“Our promise and dedication to compassionate care touches every aspect of what we do and how we do it. For us, the patient is at the center and it is their experience that matters most. We seek to ensure that our care for them promotes and supports healing that encompasses mind, body and spirit. It is, by necessity, holistic and heartfelt. Our mission requires no less.”

– Bob Scheri, Director of Mission Services & Spiritual Care
Just over five years ago, PeaceHealth Oregon Region began an important journey to the future of health care for our community. For many in the community, the most visible part of this journey has been the development of our new facilities. But there are many other aspects contributing to our promise of exceptional medicine and compassionate care. As 2006 comes to a close, we celebrate many of the milestones we have passed as we progress in our journey.

Improving the quality of health care was a major goal in 2006 that we accomplished through our participation in the Campaign to Save 100K Lives, a national effort sponsored by the Institute for Healthcare Improvement that included more than 2,200 hospitals committed to improving the care of hospitalized patients. The result was the development of many new processes that help our caregivers deliver safe and best-practice patient care while reducing the potential for medical errors or complications. We also celebrated the arrival of our first medical school students from Oregon Health & Science University, which marked the beginning of a partnership between OHSU, the University of Oregon and Sacred Heart Medical Center.

While we celebrate these accomplishments, we must also acknowledge some of the challenges we face, both as a health care provider and as a community. The number of uninsured and underinsured in our community remains high. The amount of charity care and bad debt increased by 16 percent for PeaceHealth Oregon Region this past year and has grown from $11.9 million to $48.7 million in the past five years. We remain committed to our mission of caring for people regardless of their ability to pay and continue to work together with community partners on finding a solution to this growing concern.

Regardless of the challenges we face, as an organization we are blessed to have the honor and privilege of caring for people in our community. Every day, as I go about my work, I see countless examples of how people working for PeaceHealth are touching the lives of patients in incredible ways. Whether it is the miracle of open heart surgery or simply taking the time to hold a patient’s hand and listen to his or her concerns, each of these examples reflects our passion and commitment to caring for people when they are most vulnerable and in need.

We still have a ways to go on our journey to the future of health care, and will continue to strive to always deliver on our promise of exceptional medicine and compassionate care for this community. This report is just a small glimpse of our work and our mission that I hope helps you a better understanding of how we are serving the community.

Sincerely,

Mel Pyne, CEO and Chief Mission Officer
The Center for Medical Education & Research, located at Sacred Heart’s University District campus, is the product of a unique collaboration among Oregon Health & Science University, the University of Oregon and Sacred Heart Medical Center to address the state’s physician shortage.

Through the partnership, OHSU expects to increase the size of its incoming medical school class by almost one-third by expanding to regional campuses, the first of which is in Eugene.

As a result of this partnership, about 25 third- and fourth-year medical students will have completed clerkships at Sacred Heart, Cottage Grove Community Hospital and other regional medical clinics in 2006-2007. As many as 60 students will participate in 2007-2008 and by fall 2008 the number will increase to 160.

The center fosters a rich environment of learning at Sacred Heart, helping to advance the medical profession by pairing students who have fresh ideas, new energy and the latest knowledge with experienced physicians who practice in a variety of settings. The partnership benefits both physicians and students and, perhaps best of all, exposes young doctors to practice in Lane County, which will help in recruiting them to practice here down the road.
Clinical quality and patient safety begin with accurate, up-to-date records. Sacred Heart Medical Center uses the most sophisticated high-tech medical recordkeeping system available. John Haughom, MD, has led the development of the electronic medical record (or EMR, as the system is known) for PeaceHealth since 1994.

“The original purpose of the EMR was to improve the quality and safety of care, which it has done,” says Dr. Haughom. “For the past two years, we have been focusing on advanced technology to provide us with even more sophisticated forms of ‘decision support’ to help provide care wherever and whenever it is needed.”

The network consists of some 23,000 providers within PeaceHealth Oregon Region and throughout western Oregon: primary care physicians, specialists, therapists, even dentists and ophthalmologists. At Sacred Heart alone, more than 3,000 computer work stations are connected to the network.

The benefits of such a system, for both provider and patient, are many, including:

- **Ease of access:** Providers can view password-protected medical records over the Internet, and almost 11,000 patients are using PatientConnection to schedule office visits, check lab results and refill prescriptions.

- **Informed decision making:** Access to a complete medical record helps providers make decisions about the best treatments, and helps empower patients to become more involved in their own care.

- **Increased patient safety:** Easy, quick access to in-depth patient information enhances patient care by assuring patient safety in all areas, particularly in the dispensing of medications; by allowing doctors and hospital departments separated by distance to work together.

- **Availability of volumes of valuable information:** The EMR contains some 1.8 million charts in the patient database. All that data helps doctors spot trends across the region or in certain patient populations.

“We have a state-of-the-art infrastructure and initiatives in place for improving both clinical quality and patient safety,” says Dr. Haughom.

**Medication Safety**

Medication is a care process that reaches across multiple environments: the hospital, physician’s office, and home. These multiple transition points can cause medication errors, which are the most common type of medical mistake. As a result, medication reconciliation – the cross-checking of medication lists from the patient to the hospital to the provider office – was perhaps the most ambitious patient safety measure undertaken this past year.

The creation of the medication reconciliation infrastructure was a team effort between process engineers and clinical experts, who collaborated to create a model that is now held up as an example for hospitals across the country. The electronic medical record has far-reaching implications because it enables medication reconciliation at every single inpatient admission and outpatient office visit.
A stay in the hospital can be stressful not only for patients but also for their families. Two high-tech systems are in use at Sacred Heart to help ease the stress.

The SmarTrack system electronically tracks patients through the surgical process, from admission to the operating room to their room. “Electronic whiteboards” in patient care areas, physician and staff break rooms, and family waiting areas track a patient’s progress. To maintain confidentiality, patients are assigned a number rather than being tracked by name.

SmarTrack dramatically reduces the number of phone calls made throughout all of the surgery departments, eliminating up to 500 calls per day among the nursing staff. Eliminating phone calls creates more time for nurses to spend with patients at the bedside. Families also have a more convenient way to access information about their loved ones.

Another electronic helper is the Emergency Department (ED) tracking system. When patients register in the ED, they receive a small tracking badge that they wear on their clothes or gown throughout their stay. When a nurse or physician enters the patient’s room, the system automatically assigns them to that patient and adds them to a tracking display. The patient’s care team, their location and the equipment in use is available at a glance, thus allowing ED staff to meet the patient’s needs in a more timely fashion. Patients and their families see a more efficient and well-informed staff.

Patient-tracking systems improve the patient-flow process and decrease the amount of time nurses spend searching through charts to track a patient’s progress. Patients are safer because their locations and condition are readily available to staff.

Quality improvement, an often-used buzz phrase, means different things in different industries. In health care – and throughout PeaceHealth Oregon Region – quality improvement means “the continuous process of identifying problems and providing solutions to assure the highest levels of care and safety for all patients at all times.”

At Sacred Heart Medical Center, quality improvement is a serious plan of action built into every function and directed toward every patient. It is vital to a regional medical center because it saves lives, improves operational efficiency, creates a sense of well-being among patients and instills pride in employees.

Sacred Heart has dozens of quality improvement programs in place to positively affect every caregiver-patient interaction. Here is a sampling of initiatives undertaken to ensure that Sacred Heart’s patients always receive exceptional medicine and compassionate care.
Every surgical procedure is a symphony of precision and detail. To reduce the risks, all surgical teams follow the *Timeout Before Surgery* process, a series of patient safety checks that are conducted at multiple points. Every one of the more than 20,000 patients scheduled for an invasive procedure last year received these safety checks before the actual surgery began.

The process involves five key steps:

1. Double-checking the patient’s identity.
2. Verifying the surgery to be performed.
3. Confirming the site on the patient’s body where surgery will be performed.
4. Making sure the patient is in the correct position for surgery.
5. Ensuring that proper equipment and special requirements are readily available.
SACRED HEART’S TRAUMA CENTER EQUIPPED
TO HANDLE THE WORST OF EMERGENCIES

If disaster strikes, Sacred Heart Medical Center is ready to answer the call. Whether it’s a multiple car accident, epidemic or natural disaster, hospital staff and physicians have the experience and training needed to handle any major emergency, 24 hours a day, seven days a week.

As the area’s only certified Level II Trauma Center, Sacred Heart has the necessary structure in place to provide emergency medicine to trauma patients. Last year alone, Sacred Heart physicians treated nearly 670 trauma patients suffering from life-threatening injuries or illnesses, a threefold increase in the number of patients in just nine years.

Disaster planning and emergency preparedness are critical components in establishing a comprehensive trauma center, and Sacred Heart has taken great strides to ensure it is equipped to handle the worst.

A risk analysis for the area identified that Sacred Heart is most at risk for emergencies involving multiple victim injuries from car or bus accidents, civil disturbance such as potential gun shots or tear gas, and accidents from inclement weather. Based on this analysis, Sacred Heart adopted an “all hazards” emergency plan, enabling the hospital to handle the full gamut of medical emergencies.

As part of emergency preparedness, staff is required to annually complete an online disaster training program. The hospital runs at least two emergency drills each year, one involving people acting as victims. Sacred Heart’s Emergency Preparedness Committee has received additional emergency training to help ensure all aspects of preparedness are met.

Sacred Heart physicians, nurses, therapists and other staff work together in interdisciplinary trauma teams to provide the best possible care for patients. These trauma teams continue to improve training and preparedness and, in the past two years, have developed dedicated teams to respond to severe brain and orthopedic injuries.

Over the past several years, federal grants have helped Sacred Heart increase its preparedness with such acquisitions as a tent for extra capacity, a decontamination shower and decontamination personal protective gear, enhanced internal and external communication devices, such as two-way radios and wireless phones, and staff education and training in decontamination awareness and general emergency preparedness.

The system is routinely tested and refined to ensure the hospital’s ability to respond quickly and effectively in the face of emergency.
When the phrase “Trauma Alert” is heard over the intercom at Sacred Heart, most employees stop what they are doing, if just for a moment. They know that at least one life — and possibly more — is in jeopardy. They also know that specially trained physicians, nurses, therapists, social workers, chaplains and others are rushing to the Emergency Department to offer aid.

Every trauma case is significant, but one case in 2006 clearly illustrates the essence of the medical and social community that is the backbone of Sacred Heart:

In late summer a family of six was driving on I-5 in the early morning hours; they were returning to their home in Cottage Grove from a wedding. An intoxicated driver merged onto the freeway going the wrong way. The resulting head-on crash killed the eldest son in the family at the scene and injured the remaining five family members, several very seriously. The driver of the other vehicle was also injured. All six survivors were rushed to Sacred Heart.

A trauma alert was called, immediately putting into action Sacred Heart’s highly trained clinical and support teams. What followed demonstrates the sophistication of Sacred Heart’s trauma system to expand to meet the needs of several victims at once. Two general surgeons were quickly on hand, and three trauma orthopedic surgeons and a plastic surgeon were called in after an initial assessment. One of the physicians in the ED that morning described the scene as “controlled chaos.” But despite the intensity of the environment, he noted that everyone was moving with purpose and efficiency.

In addition to the clinical staff, personnel from Pastoral Care, Medical Social Work and other departments worked around the clock for several days managing the social and emotional needs of the victims and their extended family and friends. A special support area was set up in the dining room to accommodate the estimated 100 people who arrived at the hospital in the days immediately following the accident. Because the family was Hispanic, Sacred Heart’s interpreter services were used extensively to address the language needs.

The response to the family’s needs extended well beyond the hospital. Sacred Heart’s social workers received donations from a myriad of generous local businesses ranging from medical taxis to equipment to home health care.

There is no happy ending when any life is lost. But the team of caregivers at Sacred Heart helped those who lived, and the people close to them, deal with difficult challenges in a way that at the very least provided comfort, meaning and hope.
Donald Yarbrough, MD, (center) conducts a laparoscopic giant paraesophageal hernia repair, assisted by Damon Sevart, PA-C, (left) and Brian Losee, ST.
INNOVATIVE MINIMALLY INVASIVE SURGERIES RANK SACRED HEART AMONG TOP HOSPITALS IN STATE

The surgeons and staff at Sacred Heart Medical Center rank among the state’s best when it comes to groundbreaking surgical procedures, many of which are performed with state-of-the-art, minimally invasive techniques. Laparoscopic surgery, for example, is performed with the help of a small endoscopic camera and several fine instruments inserted through natural body openings or small incisions. Laparoscopic procedures offer tremendous benefits to patients, including a shorter hospital stay, faster recoveries and a smaller cosmetic scar.

While a portion of minimally invasive surgeries performed at Sacred Heart are common applications of the video-guided technology, such as gall bladder removal, gastric bypass and exploratory operations, Sacred Heart physicians are also applying minimally invasive technology to more complex surgeries. Their work has widened the realm of treatment possibilities for patients and has ranked them among only a handful of physicians around the state who perform such complex, sophisticated surgeries.

The sheer volume of such surgeries performed at Sacred Heart translates to a high level of competency. The more a surgery is performed, the better the outcome for the patient.

Six complex surgeries in which Sacred Heart is among the state’s leaders:

**Abdominal Aortic Aneurysm Repair**
An abdominal aortic aneurysm is a weak area of the abdominal aorta that can burst or rupture when under pressure. Diagnosed early, this condition can be treated through a minimally invasive technique known as an aortic stent graft. This technique prevents potential aortic rupture, which is a life threatening condition that requires a lengthy hospital stay when treated. In contrast, patients who have an aortic stent graft mostly require just 24 hours’ hospitalization and return to normal life within a week. Surgeons at Sacred Heart led the region in performing successful aortic stent grafts in 2006.

**Whipple Surgery**
One of the most complex surgeries, the Whipple procedure is used to treat pancreatic cancer. Through the expertise of surgeons and their surgical support teams, patients have a higher rate of survival, and outcomes are considered to be best-practice in the state.

**Ileoanal Pouch Procedure**
Used to treat inflammatory bowel disease, this procedure involves removal of the colon and reconstruction of the bowel, allowing patients to resume normal bowel function rather than carry the burden of an ileostomy bag. It is a highly complex procedure. On a national scale, it is limited in how frequently it is performed and the average of post-operative bowel incontinence is 15-35%. However, surgeons practicing at Sacred Heart performed more than 50 of these procedures in the past year and showed zero to minimal incontinence with their patients. These superior results are being enhanced as surgeons here explore the laparoscopic technique with this surgery.

**Carotid Artery Plaque Removal**
In 2006, vascular surgeons at Sacred Heart performed 225 carotid artery plaque removal surgeries – carotid endarterectomies – unblocking the main artery in the neck, and led the state in volume for this stroke prevention procedure. Importantly, Sacred Heart showed exceptional outcomes with a zero rate of post-surgical strokes.

**Video-Assisted Thoracic Surgery**
This is a minimally invasive procedure for lung cancer. Led by Robert Schauer, MD, surgeons at Sacred Heart have been performing minimally invasive thoracic procedures for 16 years, providing patients with shorter lengths of hospital stays and complication rates well below the national average.
“The number and breadth of minimally invasive procedures performed at Sacred Heart Medical Center is parallel to that of academic medical centers,” says David DeHaas, MD, chief of staff at Sacred Heart. “We perform as great a volume of minimally invasive surgeries as any other hospital in the state of Oregon.”

The general surgeons at Sacred Heart have demonstrated their commitment to continuing to improve surgical outcomes through their membership in the National Surgical Quality Improvement Program (NSQIP), a program that measures and reports surgical outcomes among the top hospitals in the country. Data is collected on 133 surgical procedures. To support such commitment, Sacred Heart hired a full time nurse and appointed David White, MD, as a surgeon champion to oversee this new surgical quality program.

Endoscopic Ultrasound

Endoscopic ultrasound (EUS) is used to visualize hard-to-find tumors of the gastrointestinal tract, combining conventional video endoscopy with sound waves to provide a more efficient staging of cancers than any other technology can obtain. Board-certified, fellowship-trained gastroenterologists on staff at Sacred Heart work in interdisciplinary teams to use this sophisticated technology and provide integrated delivery of care for patients.

Gynecological Oncology Surgery

Additionally, Sacred Heart is among the top centers in the state for oncology surgery. For example, a wide range of gynecological oncology procedures are performed here by board-certified, fellowship trained GYN oncologists.

“The big thing in GYN oncology surgery now is that the prognoses and outcomes for women with gynecological oncology problems is much better if they are treated by a specifically trained GYN oncologist,” says Deb Dotters, MD. “More and more women are learning these facts and demanding this now.”

Neurosurgery

Work is advancing on improving minimally invasive techniques for spine and brain surgery with the use of minimally invasive access systems, intraoperative EMG monitoring and improved fusion devices. Frameless image guidance for brain surgery has decreased the morbidity of brain surgery by decreasing the size of required incisions. Cervical and lumbar disc replacements are being investigated at Sacred Heart as the field is preparing itself for the introduction of these technologies.
Providing critical, or intensive, care is a special field at Sacred Heart that requires a special group of providers. For any individual patient, the care team can include a general surgeon, a specialized surgeon, a hospitalist and a nurse. The team can number up to seven or eight providers, and the nurse-to-patient ratio for some complex cases is one-to-one. A board-certified Pulmonologist/Intensivist—a doctor who specializes in the care of critically ill patients—is present in the Intensive Care Unit during daytime hours and on call 24/7. Five are on staff at Sacred Heart. There are two ICUs, one for medical patients and one for surgical patients. Needless to say, the coordination of care among all providers for all ICU patients is a daunting task. And it’s handled fluidly thanks to the Intensivist and all other ICU staff, who are especially alert to monitoring and improving safety in several key areas. Among them:

1. **Central line infections**: Seven safety checks are conducted to prevent the spread of blood infections in patients who receive a central IV. Sacred Heart has achieved a 100 percent compliance rate, compared to a national average compliance rate of 82 percent.

2. **Ventilator-associated pneumonia**: All patients on ventilators receive five safety checks to prevent pneumonia. If a case does appear, an intensive review ensues to see how it might have been prevented.

3. **Blood sugar control**: People with diabetes are more prone to infections, especially when going through surgery. This last year diabetes treatment guidelines were redesigned, focusing on tighter controls of blood sugar levels in surgical patients.

**Medicine in Motion: Rapid Response Teams**

From time to time, patients outside of the Intensive Care Unit take a turn for the worse, whether through a drop in blood pressure, changes in heart or breathing rates, or other symptoms. When these changes occur, the attending nurse makes a single call to initiate a Rapid Response Team. The team comprises the Intensive Care Unit Charge Nurse, a respiratory therapist and occasionally a designated ICU nurse. They assess the condition of the patient and judge whether to transfer the patient to the ICU or take action on the spot. This initiative has had life-saving implications. Since May of 2005, more than 177 teams have been deployed inside Sacred Heart, resulting in a significant decrease in the number of patients who have reached critical status.

Indulal Rughani, MD, is the Medical Director of the ICU. He oversees the quality improvement efforts that are so critical to improving patient safety. “We are systematically going through every patient in the ICU and looking at every aspect of their care on a daily basis,” he says. “Also, better communication leads to better care. We have improved communication to the point where nurses are much more comfortable with calling a provider to address certain patient care issues quickly.”
CUSTOM-MADE MEDICINE
MADE BETTER

Behind the scenes at Sacred Heart, pharmacists are hard at work in a new compounding facility where special intravenous medicines for patients with specific needs are created. The medications mixed in this facility will be delivered through tubes and needles directly into the patient’s bloodstream.

Known as intravenous (IV) compounding, it is important, precise work that requires a highly sterile, efficient and safe environment free from interruption and distraction. As the supplier for all PeaceHealth Oregon Region facilities, Sacred Heart’s compounding facility has a tremendous responsibility to ensure the highest possible IV quality.

In 2005, Sacred Heart launched a $1 million project to improve its IV compounding processes and reduce the potential for medication error. The effort resulted in the opening in January 2006 of the new compounding facility in the RiverBend Annex on International Way in Springfield.

The facility currently serves Sacred Heart Medical Center, Cottage Grove Community Hospital and Sacred Heart’s Home Infusion program and will be the central IV compounding pharmacy for Sacred Heart at RiverBend. More than 60,000 of these medications are custom-made annually.

Fortuitously, the RiverBend Annex turned out to be the perfect home for the new compounding facility. The former Sony Disc Manufacturing plant already had a state-of-the-art clean room and high quality air filtration system in place.

Building on those features, Sacred Heart pharmacists worked with engineers to design a process flow that would maximize reliability in producing IVs. Seemingly insignificant details like size and shape of work space are critical when it comes to perfecting the IV manufacturing process. Additionally, highly qualified staff members were hand-picked to work at the new facility and collaborate closely with PeaceHealth’s Center for Healthcare Improvement to continually improve the compounding process.

The effort was worth it. Today, the compounding facility process is literally hundreds of times better than before redesign. Our compounding reliability has increased from 1 error per 100, or two potentially defective doses per day, to 3.5 errors per 100,000, or two potentially defective doses per year.

In ways as large as the new hospital and as small as a laboratory, staff at Sacred Heart are working every day to improve patient care.

Pharmacy Technician, Robin Hendrix, uses the compounding robot at the new pharmacy to measure macro and micro IV ingredients.
Medical breakthroughs aren’t the exclusive province of major research universities. It takes hundreds of physicians and patients working together to take a good idea and translate it into improved care that becomes the new medical standard.

Here in Eugene/Springfield, some 77 physicians are actively involved in more than 110 investigations, working today to develop the treatments and therapies of tomorrow.

At Sacred Heart, research activity is overseen by the Institutional Review Board, a system-wide authority that reviews all research activities conducted at the hospital, or conducted elsewhere by medical staff. The board is composed of physicians, administrative representatives and community members. Many of these research projects approved by the IRB are collaborative efforts with faculty from the University of Oregon and Oregon Health & Science University.

In September 2006, four local physicians were honored for their contributions at the inaugural Clinical Research Recognition Dinner sponsored by the PeaceHealth Oregon Region Governing Board. Summaries of the physicians’ studies are found throughout this report.

Part of Sacred Heart’s commitment to medical excellence includes working to advance the body of knowledge and elevate the practice of medicine. In ways large and small the physicians practicing at Sacred Heart are creating a healthier tomorrow for all of us.

Cervical Disc Arthroplasty: Science and Results of a Controlled Randomized Prospective Study

Robert J. Hacker, MD

Dr. Hacker, a neurosurgeon with Oregon Neurosurgery Specialists, is participating in a U.S. Food and Drug Administration study that has shown cervical disc arthroplasty to be a viable alternative to cervical fusion. Arthroplasty refers to an operation for construction of a new movable joint, such as a total hip replacement. Fusion stabilizes two or more discs by locking them together. Dr. Hacker’s research compares the outcomes of patients who are receiving both types of treatments.
NEW CENTERS CONTINUE LEADING EDGE MEDICINE AT SACRED HEART

Two new programs at Sacred Heart Medical Center this past year are making more comprehensive health care available to the community, furthering the hospital’s mission to deliver exceptional, patient-centered care.

**Oregon Bariatric Center Multi-Specialty Team Treats Obesity**

At 332 pounds, Robert Davis was one of the 13,600 Lane County residents who was morbidly obese and therefore a candidate for weight-loss surgery.

Now, several months after undergoing minimally invasive gastric bypass surgery at the new Oregon Bariatric Center at Sacred Heart Medical Center, he’s nearly 75 pounds lighter. In addition to the weight loss, Robert’s problems with diabetes, high blood pressure, high cholesterol, high triglycerides and osteoarthritis have all been completely resolved. In fact, the only thing that has increased since Robert’s surgery is his self-esteem. He’s enjoying life, exercising five days a week and well on his way to a healthier future.

The Oregon Bariatric Center is the only comprehensive medical and surgical weight loss program in the region. Created to address the growing incidence of obesity, the center is helping morbidly obese patients overcome life-threatening illnesses and return to healthy living.

Bariatric surgery has been performed at Sacred Heart for many years, but this new, dedicated center brings together a team of three specialized surgeons, a dietitian, a psychologist, nurses and a physical therapist to focus on patient care.

**Gamma Knife Center Makes Brain Surgery Painless**

The cornerstone of new redevelopment at Sacred Heart’s University District campus in Eugene is the Gamma Knife Center, where neurosurgery and radiation oncology join forces to fight cancer more effectively.

The only such piece of equipment between Portland and Sacramento, the Gamma Knife is a precise and effective instrument that treats brain tumors, functional disorders and malformations of the brain’s vascular system. It delivers 201 beams of low dose radiation to a precise target in the brain using imaging techniques.

With Gamma Knife surgery, no incisions are made. It provides lower complication rates than open surgery, and treatment is shorter and painless.
“The pain was always there waiting for me,” Katherin Heikkila recalls.

Katherin was the victim of trigeminal neuralgia, the malformation of a nerve at the base of the neck causing excruciating facial pain.

She first began experiencing the symptoms nearly four years ago, when the pain would occasionally strike for two or three minutes at a time. Gradually, it worsened in frequency and severity to the point that Katherin was experiencing near-unbearable episodes for 25 minutes at a time with only 15-minute respites in between. She recalls that simply brushing her teeth was enough to trigger the agonizing spells. On a scale of one to 10, she describes the pain as a 25.

But Katherin’s pain is a distant memory now. Her neurologist had learned about the Gamma Knife Center at Sacred Heart Medical Center and referred her to Dr. Andrew Kokkino, the center’s medical director, for treatment.

Katherin entered Sacred Heart for Gamma Knife surgery at 6:30 a.m. and was out by 10:30 a.m. the very same day. The surgery itself lasted about 26 minutes and was completely painless. In fact, Katherin found the experience easier and more comfortable than undergoing magnetic resonance imaging. The next morning, for the first time in years, she brushed her teeth without pain. She was back at work two days later and back to living a pain-free life.

“To go through something like this and have it be so easy and nonthreatening was like a miracle,” she says.
Sacred Heart’s quality-improvement efforts are recognized by accrediting agencies and by patients. This last year Sacred Heart received a number of honors, but three deserve special attention.

The Oregon Rehabilitation Center at Sacred Heart was awarded a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities, a nonprofit organization that provides standards of care and evaluates health organizations’ programs and services.

Sacred Heart’s stroke program earned the Gold Seal of Approval and Primary Stroke Center certification from the Joint Commission on Accreditation of Healthcare Organizations. Sacred Heart is one of only five health care organizations in Oregon to receive this certification.

A center that treats and works to prevent stroke has become particularly important to western Oregon. For reasons not yet understood, the stroke mortality rate (the number of people who die from stroke) has been on the increase in Oregon in recent years. Data collected in a statewide study of stroke led to the hospital’s increased interest in stroke care improvement and to the process leading to the stroke center certification.

These two accreditations confirm Sacred Heart’s compliance with national standards and evidence-based best practices for stroke patients.

**Sacred Heart is the Consumer’s Choice**

Sacred Heart is delivering on its pledge to provide exceptional medicine with compassionate care, as proven by the Eugene-Springfield community again giving Sacred Heart the nod for quality and reputation. Sacred Heart recently received the National Research Corporation’s Consumer Choice Award for the fifth consecutive year, which is based on Best Overall Quality, Best Overall Image, Best Doctors and Best Nurses. The NRC surveys consumer preferences in 21 categories of care, and Sacred Heart was preferred, by a wide margin, in every single category including those listed to the right.
Franz St. George, Medical Physicist, prepares a patient for surgery at the Oregon Neurosciences Institute Gamma Knife Center at Sacred Heart.

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For 40 years, Oregon Heart & Vascular Institute at Sacred Heart Medical Center has been providing our community with exceptional care for heart and vascular disorders. OHVI’s collaborative philosophy and innovative approach to delivery of care have enabled the hospital to deliver on its promise of superior cardiovascular care, earning it a spot among the busiest and most respected cardiac and vascular centers in the Northwest.

Since its first heart surgery in 1971, surgical teams at Sacred Heart have performed more than 17,000 open heart surgeries. In 2006 alone, OHVI performed more than 655 open heart surgeries and nearly 1,300 balloon angioplasties, ranking it among the top hospitals in the state in surgical volume.

The number of surgeries performed at OHVI is significant because it’s directly linked to the high quality of care provided to patients. Surgical volume is widely recognized as an accurate indicator of hospital quality; scientific research proves that more surgeries performed mean better patient outcomes.

In large part, OHVI surgeons perform so well because they’re supported by an entire team of professionals working together to ensure the highest quality of care and best possible outcome for patients. Teams of cardiologists, cardiac surgeons, interventional radiologists and vascular surgeons combine their talent and expertise to provide excellent heart and vascular care.

That spirit of collaborative teamwork and innovation extends beyond the family of OHVI physicians. Since 2005, 39 physicians from around the country have traveled to the area to receive training from the team at OHVI on the minimaze, a minimally invasive procedure for treating patients with irregular heartbeats. After a visiting physician is trained here, an OHVI surgeon travels to his or her hospital to supervise his or her first procedures.

OHVI is recognized as a national leader in the minimaze, and two OHVI physicians, James McClelland, MD, an electrophysiologist, and David Duke, MD, a cardiac surgeon, recently participated in a national study on results of the specialized procedure. The study found minimaze to be an effective treatment with successful outcomes for two types of the heart condition.

OHVI is one of the state’s busiest and, therefore, best centers for heart and vascular care. Its spirit of teamwork empowers surgeons to perform the volume of surgeries required for positive patient outcomes.

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**EXPERIENCE COUNTS**

**CLINICAL RESEARCH**

**Making the most of technology to better treat heart disease**

*Mathews B. Fish, MD*

Myocardial perfusion imaging (MPI) using radioscopic tracers provides unique diagnostic and risk assessment information required for the appropriate and cost-effective care of patients with suspected coronary artery disease (CAD). The variable blocking (attenuation) of the gamma rays arising from the heart muscle by surrounding tissue is the most common cause of inaccurate MPI studies. In order to optimize MPI at Sacred Heart, the Nuclear Medicine Department instituted a method for attenuation correction (AC) of all MPI studies.

Evaluation of the effect of this new technology involved a study of 415 patients with MPI, of which 174 had coronary angiography. Using an automated technique for measuring myocardial perfusion, a high degree of accuracy of attenuation corrected AC MPI studies was demonstrated. This study involved Oregon Heart & Vascular Institute at Sacred Heart Medical Center, University of Oregon, and Cedars-Sinai Medical Center-Los Angeles, and was recently published in the Journal of Nuclear Cardiology.

Future studies are planned to develop an accurate, fully automated system for MPI measurement by integrating the latest advances in image analysis and equipment. Such developments, along with the next generation imaging devices planned for Sacred Heart at RiverBend, will allow for a unique level of performance that will positively affect the care of patients with CAD.
NEW CATH ALERT SYSTEM SAVES TIME AND LIVES

On the job, Keith Hoehn knows the value of rapid response. He also knows it up close and personal.

Hoehn, fire chief of the Lowell Rural Fire Protection District, suffered a heart attack in March 2006. Thanks to Sacred Heart’s new Cath Alert system, a quick-response plan for heart attack patients, he survived with no permanent damage to his heart.

The Cath Alert system coordinates the action of paramedics in the field and surgery teams in the hospital. Its goal is to get patients into the Cath Lab for surgery as quickly as possible after a heart attack strikes.

Most heart attacks are caused by blockage in one of the coronary arteries, the blood vessels that carry blood and oxygen to the heart muscle. When blood and oxygen cannot reach part of the heart, that part is damaged. If surgeons can open a blocked artery within 90 minutes from the start of an attack, there usually is little or no damage to the heart muscle.

Hoehn’s episode illustrates the advantages of the Cath Alert system. When his heart attack hit, he called 9-1-1. Within minutes paramedics arrived, started treatment and alerted the Oregon Heart & Vascular Institute at Sacred Heart.

“From the time I started having symptoms to the time I was in the Cath Lab was about 70 minutes,” Hoehn says. “That quick response saved my life.”

Hoehn is one of 50 patients who benefited from the system between March and November 2006. Response time improved during that time from an average of 95 minutes to 66 minutes.

“We are measured against a national standard of 90 minutes,” says Richard Padgett, MD, executive medical director of OHVI. “Our time of 66 minutes puts OHVI in the top 25 percent of hospitals in the country. While we’re proud of that, the Cath Alert system is just one of a number of programs for improving patient care at OHVI.”
ONE MISSION, ONE MEDICAL CENTER, TWO CAMPUSES

Architects’ renderings are being transformed into brick and steel as construction continues at Sacred Heart Medical Center at RiverBend. The new 362-bed hospital is on schedule for completion in summer 2008. With its beautiful surroundings, ample open space and innovative features, RiverBend is regarded nationally as a leading model for hospital design.

Sacred Heart at RiverBend will include the following services:

First floor: Emergency and trauma care services; imaging services.
Second floor: Conference facilities, chapel, cafeteria and dining.
Third floor: 28 “Smart Operating Suites,” including three caesarean section/neonatal surgical suites and four cardiac suites.
Fourth floor: Critical Care and Intensive Care Unit.
Fifth floor: Private suites for Women’s Services, including 16 labor and delivery suites and capacity for 36 infants in the Neonatal Intensive Care Unit.
Sixth floor: Private suites for Neurology and Orthopedics.
Seventh floor: Private suites for surgical patients.
Eighth floor: Private suites for pediatric and general medical patients.

Oregon Heart & Vascular Institute

Building on 40 years of medical excellence, the Oregon Heart & Vascular Institute will offer state-of-the-art cardiovascular care from its spacious building directly adjacent to the medical center. The new facility will increase access for patients to one of the Northwest’s busiest and best cardiovascular care facilities.

With 72 private patient suites, the Oregon Heart & Vascular Institute will have the latest diagnostic technology in cardiology and nuclear medicine as well as an extensive cardiac rehabilitation center. The institute will have direct access to the hospital’s surgical suites and five catheterization labs with a 26-bed preparation and recovery unit that offers patients and families comfort and privacy.

Services and features offered at OHVI include:

First floor: Rehabilitation services, including walking track, aerobic studio, strength training equipment, demonstration kitchen and nutrition center.
Second floor: Nuclear Medicine and diagnostic testing.
Third floor: Physician offices.
Fourth and fifth floors: Private patient-family suites.

Medicine & Miracles

“Through contributions of $28.5 million toward our $30 million campaign goal, the citizens of our area have confirmed their desire to have one of America’s most technologically advanced hospitals right here. Without philanthropy, some of the world’s most advanced technical equipment would not be possible for Sacred Heart.”

– Casey Woodard, Chief Executive, Sacred Heart Medical Center Foundation
University District

Meanwhile, design plans are nearing completion for the renovation of Sacred Heart’s current campus – Sacred Heart Medical Center University District, so named through a collaborative process inviting input from staff and physicians, patients and the community.

The revitalization of the current campus is integral to Sacred Heart’s ability to provide comprehensive services to a growing community. The two-campus system – with hospitals at RiverBend and the University District – allows Sacred Heart to retain a vibrant, active campus in Eugene while adding critically needed space in Springfield. Renovating the current campus will allow Sacred Heart to make use of existing facilities that still have useful life and to continue providing care in the university neighborhood as it has for 70 years.

Focused on specialty medical services, the hospital at Sacred Heart’s University District campus will feature 104 inpatient beds, outpatient services, physician clinics, health and wellness services, and an Emergency Department operating around the clock.

Services at the University District campus will include:

- 24-hour Emergency Department
- Behavioral Health Services
- Medical Oncology (cancer treatment)
- Oregon Neurosciences Institute services, including the Gamma Knife Center and the Oregon Rehabilitation Center
- Intensive Care Unit
- End-of-life care
- Gerontology Institute, offering acute care for the elderly
- PeaceHealth Medical Group offices
- Health and Wellness Plaza

Artist’s renderings show two views of the main entrance for Sacred Heart University District.
Listening to Patients
In fall 2005, the PeaceHealth Medical Group Quality Committee began inviting people from the community to become patient or family advisors. Their role: share their health care experiences and participate on process improvement teams.

“Involving patients on teams has changed the way we think about what changes are important as we plan to meet the needs of our community,” explains Mary Minniti, quality improvement manager for PeaceHealth Medical Group.

Currently there are ten advisors – all patients or family members – who work on teams or provide input individually. They participate in creating systems that enhance the partnership between patients and their health care team. This last year, a strategic initiative included advisors to create a framework called “The Ideal Patient Experience.” This vision is helping to create our future facilities and services.

The Diabetes for the 21st Century Team, with three patient advisors, developed new methods to support self-management skills of patients, create patient education materials and communication, and improve the office visit flow. As a result, there has been a marked improvement in the health outcomes of patients with diabetes. Their work was used as a model by a national publication called The Patient Centered Primary Care Practice- Focus on Diabetes, released in October 2006.

The Medication Oversight Safety Team, with two patient advisors, supports the continuous improvement of medication safety and the accurate flow of information between PHMG and patients. PHMG is one of the few medical clinics in the country that has a standard way to work with patients to ensure an accurate medication list. As a result of this work, all primary care and specialty departments reconcile medications every time a patient is seen. The magnitude of this simple detail is best understood when considering that there were well over 350,000 patient visits this past year.

To involve patients in their care, they receive a wallet card of their medication list to carry with them as they move through the health care system. This accurate record of medications, along with their electronic medical record, reduces the potential for harmful drug interactions and speeds care by providing needed information in an emergency and when making clinical decisions.

Involving patients and families in these improvement efforts has been so successful, Minniti says, that a formal Patient Family Advisory Council will be established at PHMG in 2007 to ensure that the patient and family perspective will be integrated into PeaceHealth Medical Group’s focus on quality and safety.

To learn more about the campaign on medication reconciliation, please visit www.peacehealth.org/mapyourmeds.
Connecting with Patients

PatientConnection, an interactive electronic tool, is another patient-centered process that allows patients access to their electronic medical record. It has proved to be both effective and popular.

Through PatientConnection, patients with Internet access can easily tap into their medical information. Protected by a password, the electronic tool allows patients to update a list of their medicines, allergies and immunizations; view lab results; refill prescriptions; make appointments; pay bills; and, in some cases, communicate directly with their doctor.

Having such information at their fingertips gives patients a greater awareness of their health situation and enables them to track their progress and better prepare for office visits.

PatientConnection has grown from 5,900 users, when it first launched in June 2005, to 10,900 users in December 2006. Above all, users have expressed a high degree of overall satisfaction with the program.

www.peacehealth.org/patientconnection

CLINICAL RESEARCH

A Senior Health Center Interdisciplinary Team Approach: Health and Organizational Outcomes

Ron D. Stock, MD

Dr. Stock is a geriatrician and family physician who also serves as medical director for the Center for Medical Education & Research and the medical director of geriatrics for Sacred Heart.

His research looked at new ways to deliver health care to older adults in order to meet their multiple needs and to address the cost of care as well. Specifically, Dr. Stock wanted to find out if an interdisciplinary team of health care providers could improve older adults’ health by using a chronic care model – that is, managing the effects of disease and aging over time through a coordinated approach drawing on a wide range of medical specialties and services.

The study found that the new approach resulted in higher quality care as measured by clinical outcomes (such as lower blood pressure) and health status (such as being able to resume normal activity). It also appeared that this model would cost Medicare less than traditional care.
Th rough generous donations from the community and investment by PeaceHealth, in July 2006 it became the first hospital in Lane County to install a digital mammography system for early detection of breast cancer. This elevated the hospital to the status of “fully digital,” a rare accomplishment among rural critical care hospitals around the nation.

With the help of a new community advisory council, Cottage Grove Community Hospital improved its medication safety program, a process to reduce harmful drug interactions and errors in dispensing medicines. The council, composed of local pharmacists and patients, meets regularly to discuss medication safety issues.

“It has helped us to understand, from the patients’ perspective, what they need from us, what’s important to them about their medications,” says Linda Lang, RN, manager of clinical quality.

Over the past year, Linda has worked on the creation of a nurses’ quality committee, which empowers nurses to suggest and work on projects to improve patient care and safety; the formation of a rapid response team for heart attack patients; and increased emphasis on the care of pneumonia patients.

Perhaps Linda’s most wide-reaching contribution has been her involvement with the Oregon Rural Healthcare Quality Network, an association of rural hospi-
COTTAGE GROVE MANAGER WINS STATEWIDE AWARD

Linda Lang, RN, manager of clinical quality at Cottage Grove Community Hospital, was one of two people in 2006 to receive an Outstanding Contribution to Rural Health in Oregon award from the Oregon Office of Rural Health at the Oregon Health & Science University.

Linda was recognized for making a “distinguished, unique and exceptional contribution to improving the quality of life for rural Oregonians.” She received her award for her help in developing the Oregon Rural Healthcare Quality Network, an association of health care providers whose goal is to improve the quality of health care in rural Oregon. The Oregon network has become a national model.

For information on the Oregon Rural Healthcare Quality Network, log on to www.ohsu.edu/oregonruralhealth/orhqn_index.html.
Responsible stewardship is a fundamental PeaceHealth value, ensuring that health care dollars, as well as all resources, are spent in a way that is of maximum benefit to the community. Currently Sacred Heart is making critically needed investments in new facilities and technology that will enhance the region’s quality of health care.

**High Value Hospital**

In its *State of the Hospital Industry* report for 2006, Cleverley & Associates listed Sacred Heart as both a Five Star Hospital and among the Top 100 Hospitals in its Community Value Index. The Index is based on three core areas: financial viability and plant reinvestment; hospital cost structure; and hospital charge structure. The Five Star designation is applied to hospitals that score in the top 20 percent within their size and geographic group, while the Top 100 designation is reserved for hospitals with the highest scores in their respective groups. This is the third time that Sacred Heart has been listed.

“The growing philanthropic support of the Foundation is attributed to the confluence of three conditions. We live in a caring and giving community with a decades-long tradition of supporting exceptional not-for-profit health care. There is deep understanding of the imperative to equip the new hospital with state-of-the-art medical technology to transform patient care. And the Foundation’s volunteers and donors, recognizing that it is philanthropy that distinguishes the good hospitals from the great ones, are helping to ensure greatness at Sacred Heart.”

– Casey Woodard, Chief Executive, Sacred Heart Medical Center Foundation
SOURCES AND USES OF FUNDS
July 1, 2005 – June 30, 2006

WHERE THE FUNDS CAME FROM

Service to hospital inpatients $541,026,444 58%
Outpatient visits to hospitals and clinics $290,748,994 32%

In addition, PeaceHealth received income from:

New long term debt $58,500,000 7%
Investments $23,982,722 3%
Foundation donations $1,287,500 <1%

TOTAL FUNDS RECEIVED $895,545,660

HOW THE FUNDS WERE USED

Unpaid costs of Medicare, Medicaid and other insurance programs $284,305,162 32%
Salaries and benefits $251,805,091 28%
Upgrade facilities and technology and buy new equipment $111,158,272 12%
Purchase supplies, food and drugs $89,666,257 10%
Purchase services $67,730,271 8%
Purchase utilities and other expenses $51,432,194 6%
Uncompensated care $48,700,471 5%
Pay principal and interest on debt $1,126,480 <1%
Increase savings for future capital needs ($10,378,538)

TOTAL FUNDS USED $895,545,660
“Thousands of our local citizens lack access to health care because they are either uninsured or underinsured. As a result, we live in a community that is less healthy than it needs to be. The solution is not just the responsibility of the medical profession and hospitals but of the entire community. I urge everyone to endorse the efforts of 100% Access, which is a community coalition brought together by United Way to help improve, if not solve, this difficult and growing problem that has reached crisis proportions.”

– Dr. Loren Barlow, Community Health Medical Director

CHARGES PER PATIENT REMAIN LOW

Sacred Heart’s adjusted charge per discharged patient for the first six months of 2006 was $13,972. This has remained low relative to other hospitals around the state. Charges are lower than other hospitals with similar services and of similar size ($16,358). They are also lower than other hospitals within the five-county region ($14,556).

UNCOMPENSATED CARE

PeaceHealth remains committed to its mission as a nonprofit organization, serving the poor, uninsured and underinsured by providing care at no cost and forgiving unpaid bills. The cost of this charitable practice, known as uncompensated care, has soared over the past six years, from $6.7 million in 2000 to almost $49 million in 2006.

CHARGE PER DISCHARGE

Group #1: Oregon hospitals outside SHMC’s service area with similar tertiary services and/or discharge volumes

Group #2: All community hospitals in SHMC’s five-county service area

Source: Oregon Hospital Discharge Database 2006: Six months ending June 30, 2006

CHARITY CARE AND BAD DEBT

Source: Oregon Association of Hospitals and Health Systems
Providing and promoting community health is a cornerstone of PeaceHealth’s mission. We do this in a multitude of ways, from providing in-kind charity care to giving financial support to community groups. We could not maintain the level of community benefit outlined below without the support of the larger community, such as businesses that provide health insurance benefits to employees and contribute to other not-for-profit providers. They make up for the payment shortfalls in Medicare and Medicaid and help us provide free or low-cost care to the uninsured or underinsured. These are the unsung partners in our mission, and we thank them.

### Benefits for Those in Financial Need

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Total Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity care at cost</td>
<td>$16,042,306</td>
</tr>
<tr>
<td>Unreimbursed costs of public programs <em>(Medicaid)</em></td>
<td>$19,307,002</td>
</tr>
<tr>
<td>Community health services <em>(medical access)</em></td>
<td>$50,202</td>
</tr>
<tr>
<td>Subsidized health services <em>(Prenatal Clinic, patient transportation, lodging)</em></td>
<td>$295,128</td>
</tr>
<tr>
<td>Financial and in-kind contributions to community groups <em>(Volunteers in Medicine, White Bird, in-kind donations)</em></td>
<td>$345,716</td>
</tr>
<tr>
<td>Community-building activities <em>(United Way 100% Access)</em></td>
<td>$8,169</td>
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<tr>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>$36,048,523</strong></td>
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### Benefits for the Broader Community

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<tr>
<th>Service Description</th>
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<tr>
<td>Community health services <em>(community health education, health information library, pregnancy and parenting classes, high school sports physicals)</em></td>
<td>$419,495</td>
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<tr>
<td>Health professional education <em>(student job shadowing)</em></td>
<td>$722,281</td>
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<tr>
<td>Subsidized health services <em>(Home Health, Hospice, Senior Health, OASIS, Diabetes Nutrition Center, Behavioral Health)</em></td>
<td>$8,752,969</td>
</tr>
<tr>
<td>Financial and in-kind contributions to community groups <em>(access initiatives, in-kind donations, CMN telethon, United Way)</em></td>
<td>$913,412</td>
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<tr>
<td>Community-building activities <em>(disaster planning drills, federally qualified health clinic, LCC nursing program, disabled workers program)</em></td>
<td>$469,050</td>
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<tr>
<td>Community benefits operations</td>
<td>$6,845</td>
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<tr>
<td><strong>SUB-TOTAL</strong></td>
<td><strong>$11,284,052</strong></td>
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### Total Community Benefits

<table>
<thead>
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<th>Total Community Benefits</th>
<th>Total Dollars</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>$47,332,575</strong></td>
</tr>
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</table>
Composed of local community and business leaders, PeaceHealth Oregon Region’s governing board provides strategic vision and direction for the organization. The board of directors holds the organization accountable for making and supporting decisions based on its mission, values, vision and strategy and for setting regional policy. These decisions are made right here in Eugene by dedicated community members who know and support PeaceHealth’s mission and the nuances of our local environment.

REGIONAL LEADERSHIP
LOCAL LEADERS

PEACEHEALTH OREGON REGION GOVERNING BOARD
Fiscal Year 2006 (July 1, 2005 – June 30, 2006)

Robert Fenstermacher
CEO, Liberty Bank
Member since 2005

Rosaria Haugland, PhD
Business owner and philanthropist
Member since 2005

Joseph Gonyea, II
Owner, Gonyea & Associates
Member since 2005

Susan Ban
Director, ShelterCare
Member since 2002

Jack Courtemanche
Businessperson and Community Leader
Member since 2001

John Dickinson, MD
Physician
Member since 1996

Dave Deutch, MD
Physician
Chair of PeaceHealth Medical Group
Physician Council
Member since 2000

Janette Oliver
Vice President of Administration,
University of Oregon
Member since 1995

Gretchen Pierce
President and General Manager,
Hult & Associates
Member since 1997

Thomas Roe, MD
Retired physician
Member since 2001

Sister Rosaleen Trainor
Retired professor, Seattle University
Member since 2003

James Walker, MD
Retired physician
Member since 1997

Casey Woodard
Chief Executive,
Sacred Heart Medical Center Foundation Administrator, Woodard Family Foundation
Member since 2002

Mel Pyne
CEO, PeaceHealth Oregon Region
Board President
Member since 2005

David DeHaas, MD
Chief of Staff,
Sacred Heart Medical Center
Ex-officio

William Moshofsky, MD
Vice Chief of Staff,
Sacred Heart Medical Center
Ex-Officio
Continuing education for all employees is a key component of all quality improvement efforts. Employees receive more than 70,000 hours of classroom and online education each year. Hospital nurses, for example, spend a minimum of five hours a year in skills training. New employees attend a two-day orientation; new nurses, a four-day orientation. New managers receive 30 hours of orientation, and all managers participate in up to 12 hours of ongoing training each year. And all employees take mandatory industrial safety and patient safety classes every year.
MISSION AND VALUES

At PeaceHealth, the fulfillment of our Mission is our shared purpose. It drives all that we are and all that we do. To those who embrace the spirit of these words and our commitment to Exceptional Medicine and Compassionate Care, we offer the opportunity to learn and grow as a member of the PeaceHealth family.

MISSION

We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

CORE VALUES

Respect
We respect the dignity and appreciate the worth of each person as demonstrated by our compassion, caring and acceptance of individual differences.

Collaboration
We value the involvement, cooperation and creativity of all who work together to promote the health of the community.

Stewardship
We choose to serve the community and hold ourselves accountable to exercise ethical and responsible stewardship in the allocation and utilization of human, financial and environmental resources.

Social Justice
We build and evaluate the structures of our organization and those of society to promote the just distribution of health care resources.

CLINICAL RESEARCH

HIV Research in a Community Medical Practice

Robert K. Pelz, MD, PhD

Dr. Pelz is board-certified in internal medicine, infectious diseases, and critical care medicine and practices with PeaceHealth Medical Group. His practice, one of the largest for HIV-positive patients in the state, draws patients from all around Oregon, including Portland, to receive their care.

Dr. Pelz is involved in three different HIV research efforts. To begin with, he is enrolling patients to receive very beneficial HIV medications before they are FDA approved. Secondly, he is participating in a NIH-sponsored, multi-center study on HIV patients. Thirdly, Dr. Pelz collaborates with a local biotech startup company founded by a University of Oregon faculty member to study the HIV-disease. This study is also NIH-funded with the purpose of driving basic science applications into commercial ventures.
PeaceHealth Oregon Region
770 E. 11th Ave.
Eugene, OR 97401

For more information visit
www.peacehealth.org/oregon
or call our Public Affairs office at
(541) 686-6868