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

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Caring for you when you are ill is Bay Area Hospital’s main mission, and we are passionate about the job. This year we have made major investments in facilities, equipment, and new clinical programs to further our acute care focus.

But acute care is not all we do.

Bay Area Hospital provides many programs that most hospitals don’t—services such as the Child Abuse Intervention Center, the MOMS program, and inpatient psychiatric services.

These services don’t necessarily make good business sense, but they are important to the health of the South Coast’s communities. Without Bay Area Hospital, the South Coast might not have access to these “safety net” services.

We also take pride in our community grant program. This year Bay Area Hospital Community Foundation awarded more than $220,000 to local nonprofits, for a five-year total of nearly $1 million.

We are dedicated to careful financial stewardship, which includes providing a significant amount of charity care each year. Despite a financially challenging healthcare marketplace, we have not collected an operating tax levy for many, many years.

Thank you for taking time to read this report and to learn more about Bay Area Hospital.

Paul G. Janke, FACHE
President/CEO
Antibiotics Are Under Attack, and We Are Fighting Back

As drug-resistant germs steadily destroy the effectiveness of antibiotics, Bay Area Hospital (BAH) is fighting back. BAH has joined with hospitals nationwide in a campaign of “antibiotic stewardship.”

The goal?
“It will make it less likely that you will contract a resistant organism that will be very difficult and expensive to treat,” said Chuck Axelton, RPH, the hospital’s director of pharmacy.

Antibiotics were the twentieth century’s true wonder drugs, saving countless lives from deadly bacterial infections. But many germs eventually developed resistance to antibiotics. Scientists responded with newer antibiotics, but the superbugs keep mutating—and they kill more than 23,000 people in the United States each year.

“We have no new antibiotics in the pipeline, waiting to come and save our lives,” said Coos Bay internist Wendy Haack, DO.

Incorrect use of antibiotics is the principal cause of antibiotic resistance, so doctors and pharmacists at BAH cooperate to give patients the right antibiotics at the right dosages for the right length of time.

“An antibiotic is the one medication you can give a patient that can affect the whole community,” Axelton said. “What I take as an antibiotic is going to affect the bugs that you encounter tomorrow.”

One strategy for doctors is to limit the use of broad-spectrum antibiotics and instead pinpoint infections with specific drugs.

One target is an organism called Clostridium difficile, or “C. diff.” It can live peacefully in a person’s gut, coexisting with necessary digestive bacteria. But when antibiotics kill those other bacteria, drug-resistant C. diff may multiply aggressively, causing diarrhea and other nasty symptoms.

When C. diff infects one hospital patient, it can spread to others. The problem bedevils healthcare providers everywhere, but BAH is battling it aggressively.

Thanks to the antibiotic stewardship program and aggressive hygiene, BAH’s 2012 rate of hospital-acquired C. diff was the second-lowest among all Oregon hospitals with 50 or more beds.

But C. diff is just one of many superbugs gunning for humankind. Slowing their advance will take a dedicated partnership of physicians, pharmacists, and patients.

“You life depends on it,” Dr. Haack said.

YOU CAN HELP

Want to help battle drug-resistant bugs? Follow these tips:

• Don’t beg your doctor for drugs to fight a cold. Antibiotics don’t cure viruses, and overusing them promotes resistant bacteria.

• Take antibiotics exactly as directed. Unless your doctor says otherwise, take the whole prescription, even if you start feeling better after a few doses.

“If you don’t take it right, you are giving that bug the opportunity to mutate and become a superbug,” says Wendy Haack, DO. “It’s your behavior that creates a superbug.”
Nurturing

Savvy Helpers Support Moms-to-Be

Babies born at Bay Area Hospital experience months of VIP treatment before drawing their first breaths.

A comprehensive bundle of services aims to ensure healthy moms and babies. Starting with prenatal education and individualized birth plans, the red carpet keeps rolling out for the newborns and their moms—with breastfeeding advice, home visits, and nurses who answer questions by phone. And it’s all free.

“It is a gift to the community—and it’s a very large gift,” said Carolyn Jacobson, RN, the hospital’s supervisor of perinatal services.

Jacobson leads the MOMS program—short for Management of Maternity Services. In a region beset by chronic economic hardship, the program has been a lifeline for families since 1994.

Smoking, obesity, diabetes, and substance abuse are painfully commonplace on the South Coast. Maternal depression is four times the national rate.

MOMS has helped pregnant women who are undernourished, homeless, and victims of violent abuse. It helps mothers-to-be stop or reduce smoking. Nurses refer families to social service agencies and watch for emotional troubles.

“Sometimes it’s just caring about them that makes the difference,” Jacobson said.

MOMS isn’t just for needy families. Of the 665 women who gave birth at Bay Area Hospital last year, MOMS served 92 percent. Clients run the economic gamut.

Holly Cantrell, who works in the hospital business office, is a two-time MOMS client. MOMS helped with her first baby, Mirra, now 18 months old, and with little sister Raya, born September 15.

“Being a mom is a scary thing when it’s new,” Cantrell said. “They are really good at putting your mind at ease about being a parent.”

When Raya didn’t seem to be feeding correctly, Cantrell called a MOMS nurse for advice.

“They made me feel like no question is too dumb,” she said.

Jacobson and the rest of the MOMS nurses are experienced and well qualified. Four are internationally certified lactation consultants. They deliver a program thoroughly backed by research and best-practice guidelines.

They work closely with other healthcare professionals, who recognize the program’s value. MOMS boasts a 100 percent referral rate from local physicians and nurse-midwives.

Susan Chaney, who heads the hospital’s Family Birth Center, knows of no other hospital offering such comprehensive help for new mothers. In many American communities, families pay hefty fees for the services that MOMS provides for free.

“You are responsible for this little person’s life,” Cantrell said. “It’s nice to know that there’s a resource available like them.”
Several members of the Bay Area Hospital family reached beyond the South Coast this year, sharing their medical skills in a remote site in Guatemala.

“It was just like a MASH [mobile army surgical hospital] unit,” said Peggy Ladd, RN.

Ladd, a surgical charge nurse at Bay Area Hospital, was joined by fellow registered nurses Deann Workhoven and Eva Shimotakahara. They worked with otolaryngologist Steven Shimotakahara, MD, and anesthesiologist Nick Workhoven, MD, to perform ear, nose, and throat surgeries.

Ladd’s son, Taylor, a premed student at Seattle Pacific University, sterilized equipment. Her mother, Suzy Wasson, owner of Reedsport’s Schooner Inn Cafe, joined a culinary team that prepared 2,260 meals. Bay Area Hospital donated drugs to help with the surgeries.

Eighty-six volunteers, sponsored by the Eugene-based Cascade Medical Team, treated more than 1,000 patients. The surgical teams worked shifts lasting as long as 14 hours, followed by debriefing and planning meetings.

“I had never experienced anything like that, and I want to do it again,” Ladd said.

This year’s John Whitty Award for Excellence honors a pair of medical professionals who have built an impressive record of public service. Steven Shimotakahara, MD, and Eva Shimotakahara, RN, were honored for projects that included 14 years of providing free treatment to uninsured patients at a monthly clinic.

“They are community people who care and are willing to put time, energy, passion, and resources into making a better community,” said state Senator Arnie Roblan, who spoke at an October award ceremony.

The couple’s Missions in Health clinic at North Bend United Methodist Church treated an estimated 1,800 to 2,500 uninsured patients. After fire destroyed the church in 2012, the Shimotakaharas turned to volunteering at the Waterfall Clinic.

The Whitty Award recognizes individuals who improve the community’s health and well-being. Together and individually, the Shimotakaharas have spearheaded a long list of projects, beginning 20 years ago, when Eva organized the area’s first Relay For Life.

Subsequent projects have encompassed such diverse topics as youth sports, smokeless tobacco, post-traumatic stress disorder, online sexual predators, and violent video games.
Visit a jail or psychiatric treatment center, and you probably will meet people who were abused as children.

“There are a lot of scars that exist for a lot of young people,” says JoAnne Shorb, program coordinator at Coos County’s Child Abuse Intervention Center (CAIC).

A chance to heal some of those scars drew Bay Area Hospital into a new venture this year. It became the center’s sponsor on July 1, employing Shorb and co-worker Jessica Lowry to champion the young victims of physical, sexual, and emotional abuse and neglect.

“I am just amazed at how enthusiastic the hospital people are about the program,” says Coos County District Attorney R. Paul Frasier. “I am really happy that the hospital agreed to take this on.”

The revamped program employs a “medical model” of child abuse intervention, in which the child’s needs take priority over prosecuting the offender. Pediatrician Jenni DeLeon, MD, examines each child, and Lowry conducts a forensic interview. Law enforcement and social services rely on that single interview instead of subjecting children to repeated questioning.

“They need to tell their story once, in a safe, friendly, neutral location,” Shorb says.

But that doesn’t mean letting abusers off the hook. On the contrary, young victims who feel safe and cared for become potent allies for prosecutors.

“The more we help the kids, the better the chances that we’ll be able to do more with the perpetrators,” Frasier says.

For a major community institution, being a good neighbor means supporting the important work of local nonprofit organizations.

“Even though we are also a nonprofit, we believe in giving back to other nonprofits that improve our community,” says Barbara Bauder, who leads the Bay Area Hospital Community Foundation.

This year that commitment meant awarding $220,000 in grants to 29 nonprofit groups as well as public schools.

Some of the gifts are health related, such as grants to the South Coast Diabetes Association, Shots for Tots, and the hospital’s decadelong support for a nursing instructor at Southwestern Oregon Community College. Other grants pursue broader goals, such as supporting youth activities and senior citizens. The foundation supports CCAT Babe Ruth Baseball, South Coast Veterans Assistance Network, Coos Elderly Services, and the Bob Belloni Ranch, to name a few.

Bay Area Hospital is committed not only to the health of its patients but also to a robust community life.
Bladder cancer can usually be treated successfully— if your doctor finds it early. More than 150 local residents armed themselves with knowledge at a free screening at Bay Area Hospital (BAH) in November.

As a hospital with an accredited Community Hospital Comprehensive Cancer Program, BAH offers at least one free screening each year. Leo Kusuda, MD, a board-certified urologist, led this year’s bladder cancer event.

Dr. Kusuda explained that Coos County historically has had a relatively high incidence of bladder cancer. One reason why is the prevalence of tobacco use in the community. Though smoking is most commonly associated with lung cancer, the carcinogens in tobacco also make their way to the bladder. Smokers are twice as likely as nonsmokers to develop bladder cancer.

The free screening used a simple urine test, checking for blood that might indicate bladder cancer. That same urine test can also warn of diabetes, kidney and liver disease, and urinary tract infections, Dr. Kusuda said. So the screening was an opportunity to provide education about those illnesses, as well.

Staff members from the hospital and North Bend Medical Center joined Dr. Kusuda to administer the screening.

In recent years the hospital has offered free screenings for prostate cancer and head and neck cancer.

Coos County historically has had a relatively high incidence of bladder cancer.

—Leo Kusuda, MD
Program Delivers Vital Care

Maybe she arrived in the Emergency Department after a suicide attempt.
Maybe family members called police because delusions were affecting his behavior.
Who will care for them?

Many US communities have no good answers. Because sheltering psychiatric patients is costly, many hospitals have closed their psychiatric units. Patients may linger for days in Emergency Departments, waiting for beds in out-of-town hospitals. In that context Bay Area Hospital’s APU (Acute Psychiatric Unit) is a rare and precious resource. Its 11 beds are a safe haven for troubled patients from the South Coast and beyond.

“There are not a lot of us left in Oregon,” said Kera Hood, RN, the nurse manager who oversees the APU. “It’s unfortunate that with the increase in need for emergent psychiatric care, we have a decreasing number of crisis beds in the state.”

Staffed by psychiatrists, nurses, and other mental health professionals, the unit provides about 180 patient-days of care each month. Psychiatrist Toresa Martell, DO, said the unit handles a broad spectrum of mental illnesses, and demand has increased since economic pressures closed Roseburg’s psychiatric unit in 2007.

“It is so vital when people are having significant mental health issues and need inpatient services,” Dr. Martell said.

“Rural communities are typically underserved by mental health care,” Dr. Martell added. The presence of an inpatient psychiatric unit saves fragile patients the disruption and the stress of being transported to faraway treatment centers.

“We are really fortunate to have this here,” she said.
I am pleased to tell you that the fiscal status of the Bay Area Health District remains sound. The district’s financial strength reflects a four-decade tradition of prudent stewardship. It has been well managed through good economic times and bad, with careful oversight by an elected five-member board, the expertise of dedicated and professional senior managers, and input from a select Finance/Audit Committee. With their combined efforts, we have been able to maintain and grow needed services while providing charity care to residents who truly need assistance.

As a community-owned, not-for-profit hospital, we continue to reinvest in facilities and services. Our recent expansion includes state-of-the-art patient rooms and equipment, new cardiology services, and robotic surgery—all aimed at giving you care that is as good as you can receive anywhere.

From this report I hope you can appreciate the many ways that the Bay Area Health District works to improve the health of South Coast residents. National healthcare policy increasingly emphasizes “population health”—improving communitywide health outcomes by promoting wellness along with treating illness. This is a challenging goal in southern coastal Oregon, where serious issues such as obesity and smoking underlie escalating healthcare costs. These issues must be addressed if our community is to thrive.

I deeply appreciate the many individuals who make Bay Area Hospital a place of caring and healing. The dedicated healthcare providers and volunteers, the physicians, the capable administration, and the elected board—all are committed to the highest quality of healthcare, locally delivered and locally directed.

Jon Richards
Chair, Bay Area Hospital Board of Directors
These financials reflect fiscal year July 1, 2012, to June 30, 2013.

Bay Area Hospital is a not-for-profit health district hospital that is locally governed, community supported, and operated without district tax funding. Our mission is to improve the health of our community every day.
High school students who volunteer at Bay Area Hospital experience the good, the bad, and the icky.


The bad? “I have learned that, as a nurse, do not expect to eat when you are hungry or use the restroom when you have to,” one student wrote in a year-end essay.

The icky? Use your imagination.

The Teen Volunteer program, less than two years old, has grown from its initial 10 students to 21. Students from Marshfield and North Bend High Schools volunteer a few hours a week, clad in distinctive black scrubs.

“They love wearing scrubs,” says Volunteer Program Coordinator Laura Williams. “They feel like part of the team, which is what we want.”

Many of the students arrive with healthcare careers already on their minds.

“Having this experience in different careers helps them narrow down their interests,” Williams says.

After an intensive orientation, the student volunteers tackle diverse assignments. They may assemble information packets or stock supply cabinets. They may guide visitors or deliver water to thirsty patients. One teen found herself cuddling infants who had been born into the agony of drug withdrawal.

“It broke my heart feeling, seeing, and hearing the babies in pain,” she later wrote.

Williams hopes to expand the volunteer program to 40 or 50 teens and include students from other Coos County high schools.

Next year Bay Area Hospital will add a more advanced Teen Internship, with students shadowing mentors and earning college credit.