

To Your Health!

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\$18,500

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Jefferson
Healthcare

To our neighbor

Because Time Is Muscle, Heart Attack Patients Will Receive the Best Care

A collaboration of Jefferson Healthcare, East Jefferson County Fire and Rescue and Port Ludlow Fire and Rescue, Harrison Medical Center, Kitsap Cardiology, and the Doctors Clinic

“When a person experiences a myocardial infarction, or heart attack, time is muscle; time is survival,” said David Tinker, MD, a cardiologist with Kitsap Cardiology Consultants. Heart attacks—caused by a blood clot in a coronary artery—block the blood supply and the oxygen it carries to the heart; the heart muscle needs oxygen to survive. The way to ensure that the heart gets the needed oxygen is to close the time gap between onset of

symptoms and reperfusion—the reopening of the arteries that supply this oxygen to the heart muscle.

Closing this time gap, said Tinker, was the primary goal of the 10 people who participated in a rapid process improvement (RPI) event at Jefferson Healthcare last April. As the result of their efforts, Jefferson Healthcare now has a system in place which will result in patients with ST-elevation myocardial infarction (STEMI)—an early heart attack—to receive critical thrombolytic (clot-busting) drugs, when indicated. This will occur either in the Jefferson Healthcare Emergency department or during transport, depending on where the patient lives and whether they

called 911. In all cases, the patient ultimately will be transported for definitive care by cardiologists in Bremerton.

The sooner a heart attack victim is treated, the better is the chance to save heart muscle. When the time goes beyond 90 minutes, the chance to save heart muscle diminishes. According to the American Heart Association, national statistics indicate that only a small percentage of patients transferred from primary care hospitals to hospitals with cardiac catheterization labs achieve restored blood flow within the ideal 90-minute window. Participants in the RPI are confident that the new system will add East Jefferson County residents to the small number nationwide who are transferred within this critical time period, and to the even smaller percentage who will receive thrombolytics on the way.

What made this possible was the partnership among Jefferson Healthcare, East Jefferson Fire Rescue, and Port Ludlow Fire and Rescue as well as Harrison Hospital, Kitsap Cardiology, and the Doctors Clinic. The team developed standard protocols that enable emergency responders to evaluate a heart attack patient under the direction of an emer-

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Jefferson Healthcare Updates Charity Care Policy to Reflect Current Economic Conditions

To facilitate access to health care services for all community members, regardless of ability to pay, Jefferson Healthcare has updated its charity care policy. The policy applies new criteria to the application process. The old policy required applicants to submit their prior year's W-2 form as proof of qualifying income; the new process allows people who have had a change in their current financial situation to apply. This means that people who have recently lost their jobs, or who have otherwise had a reduction in income, may qualify for up to 100 percent of the sliding fee schedule.

According to CFO Jim Chaney, this policy applies to Jefferson County residents only, but "for our residents, it is applied throughout the entire Jefferson Healthcare system." The system includes inpatient and outpatient services as well as employed and contracted physicians. The way it works, Chaney said, is that the applicant's financial situation will be reviewed every three months. If the applicant goes back to work or his or her income returns to a level exceeding the poverty-level guidelines, payments on the debt will resume.

CEO Vic Dirksen commented that people should not put off needed health care services because they fear they may lose their jobs in the future.

"We want to continue to be responsive to our community's health care needs, particularly in

these difficult economic times," he said. "As a matter of fact, people may want to be proactive about their health care by seeking needed services as soon as they become aware of a health care need."

To Apply for Charity Care

Jefferson Healthcare business manager Kim Bachelor said that the process to apply for charity care is not difficult. You or a responsible party should request charity care forms and instructions from the business office. You will be asked to provide a description of your current financial situation, such as an unemployment receipt or a final pay stub from your former employer, as documentation of your changed financial circumstances.

The charity care policy is applied uniformly to all Jefferson Healthcare system patients. According to Bachelor, all patients are treated equitably and with dignity and respect.

"We make every effort to ask patients whether they need financial assistance to pay for part or all of the care they have received or will receive," she said. Bachelor also noted that information from the application is used solely for the purpose of qualifying the patient for Medicaid, charity care, or the sliding scale and is kept strictly confidential.

Who Qualifies for Charity Care?

If you do not have the means to pay your bills, a financial services representative will first assist you in determining whether you are eligible for Medicaid.

If you are not eligible for Medicaid and your gross family income is at or below 100 percent of the current federal poverty level, you are eligible to receive charity care and have your full charges written off. If you are not eligible for Medicaid and your gross family income falls between 101 percent and 300 percent of the current federal poverty level, you are eligible for a reduction in your charges, based on a sliding fee schedule.

If your life circumstances indicate severe hardship, you may be eligible for charity care even if your family income exceeds 300 percent of the current poverty level. This is determined on a case-by-case basis.

The federal poverty level varies with the number of family members and is updated annually.

Self-Pay Options

The credit policy of the hospital and clinics provides four options for self-pay or uninsured patients, depending on the patient's level of financial need. If you have the means to pay your bill, a 10 percent discount is offered for payment in full within 30 days of the postmark on the itemized bill.

If you have the means but need to spread out your payments, you may make monthly payments on your account, paying the balance in full within three months. If you need a more extended payment plan, you should make a request for other payment arrangements.

Jefferson Healthcare's Collections Practices

Jefferson Healthcare must make a reasonable effort to collect on accounts that are due. Patients are not harassed for payment, nor does Jefferson Healthcare use collection agencies that use pressure tactics. Any patient who states that he or she does not have the means to pay the bill will be referred for financial counseling to determine eligibility for one of the assistance programs.

If you are eligible for certain other programs, such as Medicaid, you may not qualify for charity care. If you seek charity care, you will not be required to seek loans to pay your medical bills.

To contact a financial services representative at the hospital, call 360-385-2200, ext. 2267.



Auxiliary Raises \$18,500 for Hospital Equipment in 2008

In 2008 alone, the Jefferson Healthcare Hospital Auxiliary donated \$18,500 for equipment purchases for the Emergency Room, the Radiology department, the laboratory, and the Wellness department. Since its fundraising began, the Auxiliary has donated a total of \$765,000 for equipment purchases.

Some of the equipment purchases that are making a real difference for Jefferson Healthcare surgeons Jay Lawrence, DO, and Ryan Ramos, MD, are the upgrades of the endoscopy, colonoscopy, and gastroscopy equipment to the newer 180 Series with high-definition monitor and processor. According to Lawrence, the scopes have improved flexibility for ease of maneuvering during procedures.

"This upgrade," said Lawrence, "gives us narrowband imaging for improved identification of Barrett's esophagus or vascular lesions." Evidence, he said, indicates that better optics decreases the incidence of overlooked polyps or tumors during endoscopy procedures. Lawrence noted that the new flushing pump, a part of the upgrade, also will improve visualization.

Surgeons at Jefferson Healthcare perform over 700 endoscopy procedures annually, including emergency procedures for bleeding or obstruction. Surgery director Florida Rue noted that the updated equipment will help Jefferson Healthcare continue to provide

high-quality care to special-procedures patients.

About the Auxiliary

The Jefferson Healthcare Hospital Auxiliary is a nonprofit organization whose purpose is to raise funds to purchase new equipment for departments throughout the hospital. It also provides scholarships for local students who plan to work in a health-related field.

Current president Stephanie Buehler said that everyone in the community is invited to become a member at any time. She noted that members have the option to become involved in Auxiliary fundraising efforts or simply to contribute by being a dues-paying member. Dues and life membership fees, she said, play a major role in helping the Auxiliary achieve its fundraising goals.

Buehler also noted that joining the hospital Auxiliary is a good way to connect with other people who care about the local community and its health care services.

Auxiliary Fundraising Projects

The Auxiliary holds a variety of fundraising events, but the three major ways that it raises funds are by operating the hospital gift shop, by hosting an annual historic homes tour, and through memorial donations.

Many active members of the Auxiliary donate their time to fundraising activities such as those mentioned above. Even

though these individuals volunteer their time, volunteer director Ginny Barklow noted that this does not automatically make them members of the volunteer program at Jefferson Healthcare. Members of the volunteer program, she said, are men and women who have completed a number of clearances in order to work inside the hospital or one of the clinics. Auxiliary members who work in the hospital gift shop, she said, are required to become members of the volunteer program, because the gift shop is located inside the hospital.

Gift Shop

Helen Marriott, who manages the Jefferson Healthcare Auxiliary gift shop, said that the shop is "the town's best-kept secret." Hospital employees and visitors shop there all the time, she said, "but many in the community don't think about making a special trip to shop there." Marriott makes an ongoing effort to change that by holding special events and inviting the public to come by to see the shop that she is proud to show off.

Marriott, also the shop's gift buyer and merchandiser, carefully selects gifts and personal items for every season of the year, along with items that are popular at any time of year. She keeps an eye out for items in a range of prices and



Sharon Dauenhauer with Veronica Schroeder

keeps her price points very reasonable. The shop always features an extensive and varied inventory of gift items, practical items (such as luggage tags and eyeglass holders), jewelry (including fashion watches), personal care items (such as scented soaps), whimsical items (such as flying monkeys), snacks, candy, cards, stuffed animals, baby items (even hand-knitted sweater sets), toys, games, books, and flowers.

Marriott recommends the gift shop as an enjoyable and interesting way for Auxiliary members to volunteer their time. Many Auxiliary members work regular weekly shifts in the shop; others work on a more occasional basis, she said. She constantly emphasizes what an important contribution this is, because profits from the gift shop continue to grow and are a major contributor to auxiliary fundraising.

The gift show is open Monday through Friday, from 10 a.m. to 5 p.m.

Historic Homes Tour

Every fall the Auxiliary sponsors the popular Historic Homes Tour. The tour features Port Townsend's unique Victorian and other historic homes and buildings. People from all over the Puget Sound area come to Port Townsend to enjoy this event. The tour is self-guided, and Auxiliary members have the opportunity to act as docents at the sites. For more information, see ptguide.com/homestour.

Memorial Fund

According to memorial fund chairperson Barbara Sepersky, the Auxiliary's Memorial Fund is an excellent way to make a contribution to the hospital equipment fund while honoring a deceased family member or friend, or hon-

Port Ludlow resident Vicki Tallerico (2007-2008 Auxiliary president), shown with surgery director Florida Rue and surgeon Jay Lawrence, DO, along with the new endoscopy equipment, which was recently purchased for the special procedures room in the surgical area.



Continued page 6



Because time is muscle (from front page)

gency department physician at Jefferson Healthcare and to administer thrombolytic drugs, if appropriate, while en route to Harrison Medical Center. Prior to formulation of the RPI protocols, emergency medical service (EMS) medics were not trained or authorized to administer these drugs. Jefferson Healthcare will coordinate the stocking of the medications on five medic units.

Prior to the RPI session, STEMI patients might have been transported to the Jefferson Healthcare ED, which delayed possible percutaneous coronary intervention (PCI). PCI involves using a needle to pass a slender, balloon-tipped tube through the skin into an artery in the groin and threading it to the artery of the heart. These patients stayed an average of 165 minutes in the ED while doctors consulted and made treatment decisions prior to transport. The old system did not have established protocols to determine whether patients should go to Harrison for PCI or whether thrombolytics should be administered. Under the new system, clear protocols are established for both, based on an established algorithm or decision tree, and STEMI patients will go directly to Harrison.



Team going through the steps

to work is for patients to make an early call to 911.

“Do not wait to be certain,” he said. “An early call can make the difference to the rest of your life.” Delay can be deadly.

Tinker spoke enthusiastically about the planning process that took place at Jefferson Healthcare. “The process was remarkable,” he said. “It resulted in a major improvement in the quality of heart care for patients in East Jefferson County.”

Tinker noted that the week-long workshop was significant because of the level of cooperation among all the players: Jefferson Healthcare, East Jefferson Fire Rescue, Port Ludlow Fire and Rescue, and the cardiology community, including Kitsap Cardiology and Harrison Medical Center.

“We have developed aggressive protocols to significantly reduce the time for treating heart attacks and for reopening closed coronary arteries through the use of angioplasty and stenting. This means we will save and extend lives,” he said.

Tinker jokingly said he was so invested in the process that he would come to East Jefferson County to have his heart attack.

“For a small hospital, Jefferson Healthcare is doing amazing things; they are on the cutting edge,” he said. “This is going to change lives.”

Guenther Muens, MD, medical director of the Jefferson Healthcare Emergency department, said the vision of the RPI participants was “joining resources to save heart muscle.” He explained that without change there can be no improvement.

“Before, we had six organizations working their hardest to give the best care possible to their patients, but not really understanding the effects of their actions on each other or fully understanding the possibility for improvement. We’ve turned that around now, and as a result the patient is the big winner. We will bypass our ED, when appropriate, but what counts is getting the patient to the place where the right treatment can be performed—and quickly,” he said.

“What really impressed me,” said Tim Manley, medical services supervisor at Port Ludlow Fire and Rescue, “was that this

process brought all the key decision makers from the six organizations together in one room. This allowed us to accomplish in one concentrated week a task that could easily have taken more than a year otherwise. We struck a good balance among us and developed a simple system out of a situation that was very complex. We now have a true STEMI system.”

Gordon Pomeroy, assistant chief, EMS, East Jefferson Fire Rescue, acknowledged the vision of Jefferson Healthcare commissioners and administrators.

“Their lifesaving vision,” he said, “encouraged them to commit the necessary funds to implement this important project. This commitment provides advanced cardiac life-support training and thrombolytics to paramedics out in the field.” He also commented that the high level of training for Washington state paramedics is another factor that makes the STEMI system possible.

“I fully expect other counties to embrace this concept in the next year or two,” he said.

Michelle Haines, Jefferson Healthcare house coordinator, commented that visiting the Emergency department and the Intensive Care Unit during the RPI, to learn how the actual people in the actual hospital setting do the actual work, helped the entire group to better understand the process.

“Having a virtual experience was very helpful,” she said.

All the participants in the RPI acknowledged that this collaborative effort will benefit other types of patients as well as those who experience a heart attack.

Jefferson Healthcare will continue to encourage the public to always call 911 if they suspect they are having a heart attack, but even if they don’t make that call and show up at the ED, according to ED director Jim DeCianne, the new system will still provide better care for these patients. Prior to the RPI, the ED staff had to respond to STEMI patients without an organized, consistently applied protocol. Now a rapid-response team with clearly defined roles will be summoned to assist with any STEMI patients who do arrive at the ED—ensuring more rapid care.



Guenther Muens, MD and team at work

Patients who arrive at Jefferson Healthcare by private vehicle will receive standardized assessment and treatment, including thrombolytics as appropriate. A key message to Jefferson County residents is that if you are experiencing chest pain or its equivalent (see sidebar), a call to 911 will shorten the time frames to definitive treatment—reperfusion, whether by thrombolytics or by PCI.

Nationwide statistics show that only 25 percent of those who need to make that important 911 call do so. According to Tinker, what is necessary for this system



RPI team reports to administration

GLOSSARY OF TERMS FROM THE AMERICAN HEART ASSOCIATION

Angioplasty

A procedure used to treat patients with a partially or completely blocked artery, which restricts blood flow through the heart. A type of percutaneous coronary intervention (PCI), this procedure requires threading a slender, balloon-tipped tube from an artery in the groin to a trouble spot in the artery of the heart. The balloon is then inflated, which compresses the blockage and widens the narrowed artery to restore blood flow.

Cath lab

The department in a medical facility that specializes in cardiac catheterization, a procedure to examine blood flow to the heart and test how well the heart is pumping.

Emergency Medical Service (EMS)

A system of health care professionals, facilities, and equipment providing pre-hospital emergency care.

Non-STEMI heart attack

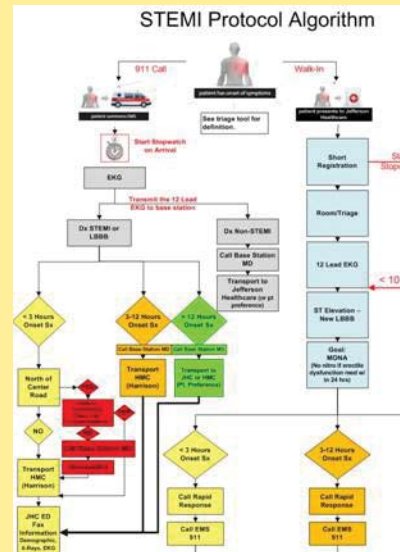
A type of heart attack caused by a partially blocked blood supply to a portion of the heart. Although serious, this type of heart attack is not considered as dangerous as a STEMI heart attack, in which an artery in the heart is completely blocking blood flow to a portion of the heart.

ST-elevation myocardial infarction (STEMI)

A severe heart attack caused by a prolonged period of blocked blood supply that affects a large area of the heart. These attacks carry a substantial risk of death and disability and call for a quick response by many individuals and systems.

STEMI system

An integrated group of separate entities focused on reperfusion therapy for STEMI within a region. Typically includes EMS providers, at least one community (non-



PCI or STEMI-referral) hospital, such as Jefferson Healthcare, and at least one tertiary (PCI-capable or STEMI-receiving) hospital, such as Harrison Medical Center.

Stent

A wire-mesh tube sometimes used in angioplasty. The stent is inserted into an artery to open it, prevent reblockage,



Thrombolytic medication

Stent

and allow the heart to get the blood flow it needs.

Thrombolytics

The use of pharmaceuticals or injections of medication to break up a blood clot inside an artery or cavity of the heart so that blood flow can be improved or restored. Also called fibrinolytic therapy, this type of treatment is widely available at hospitals across the United States.

Know the signs of a heart attack

The American Heart Association's advice is to learn the signs of heart attack, but remember this: Even if you're not sure it's a heart attack, call 911. Minutes matter! Fast action can save lives—maybe your own. Don't wait more than five minutes to call 911. Calling 911 is the fastest way to get lifesaving treatment.

Heart Attack Warning Signs

Some heart attacks are sudden and intense—the “movie heart attack,” where no one doubts what's happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren't sure what's wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest, lasting more than a few minutes or going away and coming back. It can feel like uncomfortable

pressure, squeezing, fullness, or pain.

- Discomfort in other areas of the upper body, including pain or discomfort in one or both arms, the back, neck, jaw, or stomach.
- Shortness of breath, with or without chest discomfort.
- Other signs may include breaking out in a cold sweat, nausea, or light-headedness.
- As with men, the most common heart attack symptom among women is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

Source: American Heart Association



Strategic Planning Committee Reports Recommendations to Commissioners

On March 25, 2009, Scott Wilson and Gordon James, representatives from the 16-member Community Strategic Planning Committee, presented the committee's recommendations to the board of commissioners. The committee, convened and chaired by former commissioner Joe Wheeler, met over a period of months and concluded its process with a dinner meeting and full-day work session at which the group participated in situational analysis and priority setting.

As part of the committee process, Jefferson Healthcare administrators made presentations to the committee, giving it the background information needed to begin the planning process. Among the presentations were an overview of the individual components that make up the Jefferson Healthcare system; a look at the system's quality measures, clinic operations, and home and community services; a discussion of the historic and current financial position of the system and a market-share analysis; an analysis of Jefferson Healthcare's services and performance compared to similar critical access systems; and a look at regional and national health care issues and trends.

The following is short summary of the committee recommendations, in order of priority.

Sustainability

There is a critical need for the services offered by Jefferson Healthcare. To ensure continued sustainability, Jefferson Healthcare must make profitable growth its single strategic focus.

Market Share Growth

To support a sustainable future, Jefferson Healthcare must increase its market share, even in the face of strong market competition. Consideration should be given to service expansion and intensified marketing efforts.

Medical Home

Jefferson Healthcare should pursue the medical home model of comprehensive, coordinated care, which may strengthen positive community perception while placing the system at the forefront.

Delivery/Performance

Jefferson Healthcare delivers evidence-based medicine and gives notable personalized care, yet the workforce throughout the entire delivery system should give more attention to customer service and ease of entry into the system.

Partnerships

To better serve the community and ensure access, Jefferson Healthcare should continue to formalize partnerships with specialty/tertiary care facilities and other health care providers.

Community Connections

Jefferson Healthcare can become more effective and can improve community perception by becoming more integrated with the local community, its organizations, and its activities.

Following the presentation of the executive summary, hospital commissioners acknowledged and thanked the committee for its hard work and well-presented report. Jill Buehler commented that the report and its conclusions affirmed for her that the hospital is on the right track and that the initiatives taken in recent years are steps in the right direction. Chuck Russell, commission chairperson, spoke for the entire group, saying how grateful he was for the thoughtful attention paid by the committee members.

Hospital Auxiliary (from page 3)

oring and paying tribute to a living individual.

As with other Auxiliary fundraising, all memorial contributions are designated for the purchase of essential medical equipment for the hospital and are fully tax deductible. When the contributions for an individual honoree reach \$360, an engraved brass leaf with that person's name is added to the memorial tree in the hospital lobby. Sepersky said that in 2008 the contributions to the fund totaled \$2,890. The contributions were for five new engraved brass leaves to honor Betty Carroll Anderson, Doug Bussa, Dorothy and Bonzo DeLeo, Janis Hunt, and Jerry R. Lindsey.

Checks for memorial donations should be issued to Jefferson Healthcare Hospital Auxiliary

Memorial Fund and sent to:
Memorial Chairperson
Jefferson Healthcare
Hospital Auxiliary
834 Sheridan Street
Port Townsend, WA 98368

In addition to the fundraising activities, Auxiliary members are invited to attend at least two special events each year. The themes of the events vary from year to year, but they generally are luncheons or teas and always include a time to enjoy socializing with other members. In addition to social time, these meetings include a time for the organization's business meetings. At one of the meetings, members vote on the slate of officers for the following year. Members receive newsletters to keep them informed of Auxiliary events and



Port Townsend resident Barbara Sepersky (current memorial chairperson), shown with the memorial tree located in the Jefferson Healthcare Hospital lobby.

activities.

To join the Auxiliary, mail your completed application to:
Jefferson Healthcare
Hospital Auxiliary
834 Sheridan Street

Port Townsend, WA 98368

You can download an auxiliary application from the Jefferson Healthcare Web site, jefferson-healthcare.org.

Jefferson Healthcare Partners in Nursing Education

Two East Jefferson County women recently began their nursing education through the Rural Outreach Nursing Education (RONE) program, an innovative collaboration between rural communities and Lower Columbia College in Longview, Wash. Lower Columbia College is collaborating with rural hospitals throughout the state to provide clinical education near students' places of residence.

In most rural communities, it is difficult for individuals to complete their nursing education without leaving the area, and rural communities have an ongoing need to recruit and retain credentialed nurses. The RONE option provides e-learning opportunities for students in selected rural areas in Washington state. The program not only allows enrollees to stay in their home communities but also allows them to maintain their employment and to remain in their family settings.

Lower Columbia College took this forward-thinking step because it had already been successful with online educational programming. It invited rural hospitals throughout the state to partner with it. The program is a partnership of education, rural hospitals and clinics, and state and nonprofit agencies, brought together by the Western Washington Area Health Education Center. The program received unanimous approval from the Washington Commission on Nursing, and the first group of approximately 20 students began classes in January 2009. The clinical training sites for 2009 are in Goldendale, Morton, Port Townsend and Republic.

Graduates of the course receive an associate in nursing degree and are eligible to sit for the board exam to receive their registered nurse (RN) credentials. A student may elect to contin-

ue education toward a bachelor of science in nursing (BSN) degree after receiving an associates degree and RN licensure. Washington State University offers an online option for the BSN.

Amber Hudson, RN, Jefferson Healthcare's director of clinical nurse education, is the adjunct clinical faculty supervising the students. According to Hudson, she spends 100 hours per quarter with the students. Hudson remarked that it's impressive that Jefferson Healthcare is part of this groundbreaking program. "The administration believes in education, and they were very supportive of bringing this opportunity to our local community," she said. Forecasters note that more nursing education is needed to avoid future nursing shortages. Jefferson Healthcare is committed to building a skilled workforce in its community through this proactive approach. The program will accept new students beginning in January. To learn more about this program, please refer to the Web site lowercolumbia.edu/nursing, or call Hudson at 360-385-2200, ext. 3740.



Amber Hudson, RN with RONE students Jane Peterson and Connie Fitzpatrick

Free Seminar: "A Lifestyle Approach to Treating Hypertension"



Judy King, RN

On Thursday, August 6, at 6 p.m., Jefferson Healthcare is offering a seminar in the Jefferson Healthcare auditorium. The seminar will cover lifestyle changes, including changes to exercise and diet, that can influence blood pressure. The seminar includes a review of the Dietary Approaches to Stop Hypertension (DASH) diet and the latest guidelines on blood pressure control.

Physicians recommend the DASH diet for many people with hypertension (high blood pressure) or prehypertension. In studies sponsored by the National Institutes of Health, the DASH diet eating plan has been proven to lower blood pressure in just 14 days. The DASH diet provides more than the traditional low-salt or low-sodium diet to reduce blood pressure. It is based on an eating plan rich in fruits, vegetables, and low-fat or nonfat dairy products. DASH is recommended by a number of health organizations, including the American Heart Association.

The seminar will be presented by Judy King, RN. King has a BS in nursing and seven years of experience in a cardiac surgery intensive care unit, where she was an advanced clinician and staff developer. She also worked for 18 years as a cardiac transplant coordinator at Sharp Memorial Hospital in San Diego. Two years before coming to Port Townsend, King worked in the Post Anesthesia Care Unit at Sharp. In 2007, King accepted the position of cardiac rehab case manager at Jefferson Healthcare. In addition to her nursing background, King has a personal interest in nutrition and cooking and is a graduate of the San Diego Culinary Institute.

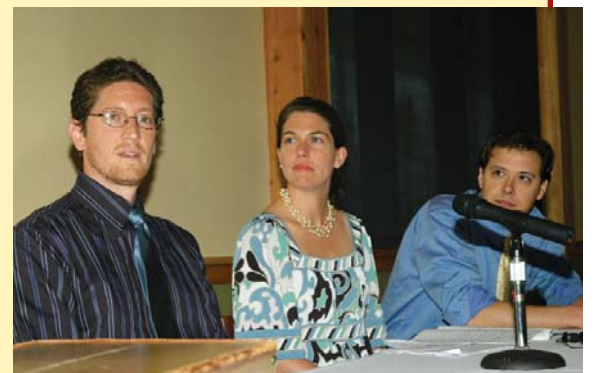
For more information, contact King at 360-385-2200, ext. 1230.

Lifestyle Change Symposium a Success



Keynote speaker Mollie Katzen

David Harris, MD, Carrie Day, MD, and Joe Mattern MD, panelists at the symposium



Gary C. Forbes, MD Inducted Into American College of Physicians

Jefferson Healthcare's Gary C. Forbes, MD was recently honored by being inducted into the American College of Physicians, the leading professional organization for internal medicine.



- Professor M. Perouman, MD, FACP
- Michael J. Feltyovich, MD, FACP
- Alfred E. Fernandez, MD, FACP
- Roberta F. Ficke, MD, FACP
- Mary Lenore Fines, MD, FACP
- Daniel Fischman, MD, FACP
- Wade E. Fletcher, MD, FACP
- Michael D. Floyd, MD, FACP
- Gary C. Forbes, MD, FACP
- Mary A. Forde, MD, FACP
- John J. Fox, MD, FACP
- Luís Franceschi Diaz, MD, FACP
- Janeth L. Freedman, MD, FACP
- Michael J. Froncek, MD, FACP
- Fodd P. Gallion, MD, FACP
- Jorge C. Garces, MD, FACP
- Michael J. Gehman, DO, FACP
- Thomas J. George, MD, FACP
- E. Paul Getaz, MD, FACP
- Vijay Gill, MD, FACP

Why Become Established with a Local Primary Care Physician?

A relationship with a Jefferson Healthcare primary care physician will give you a team of health care providers who ...

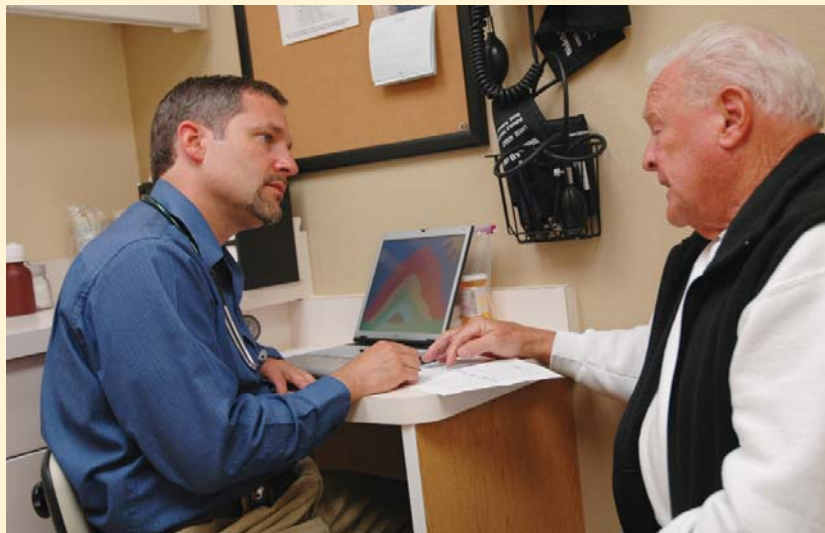
... practice evidence-based medicine.

... coordinate your care and ease your access to specialists through formalized referral relationships.

... get to know you and use the shared decision-making model for those patients who want to be active participants in their health care.

... use electronic medical records to follow your pertinent health history.

... are trained in all areas of medicine — including prevention — and can care for you through all the stages of your life.



Our clinics now offer ...
... more same day appointments.
... evening hours for your convenience.

To establish yourself as a patient, call one of the clinics listed at jeffersonhealthcare.org.



**Jefferson
Healthcare**

834 Sheridan, Port Townsend
 360-385-2200
www.jeffersonhealthcare.org

- Hospital In-patient and Acute Care
- Emergency Medicine
- Surgery
- Sleep Medicine
- Family Birth Center
- Laboratory Services
- Primary Care Clinics
- Diagnostic Imaging
- Home Health Services
- Hospice
- Gynecology/
Women's Health
- Wellness Programs
- Physical, Speech &
Occupational Therapy
- Sports Medicine
- Orthopedics
- Urology
- Medical Short Stay
Outpatient Infusion/
Wound Care/
Chemotherapy
- Anticoagulation
Services

www.jeffersonhealthcare.org

A place for information about your local hospital, every day, all the time.

Simply log on and go to the section that contains the information you seek, or enter a search word. For current classes and events, see the calendar section.

To Your
Health!

To Your Health! is a publication of Jefferson Healthcare. Jefferson Healthcare operates under the authority of Jefferson County Public Health Care Service District #2, and is governed by a publicly elected board of commissioners: Kathy Hill, Chair; Jill Buhler, Secretary; and Tony De Leo, Chuck Russell and Marc Mauney, MD. Victor Dirksen is Chief Executive Officer.

Jefferson Healthcare is an integrated delivery system that operates a 25-bed hospital and five physicians clinics, walk-in urgent care, home health and hospice, outpatient diagnostic services, rehabilitation services and wellness and community education.

Jefferson Healthcare employs 450 people and has an annual operating budget of \$40 million. Jefferson County tax support is \$1.3 million, most of which goes to pay for voter-approved facility bonds.

Letters may be sent to:

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