Five years ago we launched our Cardiovascular Services department, now called the Prefontaine Cardiovascular Center. In this issue of *Currents* health magazine, we are excited to tell the story of how this program has grown and continues to expand, making lifesaving services available in our community.

We introduce you to our specially trained and ever-expanding cardiology team and explain how we’re taking steps to ensure that the care we deliver is on par with that of much larger institutions. Plus, you’ll hear from Kurt Dammel, a Gold Beach resident whose life was saved in our cardiac catheterization laboratory.

Also in this issue of *Currents*:

- An update on how advancing technology at Bay Area Hospital is making new surgical services available in our community
- A feature story on Stephanie Kilmer, the most recent recipient of the John Whitty Award for Excellence
- Details about our new Antimicrobial Stewardship program
- An introduction to several new doctors who have joined us this year
- Plans for a charitable renovation project that will benefit cancer patients

Earlier this year I announced my plans to retire in January 2019. Looking back on my nearly 10 years as CEO, I am exceedingly proud of the work Bay Area Hospital has done to make important services like cardiology and cancer care more readily available on the South Coast. I am also confident that the hospital’s current programs and initiatives, like those featured in this issue, will lead to continued success and further advancement of healthcare in our community.

Thank you for your support over the years. We hope you enjoy this issue.

Paul G. Janke, FACHE
President and Chief Executive Officer
Bay Area Hospital
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

What’s Inside

On the Cover
Kurt Dammel’s life was saved by cardiovascular care at Bay Area Hospital
See page 10

4 Building a Heart-Healthy South Coast

14 Putting People First

8 Meet Our Cardiovascular Team

16 Reducing Medicine while Improving Health

10 A Life Saved

18 New Doctors of 2018

12 Larger Operations through Smaller Holes

19 A Healing Environment for Cancer Patients

If you have questions about health issues, please visit our Mayo Clinic Health Library at:

www.bayareahospital.org/HealthLibrary.aspx
When a loved one suffers a heart attack, minutes matter. Heart disease is the second-leading cause of death in Oregon, but until recently, Coos and Curry County residents had to travel hours for interventional cardiology services. That’s why the decision was made in 2010 to bring cardiovascular care to the South Coast.

Three short years later, Bay Area Hospital launched a state-of-the-art cardiac catheterization laboratory, a solid foundation on which to build a comprehensive cardiovascular program. Since then our team has grown and services have expanded to include an outpatient clinic, cardiac imaging, a device clinic, and much more.

“So in five years, this program has grown from just the beginnings to a full-fledged cardiovascular service,” says Wojciech Nowak, DO.

CATHETERIZATION LABORATORY
The cardiac catheterization laboratory, commonly referred to as the cath lab, was busy from the very beginning. In just over a year’s time, the team had completed 1,000 coronary cases, clearly making a difference in the lives of the residents of Coos and Curry Counties.

The initial goal was to keep up with demand and save the lives of the acutely ill, but expanding the team from one interventional cardiologist to three in 2017 allowed the center to broaden its focus.

“Cardiology practice is much more than that,” explains John Frank, MD. “Primarily, it involves doing an outpatient clinic, where we see patients from the community. We identify patients who are at risk, and we do prevention to keep those patients who may have heart disease from ending up in the Emergency department.”

Diversifying staff has also led to new procedures in the cath lab. There is now a program for peripheral vascular disease, in which doctors open blocked blood vessels in the legs, preventing the need for amputations. The team has completed more than 250 endovascular procedures.
Also, in December 2017 the hospital acquired an EKOS device, which performs catheter-directed ultrasound accelerated thrombolysis. In general terms, the device uses a catheter to directly target and break down submassive pulmonary embolisms, or blood clots in the lungs. Nationwide pulmonary embolism is one of the leading causes of in-hospital death.

“For the longest time, the only therapy we had to offer was to administer heparin, which is the standard blood thinner,” says Dr. Frank.

Patients with massive pulmonary embolisms were given “clot-busting” medicines through an IV (intravenous line), but this practice would send large doses of medicine to all parts of the body, leaving patients at high risk of bleeding. Now that the medicine can be directed specifically to the clot location, smaller doses are required, which greatly decreases the bleeding risk.

Continued on page 6
Since the cath lab opened, the team has responded to more than 375 STEMIs (ST-elevation myocardial infarctions), placed more than 1,350 stents, and deployed nearly 70 assistive devices, such as balloon pumps and Impella pumps.

**CARDIOVASCULAR IMAGING**

Cardiovascular imaging plays an important role in heart care. Echocardiograms help physicians determine whether a patient qualifies for certain procedures. They can also be used for early detection of valve disease and heart failure. With early detection, cases can be treated to prevent potential hospitalization in the future.

Similarly, stress testing in our nuclear cardiology lab helps identify patients with heart disease before they have a catastrophe. Nearly 730 stress tests were conducted in the Prefontaine Cardiovascular Center in 2017—and the center does more than just heart care. The vascular imaging lab allows the team to do studies to determine whether leg pain could be caused by a blockage in the leg and to look at patients’ arteries to prevent stroke.

**PRE-POST UNIT**

If a trip to the cath lab is in your future, the staff in the Pre-Post Unit will educate and prepare you for treatment. The team of specially trained registered nurses and certified nurse assistants will also be by your side post-procedure to monitor your recovery.

Aside from providing full support to the cath lab, the Pre-Post team assists with many other inpatient and outpatient procedures, such as cardioversions and transesophageal echocardiograms. In the past year and a half, more than 165 of these procedures were done in the Pre-Post Unit.

**CARDIAC REHABILITATION**

After a heart attack or similar event, learning your body’s limitations and navigating the path to recovery can be hard to do on your own. Fortunately, you don’t have to. Our cardiac rehabilitation team, conveniently located on the hospital’s first floor, will work with you to help you return to your daily routine faster and take steps to prevent future heart attacks and hospitalization.

Long before the Prefontaine Cardiovascular Center was established, cardiac rehab was going strong at Bay Area Hospital. In 1995 the service was restricted to a single patient room with two nurses on staff. Now patients enjoy a spacious gym and receive guidance from a staff of eight nurses. The team now offers cardiac, pulmonary, and peripheral arterial disease rehabilitation.

**PREFONTAINE CARDIOVASCULAR OUTPATIENT CLINIC**

The Prefontaine Cardiovascular Outpatient Clinic is the medical home for our cardiac patients, and much work has been done in recent years to expand the clinic, not only in space but in support staff as well. The Outpatient Clinic has more than 3,200 active patients and receives 10 new referrals each day, keeping staff busy.

Earlier this year the Device Clinic, or Pacemaker Clinic, was moved from the second floor to the Outpatient Clinic, providing easier access for patients with devices that need monitoring. And more additions to the Outpatient Clinic are coming soon: plans are in place to add cardiopulmonary stress testing and genetic testing in the near future.
Committed to
High-Quality Care

We may be in rural Oregon, but we believe that our patients deserve the same level of quality care as that provided in much larger cities. That’s why the Prefontaine Cardiovascular Center established a quality-focused partnership with OHSU (Oregon Health & Science University).

“Quality is something that we take very seriously,” says Doug Gauntz, director of imaging and cardiovascular services. “And being a standalone lab, we thought it was important to partner with a nationally recognized center like OHSU.”

OHSU’s Joaquin Cigarroa, MD, is a nationally recognized leader in the field of quality and interventional cardiology. Once each quarter he visits the Prefontaine Cardiovascular Center to review our metrics and data as well as offer peer review. This relationship offers a great opportunity for self-reflection and improvement.

Our team’s commitment to excellent care has earned Chest Pain Center Accreditation as well as accreditation in echocardiography with the Intersocietal Accreditation Commission and has produced quality metrics of which we can be proud. One of those metrics is transradial access. When catheterization is required, the procedure can be done through either transradial access in the arm or femoral access in the leg.

“Femoral is kind of the old-school way and what used to be considered the gold standard,” explains Daniel Brook, lead cardiovascular services tech. Best practices have changed, and now hospitals across the country are making the transition to transradial access. Bay Area Hospital is now performing 78 percent of catheterizations with transradial access.

“Similar facilities our size are at just 42 percent nationwide, so we are way ahead of the curve,” Brook says.

These procedures have been shown to lower bleeding rates and increase patient satisfaction.

“Another statistic that we’re quite proud of—and I think it speaks to the strong work of the teams in the lab and Emergency department, our EMS [emergency medical services] partners, and the ICU [Intensive Care Unit]—is our door-to-balloon time,” says Gauntz.

Door-to-balloon time refers to the span of time between a patient’s arrival at the hospital and the moment the cardiologist opens the artery using an angioplasty balloon or other device. Nationwide the average door-to-balloon time is 61 minutes. Bay Area Hospital’s average is 63 minutes.

“We’re right at the national average, and when you consider how sick some of our patients are, it’s a number to be proud of,” Gauntz says.
John Frank, MD
FACC, FACP, FSCAI
Director of Cardiovascular Imaging

Medical Education:
Medical College Trivandrum

Residency:
Internal Medicine, St. John Hospital and Medical Center

Cardiovascular Disease Fellowship:
St. John Hospital and Medical Center

Interventional Cardiology Fellowship:
St. John Hospital and Medical Center

Board Certification:
Internal Medicine, Nuclear Medicine, Cardiovascular Computer Tomography, Cardiovascular Disease, Interventional Cardiology, Echocardiography, Endovascular Medicine

Dr. John Frank joined our cardiovascular team in February 2017. Since then, his expertise has helped bring new services to the area, including a program focused on peripheral vascular disease and another program to eliminate blood clots in the lungs.

Wojciech Nowak, DO
PhD, FACOI, FACC, FSCAI
Cardiac Catheterization Laboratory Medical Director

Medical Education:
DO and PhD from Michigan State University College of Osteopathic Medicine

Residency:
Internal Medicine
Michigan State University

General/Invasive Cardiology Fellowship:
Michigan State University

Interventional Cardiology Fellowship:
Loyola University Medical Center

Board Certification:
Cardiology, Nuclear Cardiology, Interventional Cardiology, Internal Medicine

Dr. Wojciech Nowak has an impressive background, having studied and worked with some of the most experienced cardiologists in the world. He began working in the Prefontaine Cardiovascular Center last February. He specializes in performing intricate, high risk procedures in the catheterization laboratory.

Sanjay Verma, MD
FACC
Director of Ambulatory Cardiovascular Services

Medical Education:
Kasturba Medical College

Residency:
Internal Medicine, Loma Linda University Medical Center; Chief Medical residency, Riverside County Regional Medical Center

General Cardiology Fellowship:
Henry Ford Hospital

Interventional Cardiology Fellowship:
Henry Ford Hospital

Board Certification:
Internal Medicine, Cardiovascular Disease, Interventional Cardiology, Adult Echocardiography

Dr. Sanjay Verma joined our cardiovascular team in May of this year. He has a strong interest in complex coronary angioplasty, mechanical circulatory support, and exercise physiology.
Thomas Dewland, MD

Medical Education:
Yale University School of Medicine

Residency:
Internal Medicine, University of California, San Francisco

Cardiology Fellowship:
University of California, San Francisco

Board Certification:
Internal Medicine

Dr. Thomas Dewland works in our clinic one day each month, providing electrophysiology services. Prior to his arrival in June, the Prettontaine Cardiovascular Center partnered with Oregon Cardiology to provide these services.

Beth Michaelson, DNP
RN, APN, BSN, MSN

Doctorate of Nursing Practice:
Concordia University Wisconsin

Master of Science:
Nursing, Concordia University Wisconsin

Bachelor’s Degree:
Nursing, Oral Roberts University

Beth Michaelson has an extensive cardiovascular background, having been a nurse for 35 years and a Nurse Practitioner for 16 years. She joined our cardiology team in 2017 and assists the doctors with admissions, discharges, consults, and daily rounds.

Karen Byers, PA-C
MS

Master of Science:
Physician Assistant Studies
University of Detroit-Mercy

Internship:
Exercise Specialist, Henry Ford Hospital

Bachelor’s Degree:
Exercise Physiology
Eastern Michigan University

Karen Byers is the newest addition to our cardiology team. She moved to the Bay Area in early July. Byers has extensive experience in electrophysiology, or heart rhythm management. She looks forward to using these skills to manage the pacemaker, heart rhythm, and defibrillator side of patient care in the outpatient clinic.
Kurt Dammel was mowing the lawn at his Gold Beach home in June 2017, when a pain in his shoulder forced him to stop. Little did he know that the pain was the beginning of a near-death experience. Kurt told his wife, Stephanie, what was bothering him, and as a retired nurse she immediately recognized the signs: Kurt was having a heart attack.

The Dammels rushed to Curry General Hospital, and not long after they arrived things took a turn for the worse.

“I remember him just before he coded,” Stephanie recalls. “He sat straight up, and you see it in the cartoons where their eyeballs whirl—his eyeballs actually whirled in his head. He fell back, and I said, ‘I’m a widow.’”

The doctor immediately began rigorous CPR (cardiopulmonary resuscitation), and 20 minutes later Kurt’s heart was beating again. The hospital activated a STEMI (ST-elevation myocardial infarction) line and transferred him to Bay Area Hospital. Daniel Brook, lead cardiovascular services tech, was working the day Kurt came into the cardiac catheterization laboratory.
“We knew Kurt’s chances for survival weren’t great because he was in cardiogenic shock, he had heart failure, and we suspected proximal LAD [left anterior descending coronary artery] occlusion,” Brooks says. “All three together, survivability is exceedingly low.”

In the cath lab, John Frank, MD, and Wojciech Nowack, DO, got to work simultaneously. Dr. Nowak began by placing an Impella pump, which moves blood from the left ventricle to the aorta very quickly, taking the work off the heart. Dr. Frank did the intervention to open the blocked artery. Twice during the procedure, Kurt coded and CPR was done, and each time he pulled through.

“I’m hard to kill,” Kurt says with a smile.

Impella pumps, like the one used to save Kurt’s life, are not commonly used, and they are reserved for the very worst cases. It’s also an expensive device for a hospital to purchase, so many facilities don’t have one at all. Fortunately, the stars were aligned for Kurt, and the pump was able to move the blood and oxygen to all of his organs, so he not only survived, he thrived.

After a few days, Kurt’s condition had improved to the point where the Impella pump could be removed, but all the lifesaving CPR had taken a toll on his ribs: many were cracked or broken, and Kurt was suffering from flail chest, a life-threatening condition that occurs when a segment of the rib cage breaks due to trauma and becomes detached from the rest of the chest wall.

Kurt was transferred to Oregon Health & Science University to have his chest plated, but prior to the procedure a CT scan found more than just damaged ribs. The odds had been stacked against Kurt from the beginning, and now kidney cancer was in the mix. Kurt’s chest was plated, and he was on his way to recovery.

“I’ve got a pile of metal in me and 52 screws, so I’ve got a small erector set in there,” he says.

Kurt reaches into his pocket for his phone and pulls up a video of his time in the hospital after heart surgery. Tubes trail from his open mouth and nostrils, and his face is drained of color. He looks motionless, aside from the slow rise and fall of his chest.

“That was me,” he says, pausing for a moment. “I don’t remember any of that crap.”

Kurt says he remembers only three of the 24 days he spent in the hospital, but his wife remained at his side the entire time and says her husband is alive today thanks to the care he received.

“He got top-notch all the way. We were lucky the doctor at Gold Beach saved him and got him up here,” Stephanie says. “And Dr. Frank and Dr. Nowak were fantastic—absolutely fantastic.”

Amazingly, just two weeks after having his chest plated, Kurt was on his feet and walking. The Dammels opted out of cardiac rehabilitation because Stephanie promised to be harder on him than any rehab center, and her tough love paid off.

“I was happy to get out of the house—that’s why I was walking,” Kurt jokes. “At the end of two weeks, I was ready to take that walker and throw it over the cliff. I hated that thing, but you gotta laugh too.”

Three months later Kurt returned to Bay Area Hospital to have a kidney removed. Now a little more than a year has passed, and he’s back to his old self. Kurt is able to climb up into his truck, and he’s been back on his motorcycle. He is even back to mowing the lawn, doing yard work, and enjoying his Gold Beach home.

“Ask me if I want to move,” Kurt says with a grin. When asked the question, he replies, “Hell no, although I think of the hospital and I would move up here [to Coos Bay] for the hospital. But I can’t move the entire property with me, so I guess I’ll stay down there.”
“With the optics on the robot and the fact that it’s three dimensional, we can zoom right into the pelvis and have great visualization that we’ve never had before.”

— Steven Tersigni, MD

Larger Operations through Smaller Holes

**Steven Tersigni, MD, has been a general surgeon at Bay Area Hospital since 1995, but one aspect of his job changed dramatically five years ago. That’s when the hospital purchased its first robot. Dr. Tersigni was the first surgeon to use the da Vinci Si Surgical System, and he remembers that day very clearly.**

“I was amazed when I did my first gallbladder,” Dr. Tersigni recalls. “I remember dissecting it off the liver, how clean the dissection was, and how there was no bleeding. And I thought, Wow! This is the future.”

Since then Dr. Tersigni has completed nearly 500 robotic-assisted surgeries, and he says this technology is changing the state of general surgery once again.

At the end of 2017, Bay Area Hospital upgraded to a state-of-the-art da Vinci Xi Surgical System. The new and improved robot allowed our surgeons to begin offering a wider variety of procedures, including advanced hernia repairs and colon surgeries that are difficult to do laparoscopically or with an open procedure.

“With the optics on the robot and the fact that it’s three dimensional, we can zoom right into the pelvis and have great visualization that we’ve never had before,” Dr. Tersigni says. “Plus, the instruments are wristed, meaning they move around like a tiny human hand.”

The new system allows surgeons to access multiple regions of the body without stopping to reset the robot. This shortens procedure times, allowing the surgical team to complete more surgeries than ever before.
One patient who was particularly pleased with his robotic surgery experience is Kenneth Goslin of North Bend. Last spring Goslin had a cholecystectomy, or gallbladder removal, with robotic-assisted surgery performed by Nhan Pham, DO. After hearing positive reviews, he was looking forward to the procedure, and he was not disappointed.

“It was amazing! I was in surgery at 7:30 a.m., and I was home by 11,” Goslin says. “I’m used to gallbladder surgeries taking a day or two of recovery. My mother had it done, and she was in the hospital for five days.”

Goslin says that without the discomfort of gallstones, he was able to return to his desk job the very next day. While not all patients return home within hours of surgery, in general, recovery times are dramatically shorter when the robot is used.

“I’m just going, Hmm, times have changed,” Goslin says.

Medicine certainly has changed in recent years, and our providers remain dedicated to offering the best treatment options available.

“Coos Bay/North Bend is not that big of a town, but we have state-of-the-art technology,” says Dr. Tersigni. “I think it says a lot that our hospital has supported this and supported the physicians in the effort to bring to our community the best that is available.”
In May, Bay Area Hospital Community Foundation named Stephanie Kilmer the recipient of the tenth annual John Whitty Award for Excellence. She has lived in Coos Bay since she was a young child, and her presence and hard work have made a lasting impact on the community.

Kilmer’s efforts have helped bring Christmas to thousands of local children in need and have put food on the tables of countless families. She has been a role model and mentor to local teens and has dedicated time to more than a dozen charitable clubs, committees, and organizations. Her involvement ranges from Coos Bay City Council, to Rotary Club, to Coos County Friends of Public Health. She has volunteered with Relay For Life and for a time even ran a bone marrow registry program that traveled throughout the state.

“She gives more than she needs to give, but she just wants to,” says friend and fellow Rotary Club member Eva Shimotakahara. “You know, she’ll take it out of her own pocket if she has to.”

Back in 1995, KDCQ FM Radio opened its doors, and Kilmer became the general manager. Since then she and her team have used the radio station as a tool to build up the community.

“She doesn’t put the business first; she doesn’t put making money or anything like that first,” says friend and colleague Michael Chavez. “She puts people first.”

The young radio station’s first big project was to find an event to take the place of the Holiday Shopping Tour, previously organized by the local Jaycees chapter. Kilmer had seen firsthand what that program had meant to seven- and eight-year-olds who literally had nothing, so the KDCQ team went back to the drawing board and Bus Jam was born.

“I guess I just have a passion for people who aren’t as fortunate as others—and especially kids—because they don’t choose their situation; they kind of end up in it,” Kilmer says.

In its inaugural year, Bus Jam collected a bus full of toys and—to everyone’s surprise—1,600 pounds of food!

“We weren’t even collecting food,” Kilmer says. “It was 100 percent a toy drive.”
The program has grown immensely over the years, and they’ve now reached 300,000 pounds of food and given toys to nearly 7,500 children.

Another KDCQ project that has had a sizable impact on local children is Bay Area Teen Idol. To an outsider, Teen Idol may just appear to be a singing competition, but Kilmer and the radio station staff have worked hard to make it more than that. It’s a place for local teens to stay engaged throughout the summer, a place where they can feel safe, and a place where they’re encouraged to make healthy life choices. Kilmer says her favorite part of Teen Idol isn’t the competition itself but rather seeing what happens behind the scenes. Teens from all different backgrounds come together and make positive connections with peers they otherwise may have never met.

“We are doing something that changes people’s lives,” Kilmer says.

Kilmer’s love for others is easy to see, but she truly demonstrated how deeply committed she is to the community when she was diagnosed with breast cancer in 2010. Although she encountered complications from chemotherapy, she continued her normal schedule, missing only one Teen Idol event that year.

“As her hair fell out, she was still in that program, still helping those kids, still producing that show for these kids,” Chavez says.

Kilmer’s dedication and philanthropy have earned her several awards over the years, but you’d have to twist her arm to get her to talk about them. She says awards and recognition are never the end goal.

“It’s just something that you do,” she says, “working in the community to make sure that it’s a better place. It’s just the right thing to do.”

“It’s just the right thing to do.”

—Stephanie Kilmer
With the advent of antibiotics in 1928, deadly infections suddenly became treatable—but almost immediately certain bacteria found ways to evolve, becoming resistant to the drugs. Now the Centers for Disease Control and Prevention calls antibiotic resistance one of the most serious and growing threats to public health.

The situation has been made worse by the misuse and overuse of antibiotics. It is estimated that 20 to 50 percent of all antibiotics prescribed in the United States are either unnecessary or inappropriate. These unneeded drugs can cause a patient to experience negative side effects, and they enable bacteria and other organisms to build resistance. These antibiotic-resistant organisms can then spread to patients who were never exposed to antibiotics in the first place.

“There are a lot of very smart people who are worried that in the next five to 10 years we’re going to start seeing these superbugs—which are resistant to everything—become more common, which is really a problem,” says William Moriarty, MD, medical director of Bay Area Hospital’s Antimicrobial Stewardship program.

Recognizing the current state of antibiotic use as a serious public health concern, Bay Area Hospital and hospitals across the nation are committed to making a change, forming programs to evaluate antibiotic use and in turn improve patient safety and quality of care.

“In a well-run program, every patient who is getting antibiotics is being reviewed on a daily basis to see if it’s the right antibiotic,” Dr. Moriarty explains. “A pharmacist will be reviewing and discussing with the provider if it’s still necessary, if it needs to be switched, if it should be switched from IV to oral, if we need to make adjustments to the dose depending on kidney function, and so forth.”

Bay Area Hospital’s Antimicrobial Stewardship program gained momentum in 2017 with the formation of the Antimicrobial Stewardship team. The group comprises Dr. Moriarty and representatives from hospital administration, the laboratories, pharmacy, nursing, infection control, and clinical informatics. The team’s first goal is to reduce antibiotic use at Bay Area Hospital by 10 to 20 percent.

“If we’re really measuring and tracking these things carefully, we’ll be able to show a clear benefit in the next year or two,” Dr. Moriarty says.

After initially cutting back on unnecessary antibiotic use, the team hopes that subsequent years will show a decrease in our rate of C. diff (Clostridium difficile), an infection associated with antibiotic use that can cause diarrhea and inflammation of the colon.

To develop the most effective Antimicrobial Stewardship program possible, Bay Area Hospital has teamed up with the experts. Back in the 1980s, Stuart Cohen, MD, of the University of California, Davis, identified overuse of antibiotics as a problem and began practicing antimicrobial stewardship decades
before most other places. UC Davis and Bay Area Hospital now have a contractual relationship, in which Dr. Cohen provides infectious disease expertise.

“The other advantage is they’re really generous there,” Dr. Moriarty explains. “They’re willing to share their policy and procedures.”

Bay Area Hospital’s clinical pharmacist and infection preventionist will also benefit by being able to consult with their UC Davis counterparts.

Even before the formation of the Antimicrobial Stewardship team, Bay Area Hospital had programs in place to reduce infections and regulate antibiotic use. These efforts were spearheaded by the Infection Control Committee and the infection preventionist.

“Infection control and antibiotic stewardship are sort of complementary,” Dr. Moriarty says. “They’re necessary because the easiest way of preventing antimicrobial resistance and the easiest way of preventing the complications of antibiotics is to avoid needing them in the first place.”

Last spring Bay Area Hospital welcomed a new infection preventionist, Sarah Pachal. She has worked in the hospital’s laboratory since 2011 and brings new perspective to the role.

“I am superexcited that I get to take what I’ve learned from my past experience and apply that to my current role,” Pachal says. “Having a collaborative effort by the pharmacy, infection control, and the Antimicrobial Stewardship team will allow us to really be conscientious about how we are treating our patients. We want what’s best for them.”

The pharmacy was also taking measures to help with antibiotic stewardship before the Antimicrobial Stewardship program was developed, but the team hopes to enhance those efforts by bringing on a full-time antimicrobial stewardship pharmacist. This pharmacist would spend several hours a day reviewing results from the lab, looking at antibiotic use, and working with Dr. Moriarty to identify areas in need of change.
Dr. Fuller became the new medical director of radiation oncology at Bay Area Cancer Center and an adjunct associate professor of radiation medicine at Oregon Health & Science University in April 2018. He came from Colorado, where he was working in the private sector, but he has held positions at the University of California, San Diego; the National Cancer Institute; and the University of Virginia. He is credited with starting the National Cancer Institute’s radiosurgery program. His expertise is a valuable resource to Bay Area Cancer Center, which began offering stereotactic radiosurgery earlier this year.

“We’ve treated a number of patients now. They’ve all done really well and had very good outcomes,” says Dr. Fuller. “And we’re going to be extending our radiosurgery capability to sites outside the brain, including the lung and the spine and later on to prostate.”

Dr. Fuller looks forward to serving the community by building on the success of his predecessors at Bay Area Cancer Center and volunteering with the Rotary Club.

Dr. Murphy arrived at North Bend Medical Center in February 2018. Throughout her 25-year career, she has worked in hospital medicine, primary care, and administrative medicine. Most recently, she lived in Portland, working as a hospitalist at Randall Children’s Hospital at Legacy Emanuel. Coos County’s coastal location first caught her attention, but she ultimately decided to relocate for the opportunity to return to primary care.

“I hope I get to contribute to each and every family I interact with, and I take that as a privilege,” Dr. Murphy says.

Dr. Murphy has a background in integrative medicine and is passionate about holistic health. When she’s not at the office, she enjoys teaching yoga, embracing nature, and spending time with her family.

Dr. Wahto moved to the South Coast in May, joining Bay Area Hospital’s anesthesia team with nearly 20 years of experience in the field. She specializes in obstetrical anesthesia and will be working as the Anesthesia department’s new liaison to the Family Birth Center. Most recently, she worked at Providence Regional Medical Center in Everett, Washington, but she jumped at the opportunity to return to her roots.

“I’m an Oregonian, and I wanted to come back to Oregon,” says Dr. Wahto. “I looked at several jobs available in the state, but something about the South Coast and a small hospital appealed to me rather than going back to Portland.”

In her spare time, Dr. Wahto enjoys exploring the outdoors by bicycle and kayak and visiting Sun River with her family.
Cancer treatment is constantly advancing, but some cases still require radiation treatment five times a week for seven consecutive weeks. When you consider that many of our patients live out of the area and that fatigue is common among cancer patients, the long commute can become a barrier to receiving treatment. That's why we offer free housing on the Bay Area Hospital campus to our cancer patients from out of the area.

Tucked behind Bay Area Cancer Center is a building that has quietly provided patients a home-away-from-home for nearly 30 years. Anyone who receives treatment at the center and lives more than 50 miles away is invited to stay in apartment-style housing free of charge. Barbara Van Slyke, the nurse navigator at Bay Area Cancer Center, says this service has a significant impact on patients' well-being.

"Honestly, some people would not get treatment if they had to drive in and out from Crescent City or Gold Beach every day. They wouldn’t do it,” Van Slyke says. “They really, truly wouldn’t do it.”

This service also offers relief to the patient’s caregiver, often an elderly spouse, who would otherwise be driving them back and forth. Free family housing has met a vital need for decades, but the space is in need of upgrades.

“When we created Bay Area Cancer Center a number of years ago, there was a lot of construction; there was a lot of landscaping,” says hospital board member and Foundation Chair Thomas McAndrew, MD. “But the Family Housing Unit kind of looked like it stayed in the eighties.”

The space has not been upgraded since it opened its doors in 1989, so Bay Area Hospital Community Foundation is finalizing plans and raising funds for a Family Housing Renovation Project.

“It’s really well built, but it’s just 30 years old,” says Joe Slack, principal architect and president of HGE Inc., “so stuff is worn out; codes have changed. It doesn’t really meet the ADA [Americans with Disabilities Act] requirements.”

Join Us in Providing a Healing Environment for Cancer Patients

Continued on back cover
Continued from page 19

Join Us in Providing a **Healing Environment** for Cancer Patients

Planned updates to the facility include widening the entrance walkway, installing new doors, expanding the kitchen and living-room area, and making it a wheelchair-accessible living space, as well as an overall makeover. Currently, the family housing space has a commercial feel, but the renovation aims to create a homelike, healing environment.

The foundation is relying on community support to make the plans a reality.

“We’ve never charged patients to use the facility, and we’ve never asked for help with it,” says Barbara Bauder, the foundation’s chief development officer. “So to do the renovation, it really needs to be a donor-centric project.”

Bay Area Hospital Community Foundation is grateful that HGE Inc. has stepped up as a valuable community partner, offering architectural services free of charge. Any other groups or individuals interested in becoming a partner or making a donation should email Bauder at barbara.bauder@bayareahospital.org.