This edition of *Currents* has a special theme. “Faces of Caring” highlights individuals whose expertise and passion contribute to the community’s welfare.

In these pages you will read about:

- A high-tech healer who cherishes one-on-one relationships with cancer patients
- An extraordinary lawyer who advised the hospital’s leadership through most of our history
- A clinical social worker whose compassion and experience provide support for people battling mental illness
- A nurse who combines medical knowledge with celebrated culinary talents to promote heart-healthy lifestyles
- And more

Over the past couple of years, we have invested millions of dollars in expansion and new equipment to ensure that our patients are treated in the most advanced, safe, and comfortable facilities possible. But our most important asset is our people—the skillful, compassionate, trusted professionals who care for you at Bay Area Hospital.

I wish *Currents* had enough pages to introduce you to everyone: doctors and nurses, the cleaning crew who keep the hospital safe and sanitary, the cooks who create our excellent meals, and even the people who prepare your billing statement. They are all dedicated to creating a supportive, caring environment for our patients. I hope you will enjoy meeting just a few of Bay Area Hospital’s amazing people.

Paul G. Janke, FACHE
President and CEO
On the Cover
Nurse? Chef?
Both! Jardin Kazaar
is passionate about
helping patients
lead healthy lives.
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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
Few of us have the privilege of choosing our enemies. Mark Henderson, MD, knew early in his career that cancer would be his lifelong adversary. He relished the fight. “It just kind of clicked,” he recalls. “That's what I was supposed to be doing.”

As a radiation oncologist, Dr. Henderson savors the intellectual challenge of solving complex technical problems—sharpshooting tumors with precisely targeted doses of lifesaving radiation. Even more, he cherishes his relationships with cancer patients.

“It’s hard to describe, but these patients have a heavy weight over them that they have to figure out how to deal with,” he says. “It seems to me that I have a connection with them.”

Unlike an internist or a pediatrician, a radiation oncologist does not face a rapid-fire fusillade of ailing gallbladders and sore throats. Whereas the clientele of a primary care doctor commonly numbers in the hundreds, a typical “rad onc” may have as few as 15 active cases at any one time. The same patients come for treatment day after day, and the resulting relationships can be bittersweet for doctors, nurses, and other members of the cancer care team.

Dr. Henderson’s best days are when he can tell patients that their malignancies have retreated:
“I get to have those days, and I feel very lucky.”

But sometimes cancers refuse to wave the white flag. “It’s just devastating when you’re trying to treat someone and cure their cancer, and it doesn’t work. It’s just an awful feeling—not nearly as awful as what the patient is feeling, but it’s awful.”

That is the drawback of dueling with a lifelong adversary. Sometimes the adversary wins. “I really hate that,” Dr. Henderson says. “But it doesn’t make me want to stop trying.”
“Bringing services together under one roof will be great for the community. In particular it will help our patients navigate through their care more easily.”

—Dr. Bret Cook

“I was excited to come to Bay Area Hospital, a place that has the community in mind when planning forward and whose focus is firmly based on what helps patients.”

—Dr. Mark Henderson

**One-Stop Healing**

Leaving town for cancer treatment is inconvenient, expensive, and exhausting. But you don’t want to settle for second-rate care. That’s why Bay Area Hospital and local doctors constantly aspire to provide leading-edge treatment right here, close to home.

The latest upgrade? Bay Area Hospital, North Bend Medical Center, and Oregon Health & Science University are cooperating to develop a comprehensive cancer center on the Bay Area Hospital campus. Radiation therapy, medical oncology, and cancer support services will be housed under a single roof, providing integrated care in a one-stop healing environment.

“What we really want is for patients to be able to come to one place for their cancer care,” says Dr. Mark Henderson. Once the building is in place, Dr. Henderson will guide the selection and installation of next-generation radiation technology, combining enhanced treatment with reduced exposure to toxicity.

Keeping facilities up-to-date is a key part of building a healthier community.
Enter Bob Thomas, the hospital Board’s lawyer. His strategy: secure startup cash by selling the hospital’s boilers and generators to investors, then lease them back. The scheme worked, the hospital opened, and its cash flow eventually paid for repurchasing the machinery.

Does the hospital owe Thomas its life? “I won’t say we couldn’t have done it without him,” says John Whitty, a Board member at the time, “but it was nice to have him there.”

Public officials throughout the Bay Area would probably say the same. During a six-decade career, Thomas counseled port leaders, the cities of North Bend and Empire, and several other public entities.
Bob and Stephanie Thomas shared a passion for sailboat racing.

“He was very supportive of the concept of getting better healthcare into the Bay Area. He felt like he had a part in its ultimate success.” —Stephanie Thomas

But his widow, Stephanie Thomas, says his heart belonged to the hospital: “He was very supportive of the concept of getting better healthcare into the Bay Area. He felt like he had a part in its ultimate success.”

Robert Lawrence Thomas died in December 2014 at age 91, leaving a legacy of service to the Bay Area’s citizens. “He knew more about the hospital than anybody,” says Jerry Lesan, who became the hospital’s lawyer after Thomas retired in 2007.

Thomas worked for Bay Area Hospital long before the hospital itself existed. In those days the district operated in name only, with no facilities, no staff, and no money to speak of. Board vacancies often went unfilled because the district could not afford elections.

After voters agreed to build a hospital, Thomas created the legal framework for the new institution. He wrote bylaws and procedures—and occasionally an entire new law. “If legislation was required, he would sit down and write it and carry it to the Legislature,” recalls former Board member Rudy Juul.

Thomas became “the ultimate source” for information on Oregon hospital law, says Dan Smith, the hospital’s retired chief executive officer. Lawyers around the state called on Thomas for insight.

“It was kind of a feather in Coos County’s cap to have somebody like that,” says Andy Combs, the hospital’s current legal counsel.

And it was not just hospital law. Thomas wrote the first chapter of the Oregon Bar Association’s municipal law manual. He was instrumental in legislation allowing independent airport districts.

Juul says that Thomas’s legal prowess was matched by mastery of his hobbies. He was adept with both pool cue and fly rod: “Whatever he did, he became an expert at it.”

Stephanie Thomas met her future husband in 1995. She wanted to learn sailing, and he recruited her to crew his 18-foot Geary sailboat on Tenmile Lake. They married in 1998, and they raced the Geary nearly every summer weekend until Thomas was 85.

Even after retiring from legal work, Thomas retained an interest in the hospital. Combs says that Thomas occasionally dropped in to talk shop. His legal intellect remained sharp in his nineties.

Thomas probably could have made more money practicing some branch of the law other than local government, but Stephanie says her husband relished promoting the public well-being: “He was devoted to improving the community.” By giving local officials sound advice, “he kept them on the straight and narrow and made them more successful as a result,” she says.

“He really was a gift to the community.” —Stephanie Thomas
Acute Psychiatric Care

Bay Area Hospital is one of the few Oregon hospitals providing inpatient care for psychiatric patients. Although sheltering psychiatric patients is costly, it is a vital service for a vulnerable sector of the community.

The Acute Psychiatric Unit provides 11 beds for patients from the South Coast and beyond. The hospital’s master plan calls for renovation and expansion of the APU to improve patient care and confidentiality. Key features will include private patient rooms, social areas separated for quiet and noisy activities, and the addition of therapy and consultation rooms. These upgrades will create a calmer, safer, and more efficient environment to promote healing. Completion is expected in 2018.

Agent of Hope

PROVIDES VITAL SERVICE

On a good day, Lisa Rojas may help a suicidal patient find a reason for living. “I get satisfaction in knowing I made somebody’s life a little easier,” she says.

A not-so-good day? “A frustrating day is when I have someone who is extremely psychotic, but they’re not a danger to themselves and others, and I have to let them go.”

Rojas, a licensed clinical social worker at Bay Area Hospital, routinely balances compassion with the practical limitations of Oregon’s mental health system. Because providing inpatient psychiatric care is challenging and unprofitable, hospitals in many Oregon communities abandoned the field long ago. Patients in those communities may spend weeks in emergency room cubicles, receiving minimal treatment but unable to leave.

Bay Area Hospital’s 11-bed APU (Acute Psychiatric Unit) is one of a few exceptions across the state. “We’re the only one on the entire coast of Oregon,” Rojas says. “We’re it.”

A chronic shortage of resources nationwide means Bay Area Hospital handles severe illnesses that used to go to the state hospital: schizophrenia, psychosis, and bipolar disorder. Much of Rojas’s work involves evaluating whether such patients pose sufficient risk for a “notice of mental illness,” also known as a “two-physician hold.” Those who do pose a risk may be held as long as five business days—the maximum allowed without formal commitment. “We try to get them as well as we can and connected to community resources before we send them back out the doors,” she says.

Raised in McMinnville, Rojas earned a bachelor’s degree in psychology, raised a family, and then earned a master’s degree in social work. Now 54, she has spent a decade in acute psychiatric work. She has been called a “bleeding heart,” and she wears the label with pride. Mental illness can afflict anyone, she says: “With the right circumstances, we all could be in that place.”

Rojas notes that most mentally ill people manage their lives successfully. The patients admitted to the APU are “the sickest of the sick,” she says, but she chooses to look on the bright side: “There are days when it gets discouraging, but there’s a lot of good we can do.”
Bay Area residents know Jardin Kazaar as an acclaimed chef and the host of a local TV cooking show. They may also know him as a visual artist and a percussionist with two local bands. He is less known for his day job. Jardin Kazaar, RN, changes people’s lives.

Working in Bay Area Hospital’s cardiac rehabilitation program puts Kazaar in the role of teacher, coach, and cheerleader. He and his rehab co-workers help patients recover from heart attacks and surgeries while teaching them to manage a heart-healthy lifestyle. They provide monitored physical activity, dietary consultation, and emotional support. Kazaar relishes the job because it lets him participate in other people’s success. “We can eliminate excuses for you not to be well, if you’re willing to try,” he explains. “You choose the life that you live.”

Before joining the rehab team in 2013, Kazaar worked for 22 years in emergency rooms. He saw countless patients with chronic illnesses and debilitating conditions, often resulting from unhealthy lifestyle choices. Working in rehab gives him a chance to promote better decisions and influence future outcomes. “You actually get to see something change,” he says.

Kazaar estimates that 85 to 90 percent of cardiac rehab patients show improvement. Often their stamina increases. At a minimum they develop more-positive attitudes about their own health. His culinary training and experience have proved useful in rehab work. Kazaar teaches nutrition classes, helping patients manage carbohydrates, fats, and sodium without sacrificing taste. He tells patients:

“You’re going to eat for the rest of your life, so you might as well do it well.”

That’s good advice, whether it comes from a nurse or a chef. Or both.

For more information about cardiac rehab and how to obtain a referral, call (541) 269-8389.
How is this for a random career choice? Fresh out of nursing school, Jane Pennington applied to a nursing home because she could walk there from her apartment. She soon was working with elderly patients in the final stages of life—and loving it. She would spend the next 35 years as a hospice nurse.

“It is my dream job,” Pennington says.

Pennington’s joyous attitude surprises some people. They ask: Isn’t the job depressing? She tells them the job is inspiring. “I get to see people at their best and their most courageous,” she says.

Pennington works for South Coast Hospice and Palliative Care Services, making daily rounds to the homes of dying patients. She ministers not only to patients but also to their loved ones, who bravely shoulder exhausting, unpleasant tasks.

“Our goal is to help regular people do things that are not always pretty in caring for their loved ones,” she says. “Our goal is not to save our patients and families but to teach tools that will help them care for their loved ones at home themselves. This is where we see raw courage and strength.”

Pennington sees people’s faith tested in their most challenging moments—sometimes with unexpected outcomes. Even deeply religious people may struggle with fear, yet sometimes people with terrible pasts die peacefully. Like death itself, Pennington does not discriminate.

“Because of the oath that I took, it is my job to offer care and compassion to everyone who is my patient,” she says. Moreover, regardless of a patient’s personal story, Pennington has faith in its ending: “God will get them into a state of grace.” She counts herself as privileged to be present when that happens. “It really is an honor,” she says.

In Memoriam:
William Dean McCord

William Dean McCord of Coos Bay, shown at right with Jane Pennington, passed away on February 8. We extend our thanks to his family for agreeing to allow us to publish his photo.
Community Support from Bay Area Hospital

Because Medicare payments do not fully cover its operational costs, South Coast Hospice and Palliative Care Services relies on community support to supplement a $4.2 million annual budget. Much of that support comes from donations and sales at the hospice thrift store in North Bend. Support also comes from Bay Area Hospital Community Foundation.

The hospital foundation supports not only South Coast Hospice but also many other local organizations working in innovative ways to promote healthy living. In 2014 the foundation awarded a total of $244,487.

To make a tax-deductible donation to Bay Area Hospital Community Foundation, call Barbara Bauder at (541) 269-8543.

“I get to see people at their best and their most courageous.”
—Jane Pennington, RN
Some days Ethan Noble lacks the energy to climb off the couch. But he’s not complaining. Those days are far less frequent since Rita Hoover and her colleagues came into his life.

Noble, 37, has diabetes and relies on insulin injections to control his blood sugar. Last year he landed in the hospital, where he crossed paths with Hoover, Bay Area Hospital’s diabetes education coordinator.

Since then Hoover, along with clinical dietitians Linda Devereux and Josie Torresani, has taught Noble to manage the disease. He is keeping his blood glucose level under control, eating a healthier diet, and exercising. “He’s taken positive steps forward,” Hoover says.

Hoover, a registered nurse, devotes her time to promoting such steps. With screenings, classes, and one-on-one counseling, she is pushing back against a diabetes tidal wave in Coos County.

Noble has type 1, or “insulin-dependent,” diabetes, which is far less common than type 2 “adult onset” diabetes. The county has one of Oregon’s highest rates of type 2 diabetes, with one person in nine affected.
Unlike type 1 diabetes, the adult-onset variety is simple to prevent. All that is necessary is the same healthy lifestyle that helps ward off obesity and heart disease. For patients already diagnosed with type 2 diabetes, the same lifestyle choices are the best way to reduce symptoms.

Yet many patients cling to unhealthy habits handed down in their families. Denial is common. “Nobody wants to hear they have diabetes,” Hoover explains.

Hoover rejoices when a patient undergoes a “bright-light moment,” realizing the life-and-death urgency of lifestyle changes. She rejoices again when patients report lab results showing their blood sugar under control. “That’s very rewarding,” she says.

Hoover preaches a balanced approach: controlling carbohydrate intake, exercising regularly, managing stress, and monitoring blood sugar levels. Just as important, she teaches patients that healthier living is an achievable goal: “that it’s a doable lifestyle, not a torturous lifestyle.”

With these simple lessons, plus some bright-light moments, Hoover is steadily promoting a healthier Coos County.

Community Education

In addition to diabetes education, Bay Area Hospital sponsors and supports a wide range of classes, support groups, and special events promoting better health. For details visit www.bayareahospital.org and click on Healthcare Education or call (541) 269-8076.
Federal policy initiatives such as the Affordable Care Act (Obamacare) are changing the financial and regulatory climate for hospitals and other healthcare organizations. Hospitals are increasingly being held accountable for quality of care and patient safety and satisfaction. These changes have put new demands on not only healthcare professionals but also the elected Board members who oversee Bay Area Hospital.

We recently interviewed some of our local Board members about their perspectives on the country’s evolving healthcare system.

How is healthcare reform affecting your role as a volunteer Board member overseeing a community hospital?

**Donna Rabin**

It is the Board’s responsibility to make sure not only that the hospital is financially sound but that we are providing the healthcare for the community that the community needs and doing it in a safe way—and that’s a big responsibility.

**Mike Gordon**

The landscape for healthcare in this country is changing dramatically. We used to use nothing but financial metrics. The whole world is being turned upside down; we’re looking at quality metrics now. The government has decided that we are going to be impacted financially by how we do on these metrics, and that to me is no small thing. We are not talking about small dollars.

**Tom McAndrew**

The financial success of the hospital really is tied to our outcomes now.
Is all this measuring a good thing?

**Mike Gordon**

The Board has what we would call fiduciary oversight to make sure that our community is getting the best healthcare they can and delivered in the safest manner that it can be delivered.

**Donna Rabin**

Focusing on quality is the right thing to do, but now we have outside forces that are saying, “You have to do this.” So, this is kind of like the perfect storm. I think if we can create a culture of safety where everybody respects one another and feels comfortable speaking up, understanding that we are all aiming toward the same thing—and that is quality patient care—then measurement is not a bad thing. Quality is something you can measure. You really don’t know if you are providing quality unless you measure it.

**Barb Taylor**

If we can’t provide quality health services, we are just not fulfilling our mission.

How can hospitals rise to meet these new challenges?

**Tom McAndrew**

It’s not going to be the brain power of administration or Board leadership in order to be successful. It’s a collective sense of wisdom and ability to adapt, change, and grow as an organization. We need to know from the people on the front lines how it is working. What are we doing well? What are we not doing well?

**Barb Taylor**

I want everybody who is associated with the hospital to feel that they are the point person in providing a safe environment.

**Tom McAndrew**

The concept is that this is a team. Whether you are in the administrative office or you’re out there changing dirty linen, you are part of this healthcare team. Your performance, your attitude impacts the whole team. Quality is really about the human interaction. People notice the caring, soft touch. I think what makes for a superior work environment is at its core—the sense that we are all in this together.

And the ultimate goal?

**Barb Taylor**

Effective healthcare for everybody in our community. If you take that approach and you view this as being part of the team, we are going to have great outcomes. I see us moving toward a system that is more efficient, that is more patient driven.
Aiming for GREAT

Nurses help people. So Deanna Prater, RN, wants to help nurses.

“I want people to feel good about working here,” says Prater, who leads Bay Area Hospital’s Pathway to Excellence program. The program aims to empower nurses, honor their achievements, and increase their professionalism. The ultimate goal? Better patient care. “We’re looking at nurses being at the top of their game,” she explains.

Pathway to Excellence is a national program offering certification to hospitals that meet 12 standards of excellence. Prater took charge of the local project in July 2014. One of her first tasks is to create Unit-Based Practice Councils—committees that will implement innovations and best practices for the hospital’s various departments. “I want the community to know that we’re really making an effort to give the best care here.”

Prater grew up in Pennsylvania and joined the US Army, where she met and married Reedsport native Tom Prater. She has spent 16 years as a registered nurse, working in orthopedics and surgery and most recently as a charge nurse in the hospital’s Medical Care Unit. Tom is also a registered nurse, working in the Emergency department.

Like most nurses, Prater chose a nursing career with an aim of helping others. Living in a rural area lets her see the results of her work. “You see them out in the community, and you know you’ve had a part in improving their life or their family’s life,” she says.

She hopes the Pathway project will help the hospital retain good nurses and recruit top prospects. “It’s a great place to work,” she says. “How can we make it better?” She hopes to find answers that pay off for patients.