical conditions that can be corrected before surgery so that when they do have their operations, we know they will be safer. We have also been able to pick up previously undiagnosed medical problems and refer patients to the proper medical care. It is not uncommon for the Pre-Op Clinic to pick up diabetes for the first time or sleep apnea.”

“In the past,” McKinley notes, “a large percentage of surgeries were cancelled the day of the surgery. Now we catch problems ahead of time, and we’re not taking risks with patients.”

“The Pre-Op Clinic meets all national standards for peri-operative care,” says Karen Marchant, RN, one of several Pre-Op Clinic nurses. “The interviews are very thorough. By the time we get through talking with the patient, we know just about everything—except who they voted for in the last election.”

While patients are at the clinic, staff members also educate them about a variety of topics, everything from infection prevention to what to expect while in the hospital, explains Rob Wyatt, the hospital’s manager of short stay. “The establishment of the Pre-Op Clinic has been a giant step forward to the overall safety of our surgical patients. They are happier and appreciate the personalized attention, and we appreciate an operative day without unexpected surprises.”

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**American Academy of Sleep Medicine** has accredited Bay Area Hospital’s Sleep Study Center.

**College of American Pathologists** has accredited Bay Area Hospital’s medical laboratory and pathology services. The laboratory also received the college’s Gold Standard accreditation.

**American Society for Metabolic and Bariatric Surgery** has named Bay Area Hospital’s bariatric surgery program a Bariatric Surgery Center of Excellence. Our program is among only four statewide that meet the society’s stringent standards for recognition.

**American College of Radiology** has accredited Bay Area Hospital’s Women’s Imaging mammography program.

**Oregon Medical Association** has honored Bay Area Hospital’s Continuing Medical Education program as an outstanding program.
Patient safety is a major issue facing hospitals nationwide. Physicians at Bay Area Hospital want Oregon’s South Coast residents to know how seriously they and the hospital take their responsibility to provide patients with the best and safest care possible. Here’s how two Bay Area Hospital physicians—Chief Medical Officer Bill Moriarty, MD, and Chief of Staff Basil Pittenger, MD—see the issue.

It seems like there is more and more in the news about hospital patient safety. Why is this?

**Dr. Moriarty:** Patient safety has been a growing focus over the past 10 years—and it should be. The public has a right to expect safe care. Several major studies have pointed out the need to focus more strongly on patient safety. More recently, the Medicare program via the Centers for Medicare & Medicaid Services has been setting best-practice standards and measuring and reporting the results. Other organizations such as Leapfrog and Consumer Reports have been doing the same. This is very new, and hospitals—including Bay Area Hospital—are adapting to this new level of transparency.

**Dr. Pittenger:** We strive to put safe practices in place. Even with these efforts, care does not always go perfectly. What is most important, in my opinion, is that when care does not go according to plan, we have a commitment to look critically at what happened, learn from mistakes, and improve. This is what a culture of safety is all about.

How do you view the recent Consumer Reports magazine rating and subsequent news coverage?

**Dr. Moriarty:** We have a very strong commitment to patient safety. The good news is our recent data from 2010 and 2011 look better than the older data that was used for the Consumer Reports rating. I’m not saying we don’t need to improve—we want to get all these scores right. I think the medical staff is taking this seriously. You have to be open to the possibility that things need to change.

**Dr. Pittenger:** Part of the problem is that in Coos County we have a high rate of diabetes, cardiac disease, cancer, and obesity. Out of 36 Oregon counties, we rate either last or second-to-last in these measures. We also have a higher rate of poverty, which correlates with higher rates of disease. At Bay Area Hospital, we take excellent care of our patients, but in the past we weren’t as good with documenting just how sick patients were when they entered the hospital. That affected our reported mortality rate.
What role do physicians play in ensuring safe care at Bay Area Hospital?

Dr. Pittenger: Physicians play a central role in overseeing quality and patient safety. This happens via the organized medical staff, which has the authority and the responsibility to oversee the quality of clinical care provided and, specifically to provide oversight of physicians providing care at Bay Area Hospital. As chief of staff, my principal focus is to make sure that care is provided safely and that physicians providing that care are competent.

Would either of you put your own parents or children in this hospital?

Dr. Pittenger: I definitely would put my parents here. We’re a really great hospital. My daughter was born here.

Dr. Moriarty: And I came here for my own neck surgery.

Dr. Pittenger: The way I see it, we’re not only a great hospital but also a great resource to the community. We have an excellent mental health program with 12 beds. You can’t find one in another hospital on the Oregon Coast. We lose money on this, but we believe it’s important. And we’re a Level III Trauma Center—the only one on the Oregon Coast. We do a lot of things for the community that we don’t get credit for.

Dr. Bill Moriarty received an MS degree in theological studies from Harvard Divinity School before earning his MD degree from the University of Pennsylvania School of Medicine. He completed his medical internship and residency at the University of San Francisco. He is certified by the American Medical Directors Association with a specialty in long-term care. In 2004 he joined North Bend Medical Center, where he practices internal medicine.

Dr. Basil Pittenger received his MD degree from the University of Washington, where he also completed his internship and residency in internal medicine. He joined North Bend Medical Center in 2005. His practice focuses on internal medicine, with a specialty in cardiology and gastroenterology.
Our Collaborations

Bay Area Hospital has formal arrangements with several other institutions specifically to improve the health and the safety of our patients.

Partnership for Patients.

Bay Area Hospital is among 33 Oregon hospitals participating in Partnership for Patients, a new national initiative facilitated by the American Hospital Association’s Health Research and Educational Trust. The Partnership for Patients collaboration is designed to help improve healthcare quality and make it safe and affordable for all patients. The program encourages hospitals to share information on best practices for preventing infections, falls, adverse drug reactions, pressure ulcers, blood clots, ventilator-associated pneumonia, and avoidable readmissions.

Robert Wood Johnson Foundation Readmission Reduction Project. Over the past 18 months, Bay Area Hospital has been working with the Robert Wood Johnson Foundation to improve the quality and the safety of patient care and to reduce readmissions. In addition to submitting monthly data, Bay Area Hospital’s team participated in monthly Internet-based seminars and prepared progress reports on how the hospital decreased avoidable 30-day heart failure readmissions. Highlights of Bay Area Hospital’s efforts include assigning a nurse to educate heart failure patients upon admission, coordinating post-discharge care such as scheduling medical appointments and other required follow-up care, and developing streamlined educational materials to share with community organizations. According to the Robert Wood Johnson Foundation, Bay Area Hospital ranked in the top 10 percent among the 84 hospital teams participating in the project.

From its state-of-the-art, high-tech medical equipment to hand-washing stations both inside and outside of private patient rooms, the hospital’s 110,000-square-foot expansion, due to open in February, has been designed with patients’ safety in mind.

“Private rooms are probably the most important way the new building will promote patient safety,” explains Ben Pfau, the hospital’s chief information and facilities officer. “Private rooms help prevent the spread of infection, they minimize transfers, and they allow patients to get more rest.” Rest will be even easier with sound insulation between patient rooms and floors, he adds.

Private rooms also allow patients’ families to be present, which aids the patients’ healing process. When family members are present to hear care providers’ instructions, they can help the patient comply with follow-up care at home.
The entire building was designed by clinicians to facilitate patient flow and minimize problems.

Clinicians designed a standardized layout for all patient rooms, so caregivers know immediately where everything is located, and there is less chance of making an error. At the head of every bed is an organized collection of system controls that allows nurses to access medical gases or to call the nurses’ station if more help is needed.

These larger patient rooms allow enough space for multidisciplinary teams to plan patient care. The majority of rooms contain overhead patient lifts, and the new ICUs (Intensive Care Units), which are double the size of the current ICUs, have overhead booms containing equipment. Overhead equipment increases floor space, enabling more medical providers to gather around a patient’s bedside, which is essential for very ill patients.

Each room also contains a computer so that healthcare providers can update charts or refer to electronic medical records at each patient’s bedside. Caregivers spend more time with each patient rather than having to return to the nurses’ station to access patient charts. Having access to electronic medical records and digital imaging, both at the bedside and throughout the hospital, enables medical staff to check a patient’s status at any time and easily share information with other healthcare providers.

The entire building was designed by clinicians to facilitate patient flow and minimize problems, Pfau adds. For example, the new Cardiopulmonary Rehabilitation department is conveniently located near the main entrance on the first floor, requiring fewer than 20 steps for cardiac patients to navigate from the moment they enter the building.

Karl Delzotti, director of facilities management, points out that the entire building is designed to withstand fire and earthquakes.

“It’s a really safe building. Seismically, it’s probably the safest building on the Oregon Coast,” Delzotti adds.

OHSU Radiation Therapy Partnership.
In 2008 Bay Area Hospital entered an agreement with OHSU (Oregon Health & Science University) in Portland to enhance and improve the ability of both organizations to provide radiation oncology consistent with state-of-the-art cancer care. This agreement provides for Bay Area Hospital radiation oncologist Carl Jenson, MD, to visit OHSU routinely to stay current on leading research and treatment. It also provides peer review of local oncology practices by OHSU physicians and physicists. OHSU specialists also attend and participate in the local Tumor Board, a multidisciplinary group of physicians and professionals that reviews local cancer cases. Through this collaborative agreement, South Coast patients have access to the most advanced cancer care in the region.

HPI Culture of Safety Project.
Bay Area Hospital recently partnered with Healthcare Performance Improvement (HPI), an organization that provides proven methods for building and sustaining a culture of safety. As part of this partnership, the hospital has established an internal Safety Team. The Safety Team conducted a retrospective review of safety events that have occurred, and data from this review was analyzed to identify opportunities for improvement. The Safety Team then developed and delivered required education to all hospital employees. The Safety Team continues to build the culture of safety via daily safety huddles, continued concurrent review of serious safety events, Root Cause Analysis, simulation drills, and Safety First Alerts.
As the only Joint Commission–accredited hospital on Oregon’s South Coast, Bay Area Hospital has earned a Gold Seal of Approval for healthcare quality and safety.

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