inside this issue

OHSU Announcements
Calling Public Safety .................................................................................................. 2
Update on Exciting Upcoming Events at CDI ......................................................... 2
OHSU Global Awards Grants for International Student Projects ....................... 3
March Wellness: Be Well During the Holidays ..................................................... 4
Feeling Like a Fake .................................................................................................... 4
The Ombudsman Office: What It Is, How It Helps .............................................. 6
Tips for the tech-savvy traveler ................................................................................ 7

Student Articles and Contributions
Standing with our graduate students ..................................................................... 8
Student Perspective: Brittany Alperin .................................................................. 9
Student Perspective: Mollie Marr ......................................................................... 10
Congratulations Letter to School of Medicine Graduate Students .................. 12

Oregon Healthcare News (The Lund Report)
Introduction ............................................................................................................... 14
OHSU President Joe Robertson to Retire, Cites MS Diagnosis ................................ 15
Nursing Home Disaster Plans
Often Faulted As ‘Paper Tigers’ ............................................................................. 16
Hospitals Step In To Help House The Homeless.
Will It Make A Difference? .................................................................................... 18
Calling Public Safety

OHSU Public Safety

By Heath Kula | Director

OHSU Public Safety Dispatch is the primary source of emergency response on Marquam Hill and OHSU buildings on the south waterfront. All emergency calls, including medical emergencies, should be directed to the Public Safety emergency dispatch line (4-4444 or 503-494-4444) rather than 911. Emergency callers to Public Safety are sometimes surprised or distressed by questions directed at gathering information during these calls. If you find yourself in an emergency, please keep in mind:

All emergency dispatch centers gather information to prioritize calls and provide appropriate resources. It often requires multiple questions for dispatchers to ensure an appropriate response and provide information to responding officers or medical personnel.

Providing additional information does not delay the response as officers are usually dispatched as soon as sufficient information is gathered to know what resources are required and where to send it.

Be prepared to answer the following questions as best as you can:

- What is happening that requires Public Safety assistance? (This can be brief and concise, but must be specific. “Escalating patient” tells us very little.” “Patient is threatening to hit staff and throwing things around,” allows us to prioritize the call and response. )
- Your exact location. (Physical Plant Building Room 110A, ED Triage #2, CLSB 1N065)
- Your name and call back number
- Relevant names, date of birth and/or physical description
- Are weapons present or threatened? If yes, what type? (Gun, knife, IV Pole, syringe, etc.)
- Is anyone hurt and/or in need of medical assistance?
- If the subject has left the area, how are they traveling (on foot, bike, car, etc.) and what direction?

“Dr. Strong”

The phrase Dr. Strong can be used with dispatch to discreetly inform the emergency dispatcher that you need emergency assistance from public safety. This should only be used if the circumstances are such that calling for Public Safety assistance within earshot might make the situation escalate or place the caller in danger. It should never be used as a generic way for asking for public safety assistance, nor should it be used as a “code” for urgent help when it is safe to give a description of what is occurring. Doing so could delay assistance or appropriate resources.

If you can’t stay on the line

Do not allow yourself to get hurt in order to stay on the line. Get somewhere safe, leave the phone off the hook if possible, and call back from a different line. The information heard on an open line can also be helpful to Public Safety’s response.

Announcements

Update on Exciting Upcoming Events at CDI

OHSU Center for Diversity & Inclusion

By Jonathan Garcia | Administrative Coordinator

The Center for Diversity & Inclusion (CDI) strives to build and provide a vibrant and supportive environment that educates employees and care for people from many cultures, belief systems, and expe-

(Continued on page 3)
At the CDI, we also support numerous groups and committees, such as the Diversity Advisory Council, Physical Access Committee, Employee Resource Groups, and Women in Academic Medicine and others.

Along with the variety of groups and committees that the CDI supports, there are also an array of resources that we provide, such as the Cultural Awareness Guide for Religious and Spiritual Beliefs of OHSU Employees, Students and Patients. The guide also includes dates and practices that will be helpful to those planning activities, events, meetings and co-curricular events. Download the guide and add the dates to your calendar.

CDI is also preparing to launch a new training initiative focused on Unconscious Bias (UCB). This initiative and project’s first goal is to train 2,600 individuals by the end of this fiscal year.

This new initiative and training will provide opportunities to identify unconscious bias in oneself, but also in others in addition to being able to confront them. More information to come on how you can benefit from this new initiative.

The training is being offered in partnership with Cook-Ross, a full-service consulting with experience working with academic health centers with this professional development intended to support in understanding biases and how to work with this awareness to support an inclusive culture.

To get involved, reach out to the CDI at cdip@ohsu.edu, the direct line at 503.494.5657, or stop by between 8am – 5:00pm in Richard Jones Hall, Suite 4365 to say hello or check out many of the resources made available to the OHSU community. All are welcome and we hope that you stop by!

Do not forget to subscribe to the CDI Event Calendar here (http://www.ohsu.edu/xd/about/vision/center-for-diversity-inclusion/diversity-events/event-calendar.cfm) to receive updates on our latest events year-round and you can also submit events here (https://o2.ohsu.edu/event-calendar-selection.cfm) that we are happy to place on our calendar and share with others to help spread the word! Ω

OHSU Global Awards Grants for International Student Projects

OHSU Global

By Andy Harris, MD and Paul Bollinger, MPH | OHSU Global Student Financial Aid Committee

In the first round of financial aid grants, OHSU Global awarded grants to 11 students for international projects in 2018. Students are from the School of Nursing, School of Medicine and Graduate Program in Human Nutrition.

The committee would welcome applicants from the School of Dentistry, OSU College of Pharmacy, and the School of Public Health, as well.

2018 grants thus far have totaled $13,500, ranging from $1,000 to $2,000, depending on the scope of the projects and student needs.

The next deadline for 2018 financial aid grants is February 1, 2018. For more information go to: https://ohsu.infoready4.com/CompetitionSpace/#competitionDetail/1746961

Applications can be submitted via the following link: http://www.ohsu.edu/xd/research/centers-institutes/ohsu-global/upload/Student-Financial-Aid-for-Overseas-Electives_2018.pdf. Ω
March Wellness: Be Well During the Holidays

March Wellness & Fitness Center
By Erich Knipschild | Membership Manager

The winter and holiday season is upon us! With that brings joy, gifts, laughter, friends and family, maybe some snow, as well as quizzes, tests, finals and stress. Also the weather outside may be a little frightful but at March Wellness & Fitness Center it is soooooo delightful.

Your student membership includes access to our diverse array of programs which includes; 100 group fitness classes a week, 3 saline pools and over 100 pieces of strength training and cardiovascular equipment. Also, be sure to try out our newest pieces of equipment, some of which you may never have heard of or tried before.

March Wellness & Fitness Center offers health and fitness programs, based in science, that are designed to strengthen and nurture all aspects of your daily life – no matter what your state of health or stage of life – in a safe, supportive and motivating environment.

Our emphasis is on helping you live a full and engaging life. March Wellness & Fitness Center can support you in achieving wellness goals whether they include improving flexibility, training for a marathon, or recovery from a nagging injury. We believe that all of us can change for the better and that change can happen at any time in your life.

March Wellness & Fitness Center is a place for students to remember and review with one of our educated staff the importance of physical activity for health and even find ways to fit exercise into study breaks.

Our “ask the trainer” hours are a perfect time to get a brief, no cost, one on one with our personal trainers to learn more about reaching your goals or finding simple movement and breathing exercises to reduce some to the stress that you may currently be dealing with.

Of course if booking a massage to relieve some of that tension is more your style, we now offer the ability to book an appointment at your own convenience through Schedulicity (visit our home page marchwellness.com or https://www.schedulicity.com/scheduling/OMWMV8 for more information).

We hope that you will take advantage of all the benefits and amenities that March Wellness & Fitness Center has to offer and we look forward to seeing you soon.

For more information on March Wellness, as well as the Group exercise schedule, Pool Schedule and Ask the Trainer Hours please visit: http://www.ohsu.edu/xd/about/services/march-wellness/schedules/index.cfm

As a reminder, students may add one significant other to their membership. The one time initiation fee is $120 and the monthly dues are only $50. A voided check is required to process the monthly EFT deduction. Proof of shared residence (driver's license, utility bill, checking account) must be provided to qualify. Ω

Feeling Like a Fake

Joseph B. Trainer Health & Wellness Center
By Valerie Yeo, PsyD | Clinical Psychologist

To compare ourselves to others is one of the most human experiences. It’s also one of the primary sources of guilt and shame, which we squirrel away lest someone catches a glimpse of us as we believe we truly are—not good enough, incompetent, crazy, a fake, an impostor.
These are labels I regularly hear my clients apply to themselves while sitting in my office. The narrative we build around our existence becomes a fragile thing, where only one small push may topple everything we’ve built.

By now, the phenomenon of Impostor Syndrome has woven its way into our collective consciousness. It is commonly defined as “a collection of feelings of inadequacy that persist even in face of information that indicates that the opposite is true. It manifests as chronic self-doubt or feelings of intellectual fraudulence.”¹

We know this process exists; we can even put a name to it. Nevertheless, it can still have the power to plague our innermost selves and scream at us that our self-doubts and feelings of inadequacy point to the fact that if we are feeling this way, it must be true.

Yet, as humans, our experiences are shaped both by our identities and our context. These experiences, in turn, play a pivotal role in forming our values—the matters we hold dear and to which we assign importance. This shaping of values takes place on multiple levels—personal, interpersonal, institutional, and cultural.

To deny the impact of historical, social, political, and psychological realities in our lives—and by extension, our feelings of fraudulence—would be to deny a part of our existence. It is common for formal training “to urge a separation between scholarship and advocacy and to eschew the political in favor of the ‘purely’ scientific, scholarly, or professional.”²

Yet, how can we separate our professional or scholarly selves from the realities of human existence? At every stage of our professional lives, we, and those in positions of power over us, make decisions that reflect a set of values.

These values, in turn, have implications for our inner lives. A decision not to discuss or name a process or sociopolitical context does not erase it, it merely implies that its impact is either unimportant or unspeakable. Martín-Baró notes that this “consecrates the existing order as natural.”³ This, naturally, creates a transition into feelings of impostorism, fraudulence, and self-doubt.

As a psychologist, one of my goals is to provide a space in which clients have a chance to speak these experiences into existence. There can be tremendous power in the act of saying a thing out loud; to make meaning of our experiences and our existence. Adrienne Rich writes in Invisibility in Academe, “When those who have the power to name and to socially construct reality choose not to see you or hear you, whether you are dark-skinned, old, disabled, female, or speak with a different accent or dialect than theirs, when someone with the authority of a teacher, say, describes the world and you are not in it, there is a moment of psychic disequilibrium, as if you looked into a mirror and saw nothing. Yet you know you exist and others like you, that this is a game with mirrors. It takes some strength of soul—and not just individual strength, but collective understanding—to resist this void, this nonbeing, into which you are thrust, and to stand up, demanding to be seen and heard.”

We welcome you to seek a space in which you can be seen and heard at JBT. We have a staff of people who love working with students, and we will help in any way we are able.

To make an appointment, please call 503-494-8665 or stop by our office in the basement of Baird Hall. Ω

¹Caltech Student Counseling Services http://www.caltech.edu/
The Ombudsman Office: What It Is, How It Helps

OHSU Ombudsman Services

By Merle Graybill | Ombudsman

What is the role of the Ombudsman Office and how are students supported by it?

The OHSU Ombudsman services are available to all students, faculty, staff, administrators, post-doctoral fellows, trainees and volunteers. The Ombudsman offers a safe, confidential place to discuss any aspect of your OHSU experience and explore possibilities for informally addressing concerns.

The Ombudsman will maintain confidentiality of information shared by visitors to the office with the exception of these situations: imminent threats to physical safety; child abuse; and when subpoenaed by a court of law, which is very rare.

The Ombudsman will listen and review matters; help identify options; make inquiries and make referrals as appropriate; and/or facilitate resolutions in an impartial manner.

The overarching mission of the Ombudsman is twofold: to ensure that every member of the university community receives equitable and fair treatment and due process; and to support and facilitate a positive working and learning environment through identification of emerging and immediate negative trends and risks.

The Ombudsman Does

- Listen to concerns, help to sort options
- Coach skills and strategies to resolve situations
- Explain policy and procedure, make referrals to resources
- If mutually agreed:
  - obtain more information
  - communicate toward solutions between parties
- mediate
- Suggest changes and remedies to university offices
- Assemble anonymous aggregate data about trends, and recommendations for leadership

The Ombudsman Does Not

- Determine what visitors should do
- Take sides in a dispute
- Receive official notice or complaints
- Give legal advice
- Administer or testify in any formal procedures
- Compel changes in administrative decisions or policy
- Report interactions of the office with individual visitors, disclose any confidential information, or make any records for OHSU

Some reasons a student may talk with an Ombudsman

The biggest reason to talk with an Ombudsman is if you are unsure or worried about how something is going to impact you or someone you know because it may trigger an official reaction from the University.

If you want to find out about policy and procedure that apply to what you are experiencing or witnessing, and talk over options and ways to possibly solve situations, without kicking in an ‘official’ reaction, talking to the Ombudsman is a good option. Almost all other employees at OHSU are required to take action if there may be a policy violation. An Ombudsman has some room to help you sort it out, and also is able to intervene in situations when necessary without revealing sources.

Secondly, if you have encountered what you perceive as unfairness or lack of due process in an administrative decision that impacts you personally, professionally or as a student, the Ombudsman can be a neutral listener and perhaps help with shuttle diplomacy between you and a university office.
Lastly, students and all other categories of OHSU community members, bring a large variety of concerns, questions and requests for assistance to an Ombudsman because we can listen impartially, keep a balance of individual and institutional needs in mind, are empowered to interact with all offices at the University, and provide expertise in interpersonal and group communication. Ω

Tips for the tech-savvy traveler

OHSU Parking & Transportation

By John Landolfe | OHSU Transportation Options Coordinator

OHSU’s campus is home to a remarkable number of transportation innovations. North America’s longest indoor pedestrian skybridge spans Marquam Hill’s canyon. An even longer walking bridge connects the tree-lined Lair Hill neighborhood to an aerial tramway that lands before the nation’s longest car free bridge and busiest bike valet.

OHSU students’ willingness to experiment with their commute has drawn several startups to campus. Here’s a quick primer on some of the most popular services.

Biketown

Look for orange bikes at South Waterfront and around the city. Portland’s bike share system is a flexible option for skipping traffic, getting a little exercise, avoiding parking costs, and making that last mile connection from transit. And with rides to campus eligible for incentive, the bikes can pay for themselves.

GeoOrbital

Own a personal bike but wouldn’t mind a boost on hills? GeoOrbital transforms your ride into an electric-assist bike in just under a minute.

Go By Bike

An official OHSU partner and hard to miss out in front of Portland Aerial Tram, Go By Bike offers free valet, discounted repair, and free loaner bikes.

Lyft

Need to get going in a hurry? Leave your car at home and try hailing a Lyft. At busy times to popular locations, you can now share your ride and save on fare using Lyft Line.

Many of the services above are discounted for OHSU students. In addition, OHSU Shuttles, Portland Streetcar and Portland Aerial Tram are free. TriMet and C-Tran are discounted while biking is incentivized. Explore all your options at www.ohsu.edu/visit. Ω
Standing with our graduate students

The following is a letter signed by OHSU leadership regarding the recent tax proposal’s impact on graduate students:

Many of us recognize that being a graduate student is often synonymous with a Ramen noodle lifestyle, involving a period of years of financial sacrifice while pursuing the knowledge required to contribute, in our students’ case, to the advancement of human health.

This is why there is tax-free tuition for graduate students. The federal tax bill that passed the U.S. House would end this tax waiver. A Senate bill is nearing a vote and, if passed, would require reconciling with the House bill.

For students like Mollie Marr, pursuing her M.D. and her Ph.D. in Behavioral Neuroscience in the OHSU School of Medicine, losing the tax waiver could mean dropping out of OHSU. Paying the estimated tax on top of her non-deferrable undergraduate student loans would leave her about $500 a month to live on. While she says she’s willing to sleep on couches, she can’t forego food or her asthma medication.

The OHSU Graduate Student Organization, including Marr and many classmates with similar stories, is holding a letter-writing campaign today, Dec. 1, noon to 2 p.m. in Richard Jones Hall, Room 4320. They have also organized other ways for students, staff and faculty to share their personal stories and perspectives about the impact of losing this tax waiver.

We are proud of our students for speaking out. Graduate programs don’t exist without students. Scientific discovery does not happen without the inquiring minds and able hands of students working in their faculty mentors’ labs and pursuing their own research questions.

We recognize that the graduate school tuition tax waiver is just one of many aspects of this massive legislation that is drawing debate. But it is a profound piece that impacts students as individuals, our institution and the advancement of science as a whole.

OHSU is working closely with the AAMC and our Congressional delegation to provide information about the impact of this proposal. Institutions across Oregon and the country are doing the same. We encourage you to join in this opportunity to stand with our graduate students.

Thank you.

Joseph E. Robertson, M.D., M.B.A.
OHSU President

Sharon Anderson, M.D.
Dean, OHSU School of Medicine

Elena Andresen, Ph.D.
Provost, OHSU

Susan Bakewell Sachs, Ph.D., R.N., F.A.A.N.
Dean, OHSU School of Nursing

David Bangsberg, M.D., M.P.H.
Dean, OHSU-PSU School of Public Health

Peter Barr-Gillespie, Ph.D.
Interim Senior Vice President for Research, OHSU

Phillip Marucha, D.M.D., Ph.D.
Dean, OHSU School of Dentistry

Mark Zabriskie, Ph.D.
Dean, OHSU-OSU School of Pharmacy
Student Perspective: Brittany Alperin

By Brittany Alperin  |  SoM Graduate Student

My name is Brittany Alperin and, in addition to being a graduate student in the behavioral neuroscience department, I’m also the president of the Graduate Student Organization. On behalf of the GSO, thank you so much for being here today.

Like most other graduate students I’ve spent a majority of my adult life working towards completing a graduate education. I studied psychology and neuroscience as an undergrad, completed unpaid internships during the summer, and worked in a lab for three years before entering into my program here at OHSU.

My story is not unique. We have all worked extremely hard to be here.

I have always been interested in the brain. When I was 16 my grandmother was diagnosed with Alzheimer’s disease and I spent years after that starting to pursue a career in Alzheimer’s research. However, when I was 19 my best friend lost her battle with mental illness and took her own life. That tragedy motivated me to focus what I study today.

I came to graduate school to study mental health and to try to understand what can be done to decrease the distress and burden placed on individual who suffer from mental health disorders. Like many of the students here I am inspired by the experiences in my life.

My efforts are focused on mental health, but other students here study cancer, neurodegenerative disorders, infectious diseases, autoimmune disorders, and developmental disorders. All health issues that greatly impact the citizens of this country and of the world and also burden our health care system. If passed, this tax bill would force us and graduate students around the country out of higher education, hugely impacting scientific progress.

The waiver that covers our tuition, money that we never see or touch or encounter, would also be taxed as income if the provision in the House bill makes it through reconciliation. We already pay taxes on our stipends, but this potential change to the tax law would at least double the amount of taxes that we pay. With most of my stipend already going towards the cost of living in Portland, I wouldn’t be able to afford graduate school with this tax increase and neither would a majority of the students here.

As the GSO president, I’m in a unique position to interact with graduate students across all programs at OHSU. I know students here who have families who can’t afford to contribute to their education. I know students here who have their own families that they are supporting off of their stipend while working on

(Continued on page 10)
My name is Mollie Marr and I am an MD/PhD student. The running joke in my family is that I am incapable of doing anything the easy way. My family didn’t have money for me to attend college, so like any idealistic 18-year-old, I paid for it with student loans and by working three to four jobs while attending classes full time. Money was tight during college, we joke about students living on ramen noodles, but there were several months when I divided my ramen into fourths so that I could stretch it out over 2 days. I’d skip breakfast and eat one fourth for lunch and one fourth for dinner. I weighed 95lbs by the time I started receiving food stamps and Medicaid benefits. And even though I was exhausted, I didn’t give up. I did well in my classes and I continued working.

My senior year, I took a class in neuroscience and found myself enthralled with all of the questions. It was the first class I’d ever taken where there were more questions than answers and I loved it!! I’ll be the first to admit, discovering your passion during your senior year of college is not the MOST convenient time, but I knew I had to learn more, and I’m stubborn.

After graduating, I immediately found a full-time job. Within six months, I was juggling rent and student loan repayments. Shortly after that, I enrolled in a post-bacc pre-med program. I was ineligible for additional student loans, so I added two part-time jobs to cover tuition and loan payments, and attempted once again to balance work with school. I struggled, but over time I managed to complete the re-
quired coursework.

I dreamed of pursuing an MD/PhD, exploring the secrets of the brain while learning the art of healing, but my grades reflected my divided attention and frankly, I didn’t believe I was smart enough, so I didn’t try. I applied to medical school and although I was waitlisted, in the end, I didn’t get in. But I’m stubborn so I applied again. And again.

The first time you reapply, people are encouraging, supportive. They commend you for your perseverance. The second time you reapply, the tone changes. I found family and friends encouraging me to pursue other options, to redirect my energies to other fields, to stop trying.

Why am I sharing all of these details about the process of applying?

Because I considered the advice of my friends and family. For months, I tried to imagine what I would do instead, what career or path would be as fulfilling as becoming a physician-scientist. And in the end, I knew with absolute certainty that this is my vocation, my calling, there is no Plan B.

For the first time, 10 years after my college neuroscience class, I applied as an MD/PhD. I was accepted to OHSU in 2015 and am currently in my first year of graduate studies in behavioral neuroscience after completing two years of medical school. 12 years of work, and my devotion to this path remains the same ---I cannot fathom a Plan B.

If the tax plan passes, repealing graduate tuition waivers, I will be forced to leave OHSU. Every month, I make payments on my undergraduate student loans, even working part-time during medical school to maintain my payments. I am willing to put in the work. I am willing to couch surf and skip meals, but if my taxes increase to over $15,000, which they will under the act proposed by the House. Then realistically, it won’t matter. I won’t be able to afford to stay in school and neither will many of my peers.

Growing up I was told that education creates opportunities and opens doors. I believe that. I also believe that we need to fight to ensure that those opportunities and doors are open for everyone. That’s why we’re here today.

There are concrete things everyone here can do: (1) you can sign the letter we’ve drafted to the conference committee about the importance of maintaining tuition waivers right here and right now, (2) you can call and email your representatives and senators explaining why science, research, and education matter, and how this proposal impacts you or your community, (3) you can write directly to the members of the conference committee asking that they protect tuition-waivers, and finally, (4) you can ask your friends and your family to do the same.

On behalf of the graduate students at OHSU, in all of the schools and programs, thank you so much for being here today and hearing our stories. We appreciate your support. Now let’s go change the world. Ω
Dear Students,

I wanted to congratulate you on your effective advocacy that I know contributed to Congress’s decision to remove taxation of the graduate student tuition waiver from the federal tax proposal that has now become law.

This process gave me an even greater appreciation for your experiences as students, and the incredible commitment and passion you bring that fuels discovery at OHSU. A special thanks to Mollie Marr, Brittany Alperin, Rebecca Hood and the Graduate Student Organization for your effective organizing, and for sharing your stories in ways that were picked up not only locally but by the national press.

I hope that the holidays mean some relaxation time with family and friends. You’ve earned it.

See you in the new year.

Sharon Anderson, M.D.
Dean, OHSU School of Medicine
So bad, even the INTROVERTS are here.
Articles appearing in this News section were originally published online by The Lund Report, a non-profit news organization. They were chosen by me to provide some broad information about developments in Oregon healthcare, with an interest toward those that might impact OHSU students. I encourage you to visit The Lund Report online (http://www.thelundreport.org/) and read more of their excellent in-depth reporting.

Additionally, I have included information about The Lund Report below. If you have any ideas for stories or opinions that you want The Lund Report to consider for publication, please contact its editor-in-chief, Diane Lund-Muzikant, at diane@thelundreport.org.

- David Edwards, Editor-in-Chief, The Pulse

The Lund Report brings our healthcare system into focus by going beneath the surface. Our goal is to educate you -- the consumer -- about this complex system, giving you the facts, analysis and action tools to make a difference.

We’re unlike any news source you’ve seen before -- the first independent Web news site in Oregon dedicated to educating you about the inner workings of the healthcare industry. You can count on us to be timely, provocative, and offer new perspectives. We’re passionate about what we do and are beholden to no one. Even though we do accept funding from the healthcare industry, The Lund Report is not influenced by its financial contributors, no matter who they are, and we have not and never will deviate from reporting the truth about the healthcare industry.

Our news coverage focuses on the major issues confronting our healthcare system -- rising costs, unequal access and the lack of standardization to measure quality. With an emphasis on Oregon, this online publication does occasionally include articles about national reform efforts.

Inside The Lund Report you can hear from people willing to challenge the status quo -- while having an opportunity to share your own perspective by submitting guest commentaries.

We’re a news source, not a blog. We value and invite your comments and story suggestions. Don’t hesitate to contact us at info@thelundreport.org. We’d love to hear from you. Thanks for coming aboard!
OHSU President Joe Robertson to Retire, Cites MS Diagnosis

Though he intends to begin collecting PERS this fall, Robertson says he will work unpaid for the rest of the academic year, as a search for his successor is launched.

By Courtney Sherwood

OHSU President Joe Robertson will retire at the end of the month, but plans to continue working in a slightly scaled back capacity, as he begins treatment following a recent diagnosis of multiple sclerosis, he announced this week.

Robertson will begin receiving payments under the Public Employees Retirement System in November, but told The Lund Report that he will also work unpaid as OHSU president for the rest of the academic year – ending his tenure years earlier than he had hoped.

“My mild MS case and slow progression to date are good factors,” Robertson said, noting that since receiving his diagnosis six weeks ago he has identified minor MS symptoms that date back seven years. “If you look at patients and follow them over the long term, those who make the appropriate changes in their lifestyle and take treatment as prescribed – which I don’t think can be done at the 125 percent of effort required to do this job – they do better over the long-term than those who choose to live their lives the way they did before diagnosis.”

OHSU’s governing board will convene next week to begin a months-long search process for his replacement. Maria Pope, OHSU board chairwoman, declined to speculate on how long the process might take – but did not dispute the possibility that it could take beyond Robertson’s departure at the end of the 2017-2018 academic year to hire his successor.

“As we look forward, we are going to make sure that the process is inclusive, that it’s representative of all Oregonians, and serves the best interests of our citizens,” Pope said. “The search process will take a while. We have not had a chance yet to discuss this as a board and hear from the experts in the process. We will do that in October and will move ahead from there.”

Robertson, a retinal surgeon who joined the OHSU faculty in 1985, became president in 2006. Under his tenure, the university expanded along Portland’s south waterfront, added an aerial tram between the waterfront and its Marquam Hill campus, raised $1.2 billion under its Knight Cancer Challenge, and established numerous partnerships with educators and healthcare institutions across the state. Though employment is up by 4,500 since Robertson’s hiring, OHSU has also weathered tight budgets at times, and has seen faculty express disgruntlement during his tenure.

As he reflected on a number of efforts still underway, Robertson said he has no regrets about deciding to retire earlier than planned – even if it means he will not get to see all to completion.

“While there is a lot going on at OHSU and there are a lot of important projects, that’s really no different than at any time at OHSU if you go back into its history,” he said, noting that at any time he chose to retire this would have been the case.

Robertson’s diagnosis with MS at age 65 is unusual. Most people are diagnosed at a younger age.

He said he expects to miss committee meetings and hand off some paperwork, but that he will stick with most of his commitments through the end of his time as president.

“I am still capable of doing this job, I probably need to be a bit more selective about what I do, but I think I’m fully capable,” he said. “My symptoms are mild enough that we have the luxury of making this a transition over a period of a few months, but I do need to commit to making the change.”
Nursing Home Disaster Plans Often Faulted As ‘Paper Tigers’

By Jordan Rau; Kaiser Health News

(This article was originally published on The Lund Report: https://www.thelundreport.org/content/nursing-home-disaster-plans-often-faulted-%E2%80%98paper-tigers%E2%80%99)

It does not take a hurricane to put nursing home residents at risk when disaster strikes.

Around the country, facilities have been caught unprepared for far more mundane emergencies than the hurricanes that recently struck Florida and Houston, according to an examination of federal inspection records. Those homes rarely face severe reprimands, records show, even when inspectors identify repeated lapses.

In some cases, nursing homes failed to prepare for basic contingencies.

In one visit last May, inspectors found that an El Paso, Texas, nursing home had no plan for how to bring wheelchair-dependent people down the stairs in case of an evacuation. Inspectors in Colorado found a nursing home’s courtyard gate was locked and employees did not know the combination, inspection records show. During a fire at a Chicago facility, residents were evacuated in the wrong order, starting with the people farthest from the blaze.

Nursing home inspectors issued 2,300 violations of emergency-planning rules during the past four years. But they labeled only 20 so serious as to place residents in danger, the records show.

In addition, a third of U.S. nursing homes have been cited for another type of violation: failing to inspect their generators each week or to test them monthly. None of those violations was categorized as a major deficiency, even at 1,373 nursing facilities that were cited more than once for neglecting generator upkeep, the records show.

“That’s the essential problem with the regulatory system: It misses many issues, and even when it identifies them, it doesn’t treat them seriously enough,” said Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy. “It’s always the same story: We have some pretty good standards and we don’t enforce them.”

In the wake of eight deaths at Rehabilitation Center at Hollywood Hills, Fla., following Hurricane Irma, heightened attention has focused on new federal disaster-planning rules, with which nursing homes must comply by mid-November. Those were prompted by nursing home and hospital deaths during Hurricane Katrina in Louisiana in 2005.

Dr. David Gifford, senior vice president for quality and regulatory affairs at the American Health Care Association, a nursing home industry group, said facilities have gotten better at handling disasters after each one. Most evacuations go smoothly, he said. “After each one of these emergencies we’ve learned and gotten better,” Gifford said. But advocates for the elderly say enforcement of rules is as great a concern, if not greater.

Dr. David Marcozzi, a former director of the federal emergency preparedness program for health care, said that inspectors — also known as surveyors — should observe nursing home staff demonstrating their emergency plans, rather than just checking that they have been written down.

“If you have not implemented and exercised plans, they are paper tigers,” said Marcozzi, now an associate professor at the University of Maryland School of Medicine. “The emphasis from the surveyor has to be ‘Show me how you do this.’ ”

Gifford said pre-planning and drills, which are important, only go so far in chaotic events such as hurricanes.

“No matter what planning you might have, what we have learned from these emergencies is these plans don’t always work,” he said. Nursing homes take surveys seriously and face closure if they do not fix flaws inspectors identify, he added.

Inspection results vary widely by state, influenced sometimes by lax nursing homes or more assertive
surveyors, or a combination, according to an analysis of two types of emergency-planning deficiencies. In California, 53 percent of nursing facilities have been cited for at least one of two types of emergency-planning deficiencies, and a quarter have been cited in Texas. No nursing home in Indiana, Mississippi or Oregon was issued violations for those two emergency-planning violations during the past four years.

Asked to explain the rarity of severe citations in emergency preparation, the federal Centers for Medi-care & Medicaid Services, which oversees inspections, referred a reporter to its emergency-preparedness mission statement on its website.

The danger of high temperatures for elderly residents, which the Hollywood Hills case shows can be disastrous, has been well known. In a heat wave in 2000, two nursing home residents in a Burlingame, Calif., facility died and six others suffered severe dehydration, heat stroke or exhaustion.

During the past four years, inspectors have cited 536 nursing homes for failing to maintain comfortable and safe temperature levels for residents. Inspectors deemed 15 as serious, including two where patients were harmed, records show.

“There is undoubtedly little, if any, enforcement of the laws since we see the same tragedies repeated time and again,” said Patricia McGinnis, executive director of California Advocates for Nursing Home Reform.

Clarification: This story was updated on Sept. 19 to clarify to make clear that 53 percent of nursing facili-

cies in California and a quarter of them in Texas were cited for at least one of two types of emergency-planning deficiencies — not both types of deficiencies.

KHN’s coverage related to aging & improving care of older adults is supported by The John A. Hartford Foundation. Coverage of aging and long-term care issues is supported by The SCAN Foundation. Ω
Hospitals Step In To Help House The Homeless. Will It Make A Difference?

In Oregon, five hospital systems plus CareOregon invested in a $21.5 million project last year to build nearly 400 units for homeless people.

By Pauline Bartolone; Kaiser Health News

(Continued on page 19)

During the five years Tony Price roamed the streets and dozed in doorways, the emergency rooms of Sacramento’s hospitals were a regular place for him to sleep off a hard day’s drinking. “A lot of times I would pass out, and then I’d wake up in the hospital,” said Price, 50. About two or three times a month, he would show up at a local emergency department. Sometimes doctors hydrated him with intravenous fluids and sent him on his way. Other times, they kept him a night or two. “I’m kind of ashamed to say this, but sometimes it was just cold, and I [got] drunk,” Price said. “I just want[ed] to be warm and safe.”

Hospitals in Sacramento, Calif., and around the country are taking steps to help homeless people find housing. Doing so, they say, will limit unnecessary ER visits and reduce wasteful health care spending. It also helps nonprofits such as San Francisco-based Dignity Health, Orlando-based Florida Hospital and Providence Health & Services in Portland, Ore., meet their community service obligations in exchange for tax breaks.

Dignity Health’s “Housing With Dignity” program in Sacramento got Price into an apartment, paid his rent for four months and set him up with a social worker who helped him become eligible for permanent housing. Without that help, “I definitely would have been dead by now,” Price said.

A growing number of hospitals nationwide have invested in housing programs in recent years, from Florida to Chicago and farther west. The Corporation for Supportive Housing (CSH), a national lender and promoter of housing development for homeless people, says hospitals put $75 million to $100 million into projects it has embraced over the past several years.

In Oregon, five hospital systems plus CareOregon invested in a $21.5 million project last year to build nearly 400 units for homeless people. In Northern California, Sutter Health earlier this year launched an ambitious $30 million campaign to end homelessness in Sacramento and two adjacent counties.

“There’s pretty good evidence that it’s more cost-effective to provide housing with supports than have these people live on the streets and just cycle in and out of emergency rooms and in-patient stays,” said Sarah Hunter, a researcher at the Santa Monica-based think tank Rand Corp. A widely cited 2002 study showed that providing housing and supportive services to more than 4,600 mentally ill homeless people in New York City dramatically reduced their stays in hospitals, shelters and correctional facilities — though the cost of the housing offset the savings.

A 2009 analysis of supportive housing in Los Angeles County showed that people with stable housing cost taxpayers 79 percent less than their homeless counterparts, and most of the savings were in health care. However, a recent Health Affairs analysis noted that it’s hard to draw definitive conclusions about the cost effectiveness of such programs because they are usually small, the study methods variable and the data not always of the highest quality.

Cost savings are not the only benefit of housing homeless people. It’s also a way for nonprofit hospitals to “check a box” that exempts them from taxes, said Anthony Galace, director of health policy at the Berkeley, Calif.-based Greenlining Institute, which advocates for racial and economic justice. And, “from a PR standpoint, it endears them to homelessness advocates,” Galace said.

But he and other advocates say that recent efforts of health systems such as Sutter and Dignity will not
make a significant dent in the homelessness problem on their own, even if they do make a difference for one person at a time. To tackle the problem systemically, “we have to have enough [investments] to meet the size of the problem,” said Joan Burke, director of advocacy for Loaves and Fishes, Sacramento’s largest homeless shelter.

California Gov. Jerry Brown recently signed a new state law expected to generate $200 million to $300 million a year for affordable housing from a real estate transaction fee. Housing advocates said it’s too soon to know if the new money can help contain homelessness.

The Housing With Dignity program that got Tony Price off the streets is young and tiny. When it started in 2014, it served just five clients at a time on a budget of $150,000 a year. Now it houses 12 formerly homeless people at any given time, with financial assistance from the insurer Health Net.

That’s a drop in the bucket compared with the estimated 3,665 Sacramento residents who are homeless, according to the latest data. But Dignity says it is not aiming to end homelessness. Rather, the program is designed to help ensure that the homeless patients it does take in get follow-up care after they’re discharged, said Ashley Brand, Dignity’s director of community health and outreach.

“Our hope is [that] dependency on the hospital services will be reduced,” she said. Sutter Health executives say that after years of investing in programs that serve smaller groups of homeless people, they wanted to be more ambitious.

Sutter committed to raising $20 million from public and private investors to help pay for its anti-homelessness project in the region. It’s also throwing in $10 million of its own money, in part to satisfy the community benefit requirement that allows it to receive tax breaks as a nonprofit.

“We can continue to put dollars in again for programs that serve 200 people,” said Keri Thomas, vice president of external affairs for Sutter Health/Sacramento Valley Area. But there would always be 200 more homeless people the next year and the year after that, unless the hospital system made a bolder push to prevent people from ending up on the streets, she said.

So far, Sutter has matched investments by local governments to buy housing, pay rents and provide social services for homeless people.

**Tony’s Next Phase**

It wasn’t until 2015, after Price tried to commit suicide and spent a week recovering at Dignity Hospital, that things began to turn around for him. Because he had been in the hospital so frequently, he qualified for the services offered by Housing With Dignity. It paid for a one-bedroom apartment in Sacramento’s sprawling North Highlands neighborhood and assigned him a social worker, Chris Grabe, who drove him to medical appointments.

Grabe later moved Price to a federally funded permanent housing program, which pays his rent of $806 a month and enables Grabe to continue checking in on him. Price has been off the streets for nearly 2½ years, and he’s been to the hospital only once since January. But the adjustment wasn’t easy. He had lived eight months in his first apartment before he quit drinking.

“I had one scare here where I was so drunk, I was outside yelling at people that I was going to shoot somebody,” Price recalled. “I completely trashed my apartment and I got arrested in my shorts.”

Grabe has stuck with him through the rough spots. As part of its “Housing First” philosophy, Dignity Health will lodge the most frequent users of its hospitals, even if they have a substance abuse problem or a criminal record.

Tony still struggles with anxiety, but having housing has put him on the path to sobriety and stability. He now gardens, and he recently volunteered at a church and as a leader of an Alcoholics Anonymous group. “Out there, you have to think about yourself,” he said of his life on the streets. Now, “I don’t need to be in survival mode.”

This story was produced by Kaiser Health News, which publishes California Healthline, an editorially independent service of the California Health Care Foundation. Ω