



**Community Health Needs Assessment**

# **Shriners Hospitals for Children – Spokane**

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## Mission and Vision

### Mission:

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.
- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

### Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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## Our Commitment to the Community

### About the Hospital

Shriners Hospitals for Children — Spokane is part of a 22-hospital system established by the Shrine of North America. The first Shriners Hospital was opened in 1922 in Shreveport, Louisiana. Our hospitals, which are located in the United States, Canada and Mexico provide pediatric specialty care for children with orthopaedic conditions, burns, spinal cord injuries, and cleft lip and palate. All children are eligible for care, regardless of the families' ability to pay. The orthopaedic Shrine Hospitals were among the first specialized pediatric orthopaedic hospitals in North America. Many of the Shriners Hospitals' first patients were treated for problems caused by polio.



The Shriners Hospital mission is threefold, providing excellent pediatric orthopaedic services, educating tomorrow's physicians and other health care providers and performing research to ensure quality care, develop new knowledge and improve the quality of life for our patients.

The Spokane Shriners Hospital has been caring for the pediatric orthopaedic needs in our region for over 90 years. What began as a mobile unit in 1924, the hospital has grown into a beautiful state-of-the-art 30-bed hospital treating thousands of patients each year.

Shriners Hospitals for Children – Spokane treats kids up to age 18 from Washington, Idaho, Montana, Alaska and Canada and globally as well. In 2018, the hospital saw nearly 14,000 kids in the Outpatient Clinic. This represents a record number of patients in the Outpatient Clinic. The outpatient to inpatient surgery percentage continues to increase causing our average length of stay and average daily census to decrease. In addition to the increase in our outpatient visits the total number of surgeries have continued to rise as well, in 2018 our medical staff performed nearly 1000 surgeries. Our impact throughout our region in finding new patients continues to be seen, in 2018 our new patient referrals were up almost 10%, with large increases being seen in Montana and Alaska.

The Spokane Shriners Hospital treats conditions ranging from serious orthopaedic issues requiring multiple surgeries, to fractures or sports injuries easily corrected through same-day surgery. In addition

patients also receive physical rehabilitation, radiology, lab services and casting all within the Spokane hospital.

The Spokane Hospital is fortunate to have the largest group of fellowship trained pediatric orthopaedic surgeons in our region. What that means to our families is that they are being treated by orthopaedic specialists with the highest level of training.

The medical staff includes orthopaedic surgeons, two pediatricians; a dedicated hospitalist as well as a fellowship trained pediatric sports injury trained pediatrician, five pediatric trained orthopaedic physician assistants and five pediatric trained anesthesiologists. Consulting staff includes hand, total joint, plastic surgery, muscular dystrophy and thoracic specialists as well. Nursing staff, respiratory therapy, physical therapists and recreational therapists with expertise in the management of the inpatient and outpatient pediatric orthopaedic patient complete our team.

### **Medical Staff**

- Pediatric Orthopaedic Surgeons
- Pediatrician/Hospitalist
- Pediatrician Sports Medicine specialist
- Pediatric Trained Anesthesiologists
- Pediatric Physician Assistants
- Recreation Therapists/Child Life Specialists
- Registered Nurses
- Physical Therapists
- Occupational Therapist
- Respiratory Therapists
- Movement Analysis Gait Lab Experts
- Laboratory Technologists & Radiology Technologists

### **What We Treat**

- Scoliosis & spinal deformities
- Hip dysplasia
- Club Foot & other foot deformities
- Adolescent sports Injuries
- Fractures/Dislocations (Stable)
- Knee & hip disorders
- Foot & hand injuries
- Prosthetics & Orthotics
- Limb Discrepancy/Limb Loss
- Fractures & ligament injuries
- Cerebral Palsy, muscular dystrophy & other neuromuscular conditions
- Osteogenesis imperfecta

**Ancillary Services**

- Rehabilitation therapy
- Movement Analysis Lab
- Radiology services
- Casting services
- Full laboratory services
- Child Life/Recreation Therapy

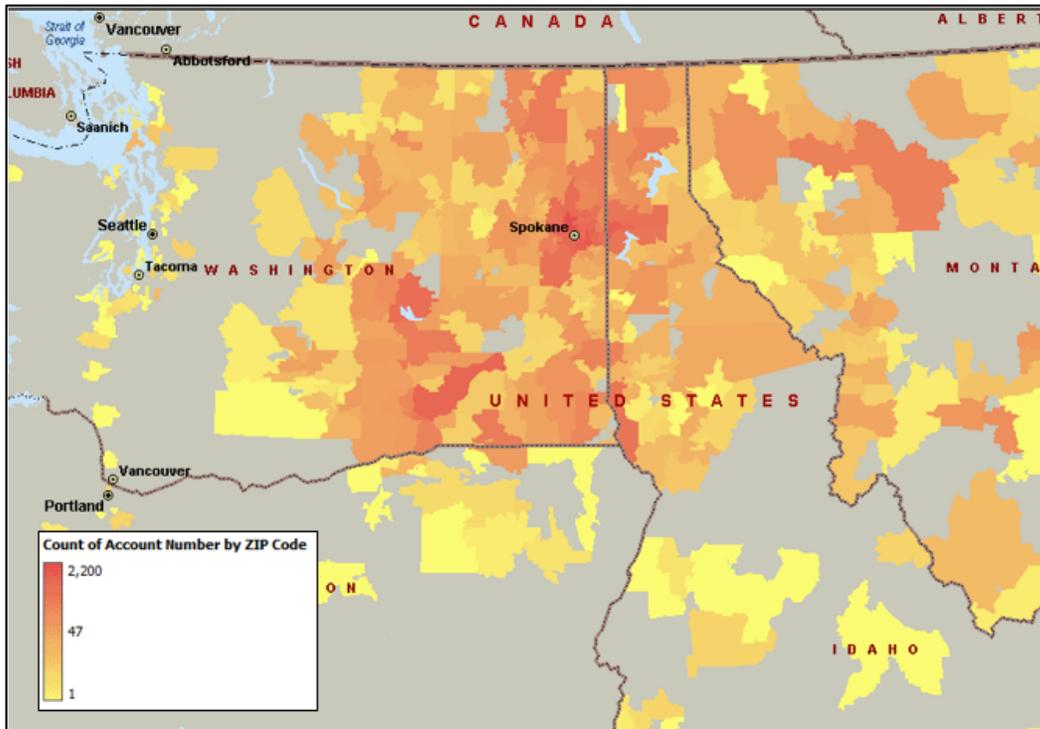
Access to care has never been easier. The Spokane hospital is a great resource and safety net for children with pediatric orthopaedic problems without insurance or ability to pay. We have active contracts with the top payors in the market. However, whether or not a family has insurance has never been a factor; acceptance for care is based only on medical need.



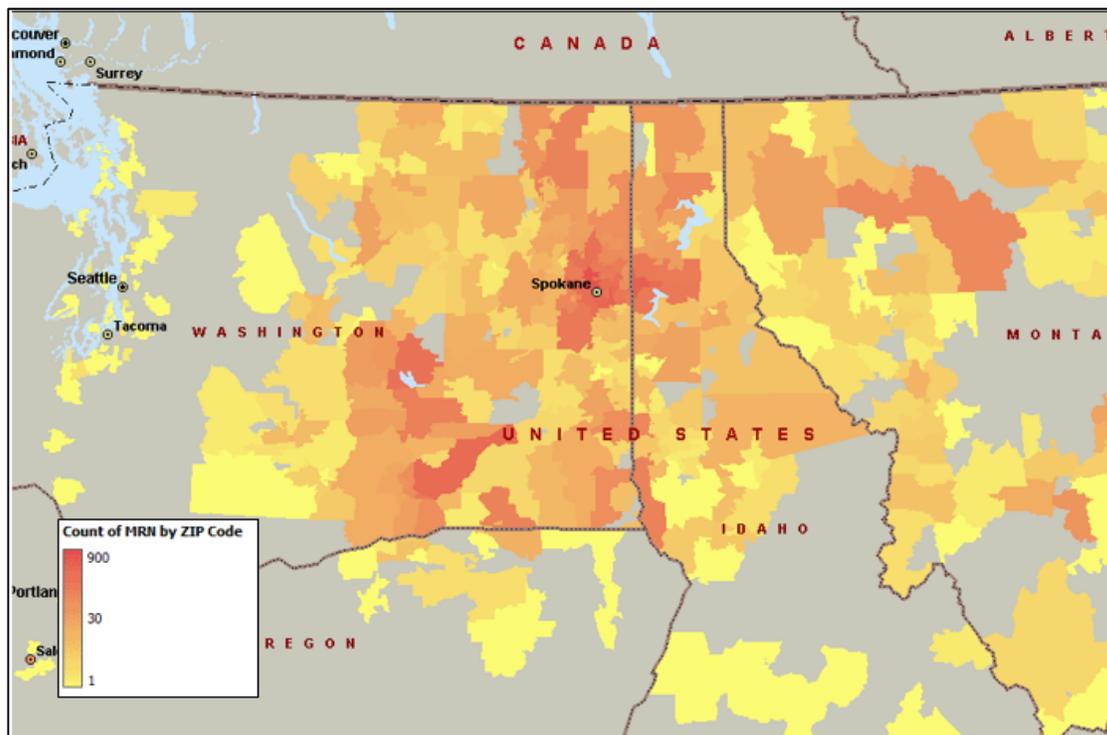
Caring for children beyond our borders is an important part of our mission. Our medical staff volunteers their time and expertise to patients in Mexico, Central America and Africa each year. In addition, every other month a team travels to our Nogales, New Mexico outreach clinic to evaluate kids from Mexico with orthopaedic concerns. We see more than 100 patients a year in the clinic and those children requiring surgery are brought to our hospital in Spokane for treatment.

## Active Patient Map

### SHC-Spokane 2017 Heat Map – Number of Encounters



### SHC-c Spokane 2017 Heat Map – Number of Patients



## Patient Catchment Area



### State Breakdown: Where our Patients Come From

<b>Washington</b>	<b>77%</b>
<b>Idaho</b>	<b>15%</b>
<b>Montana</b>	<b>4%</b>
<b>Alaska</b>	<b>1.5%</b>
<b>Canada</b>	<b>1%</b>
<b>All Others</b>	<b>1.5%</b>

**Washington State population is growing**

- Between the 2000 and 2010 censuses, Washington State’s population increased by 14%
- As of April 2017, an estimated 7.3 million residents call Washington State home.
- The State Office of Financial Management (OFM) projects that this growth will continue with a 28% increase that will bring the state’s population to 9.1 million by 2040.<sup>3,4</sup>

OFM predicts some of this growth (38%) will come from natural increase, when there are more births than deaths. However, they predict that the majority (62%) will result from migration into the state.

Finally, while this projected population growth will have implications for the entire state, population growth will not impact all parts of the state equally. Currently, 75% of the population lives west of the Cascade Mountains, and 77% of growth from 2016 to 2017 was in the five largest metropolitan counties: Clark, King, Pierce, Snohomish and Spokane counties.

<https://www.doh.wa.gov/Portals/1/Documents/Pubs/78945-SHA.pdf>

**Spokane County Population**

Spokane remains Washington’s second-largest city, according to Census population estimates. In 2016, Spokane’s population was about 215,973, an increase of 1.36 percent over 2015. The City of **Spokane** says our **population** is expected to grow by 20,000 people in the next 20 years.

Spokane Valley remained the 10th-largest city in Washington, with a 2016 population of 96,340.

Pediatric Population			
Estimated Pediatric Population in 2022	74,885,819		
Estimated Pediatric Population in 2017	74,039,188		
Condition/Diagnosis	Incidence (I) or Prevalence (P)	Expected Population 2022	Population 2017
Spinal Cord Injury (P)	1.99 cases per 100,000 children (P)	1,490	1,473
Club Foot (I)	1 case per 1,000 live births (I)	74,886	74,039
Acute Burns (P)	15 cases per 10,000 U.S. residents <2 years (P)	112,329	111,059
Cleft Lip and Palate (I)	1 case per 500-550 live births (I)	136,156	134,617
Cerebral Palsy (I)	1.5 per 1,000 live births (I)	112,329	111,059
Scoliosis (I)	2-2.5 cases per 1,000 live births (I)	149,772	148,078
		<b>Overall 1% Decline in Ped. Population</b>	
Source: Shriners Hospitals for Children, U.S. Census Data 2017			
*Includes only the US pediatric population and is inclusive of all markets (not just those where Shriners Hospitals exist).			

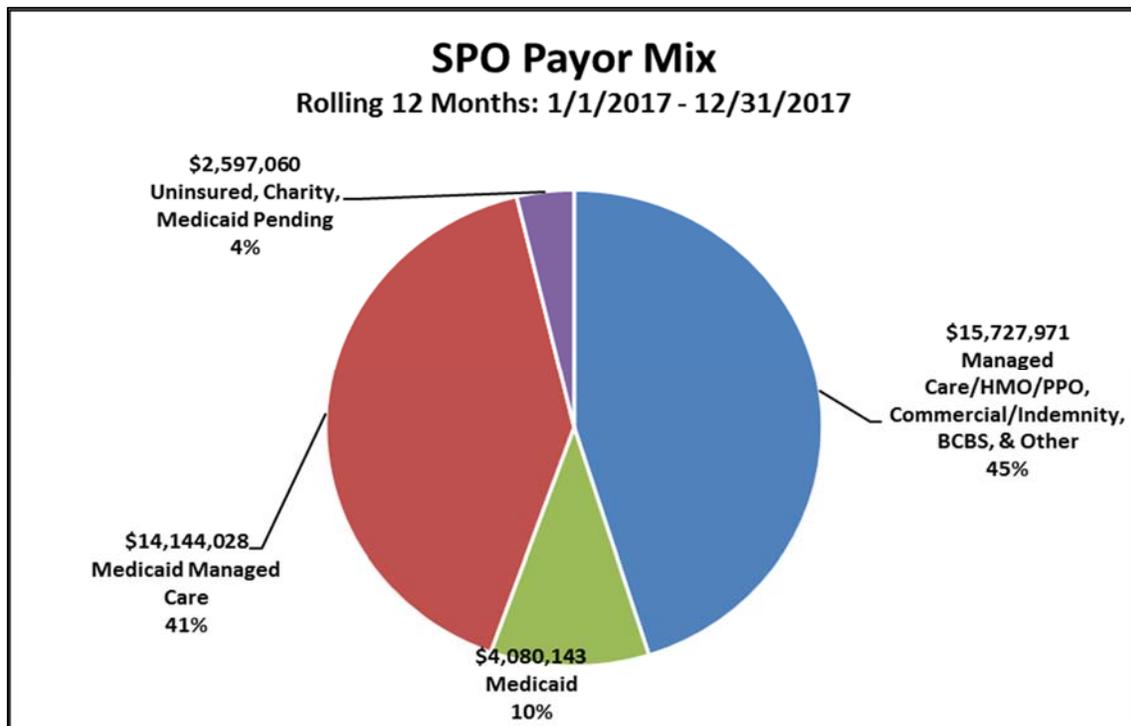
# Shriners Hospitals for Children – Spokane: Patient Type Demographics

## Demographic and Socioeconomic Profile

Demographics Expert 2.7									
2017 Demographic Snapshot									
Area: SHC Spokane Market Area									
Level of Geography: ZIP Code									
DEMOGRAPHIC CHARACTERISTICS									
		Selected Area	USA			2017	2022	% Change	
2010 Total Population		1,021,498	308,745,538		Total Male Population	542,486	571,034	5.3%	
2017 Total Population		1,086,716	325,139,271		Total Female Population	544,230	573,578	5.4%	
2022 Total Population		1,144,612	337,393,057		Females, Child Bearing Age (15-44)	211,103	221,229	4.8%	
% Change 2017 - 2022		5.3%	3.8%						
Average Household Income		\$66,913	\$80,853						
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION				
Age Distribution					Income Distribution				
Age Group	2017	% of Total	2022	% of Total	USA 2017	2017 Household Income	HH Count	% of Total	USA
					% of Total				% of Total
0-14	202,999	18.7%	208,999	18.3%	18.8%	<\$15K	55,439	13.0%	11.8%
15-17	42,591	3.9%	44,587	3.9%	3.9%	\$15-25K	46,801	10.9%	10.1%
18-24	122,793	11.3%	125,244	10.9%	9.8%	\$25-50K	110,655	25.9%	22.9%
25-34	143,300	13.2%	148,480	13.0%	13.4%	\$50-75K	80,845	18.9%	17.4%
35-54	252,742	23.3%	261,995	22.9%	25.7%	\$75-100K	52,562	12.3%	12.1%
55-64	142,147	13.1%	141,677	12.4%	12.9%	Over \$100K	81,250	19.0%	25.7%
65+	180,144	16.6%	213,630	18.7%	15.5%				
<b>Total</b>	<b>1,086,716</b>	<b>100.0%</b>	<b>1,144,612</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>427,552</b>	<b>100.0%</b>	<b>100.0%</b>
EDUCATION LEVEL					RACE/ETHNICITY				
Education Level Distribution					Race/Ethnicity Distribution				
2017 Adult Education Level	Pop Age 25+	% of Total	USA		Race/Ethnicity	2017 Pop	% of Total	USA	
			% of Total	% of Total				% of Total	% of Total
Less than High School	26,373	3.7%	3.7%	5.8%	White Non-Hispanic	886,391	81.6%	60.8%	
Some High School	42,466	5.9%	5.9%	7.7%	Black Non-Hispanic	14,495	1.3%	12.4%	
High School Degree	191,513	26.7%	26.7%	27.8%	Hispanic	112,857	10.4%	18.0%	
Some College/Assoc. Degree	273,023	38.0%	38.0%	29.1%	Asian & Pacific Is. Non-Hispanic	24,134	2.2%	5.7%	
Bachelor's Degree or Greater	184,958	25.7%	25.7%	29.6%	All Others	48,839	4.5%	3.2%	
<b>Total</b>	<b>718,333</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>1,086,716</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>

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## Insurance/Payor Analysis – Spokane



**The following is a list of the existing healthcare facilities and resources within the community that are available to respond to the health needs of the community:**

- Providence Washington:
  - Sacred Heart Children's Hospital
  - Holy Family Hospital
  - St. Luke's Rehab
  - Providence Clinics and Urgent Care Centers
  
- Multicare Washington
  - Deaconess Hospital
  - Valley Hospital
  - Rockwood Clinics
  - Indigo urgent cares
  
- Kaiser Permanente
  - Multi-Specialty Clinics
  - Columbia Medical Associates
  
- Kootenai Health
  - Kootenai Hospital
  - Kootenai Clinic
  
- CHAS Health – multiple clinics
  
- Native Health

## Process and Methods

The Shriners Hospitals for Children – Spokane Community Health Needs Assessment committee is comprised of representatives from the hospital with the knowledge of target markets and populations as well as the ability to gather critical data to create the CHNA. Administration, Patient Care Services, Marketing, Performance Improvement and Finance are the driving representatives in our CHNA.

The group goal is to address a need which is consistent with the mission of Shriners Hospitals for Children – Spokane and will make the most impact in meeting the healthcare needs of our community.

The Hospital developed its own primary data surveys, but also was able to benefit from existing local and regional efforts to determine the needs of the community. Staff from the Spokane Shriners Hospital collaborated with a variety of local health care related organizations and Boards: Spokane Regional Health District, Better Health Together, Community Health Assessment Board, Greater Spokane Inc.: Health Industry Development Group and Washington Rural Health Association. Finally, the group researched pediatric orthopaedic journals, websites, reports and studies for further insight to the plan the hospital could develop.

The task set for the committee was to review existing data and gather new primary data. Surveys were developed to query; patient's families on discharge as well as Press Ganey Spokane Hospital specific surveys. For the purposes of this assessment, we focused our efforts on addressing the opioid crisis from a pediatric pain management perspective. What models and methods can we, as a pediatric healthcare provider contribute to help to alleviate the future of the opioid crisis?

Target Population:

Children 0-18 years old

Living in Washington, Idaho, Montana, Alaska and Canada

## Key Findings

*'Wellness is something we nurture, something we build into our environments, something we build into our policies, something we come together to create as public health professionals, doctors, nurses, lawyers, transportation planners, neighborhood advocates, ParentTeacher Associations and others.'*

*John Wiesman, Secretary of Health, Washington State Department of Health*

Shriners Hospitals for Children — Spokane's medical team members are the region's specialists in pediatric orthopaedic care. Our child-centered focus can be seen in the hospital's anesthesia staff, all five of whom are trained in pediatric anesthesiology. A pediatric anesthesiologist is a doctor who – after finishing an anesthesia residency – continues with another year of intensive training in pediatric anesthesiology. This ensures that these specialists have the greatest knowledge and comfort caring for all children, including those with complex medical problems, from birth to adulthood.

At the Spokane Shriners Hospital, we are committed to providing a patient-focused, family-centered care environment. Our pediatric anesthesiologists treat children with the expertise and compassion needed to help them feel comfortable and recover as quickly as possible.

Spokane Shriners Hospital pediatric anesthesiologists participate in the care of our surgical patients by:

- Performing an assessment during the pre-surgical visit with the patient

Pre-op planning involves a review of the patient's medical conditions, the surgery they are having and the optimal way to provide pain relief for each child based on the child's needs

- Providing anesthesia care during surgery

Anesthetics are given to ensure each child is deeply asleep for the duration of the surgery – this is called general anesthesia. Numbing procedures are often utilized to greatly reduce pain – this is called regional anesthesia.

- Providing pain management after surgery

The anesthesiologist who cares for your child in surgery will continue to care for your child while they are in the hospital. We manage pain daily and work with the nursing staff, pediatrician and surgeons to maximize your child's pain control. We also provide written recommendations for patients and their families about how to manage pain at home.

### Shriners Hospitals for Children – Spokane General Principles of Care

- All children receive care from Pediatric Fellowship Trained Anesthesiologist
- All inpatient children followed by their anesthesiologist (usually intraoperative provider) for their
- pain management care

### Medical management:

- Patients with Chronic or Complex Health issues evaluated and optimized by Pediatrician
- Patients for complex cases seen by anesthesiologist for preop interview and discussion of hospital course (pre, intra, post)

### Preoperative Planning

- All cases discussed at surgical planning meeting
- Care Management consults with anesthesiologist on concerns regarding anesthesia from families
- Pain management plans (peripheral, neuraxial blocks) added to schedule

### Preoperative Pain Management

- Non-opioid medications; Gabapentin, Celebrex and acetaminophen to be started 48 hours before surgery

### Postoperative

- Consultation with Surgeon on expected inpatient postoperative course
- Anesthesiologist providing intraoperative care is on call for their patient while admitted
- Daily pain management rounds with anesthesiologist
- Discharge includes anesthesiologist consulting with Surgeon on plans for NSAIDs
- (Acetaminophen, Celecoxib, Ibuprofen), Gabapentin, Narcotics

Sometimes children need medicine to help with pain after surgery or a procedure. Prescription opioid medicines are very good at controlling pain. They work by blocking pain messages from reaching the brain. There are risks to taking opioid pain medicines, as they can cause serious side effects and lead to dependence, addiction and overdose.

*A nationwide survey commissioned by the **American Society of Anesthesiologists (ASA)** found that while more than half parents surveyed expressed concern their child may be at risk for*

*opioid addiction, nearly two-thirds believe opioids are more effective at managing their child's pain after surgery or a broken bone than non-prescription medication or other alternatives.*

Parents may be worried that their child could become addicted or be at risk for an overdose. The Spokane Hospital Anesthesia team takes critical measures to manage patient pain and limit opioid use, especially for postsurgical pain.

The Shriners Hospitals for Children – Spokane doctors ensure the medication prescribing is rational and appropriate. The anesthesiologist will create an individualized plan to best address patients' pain based on the condition or type of surgery and decrease the risk of opioid misuse.

## **Primary Data Collection**

**The Spokane Shriners Hospital partners with Press Ganey** a patient experience company whose mission is to support health care providers in understanding and improving the entire patient experience.

*We partner with clients across the continuum of care to create and sustain a high-performance environment to ultimately improve the patient experience. Press Ganey's proprietary **Listen-Learn-Lead™** model—data-driven, patient-focused—is proven to deliver exceptional care and patient experiences. The model is founded on the belief that every patient and stakeholder voice matters—and should have an opportunity to be heard—in sharing feedback about their care and their role in the care process.*

**-- Press Ganey website**

The survey is mailed to a set percentage of inpatient surgical, outpatient surgical and outpatient clinic encounters. For the use of this report, only the surgical patients are considered.

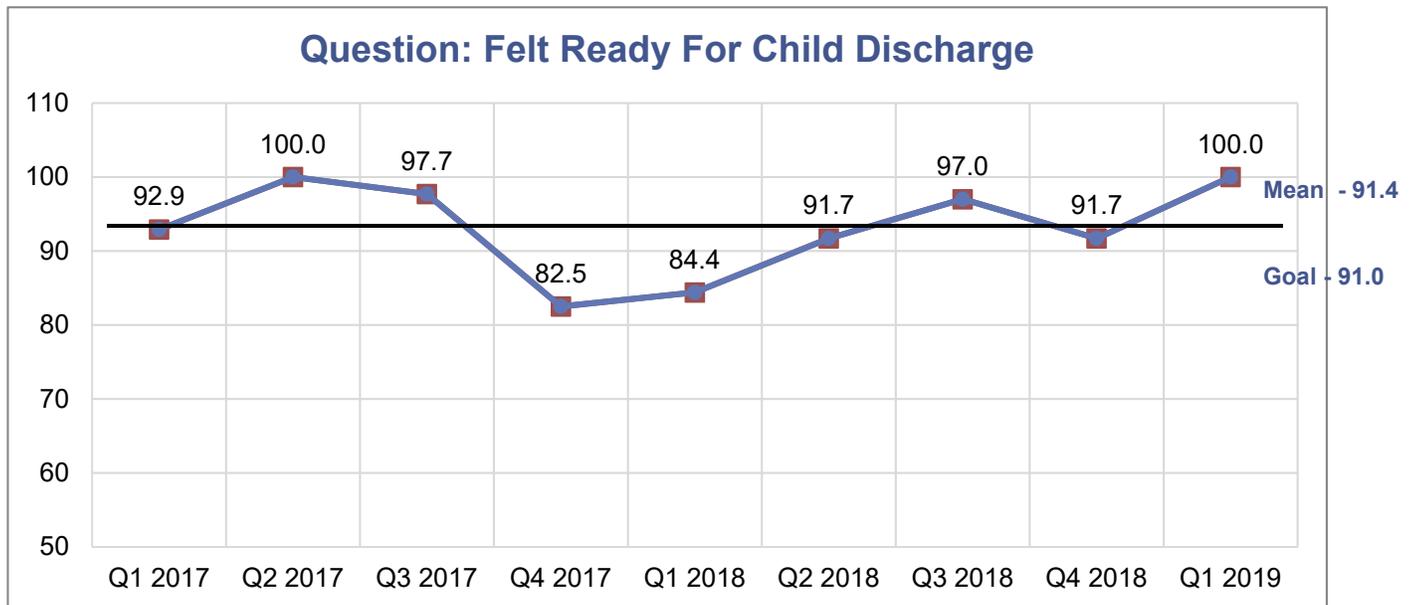
Of the surveys sent, analyzed, recorded and reported by the third party vendor, the hospital sees an approximately 22% total return rate. The Hospital continues to explore new avenues to increase total response rate.

**There are three questions on the Shriners Hospitals for Children – Spokane Press Ganey survey which addresses Pain Management.**

- PRESS GANEY Figure 1A, survey results show the “goal” to attain is a rating of 91.0. Spokane Shriners Hospital achieved above the goal 7 of 9 Quarters, with the “mean” score equal to a rating of 91.4 over the same 9 Quarters. Shriners Hospitals for Children – exceeds the national GOAL.

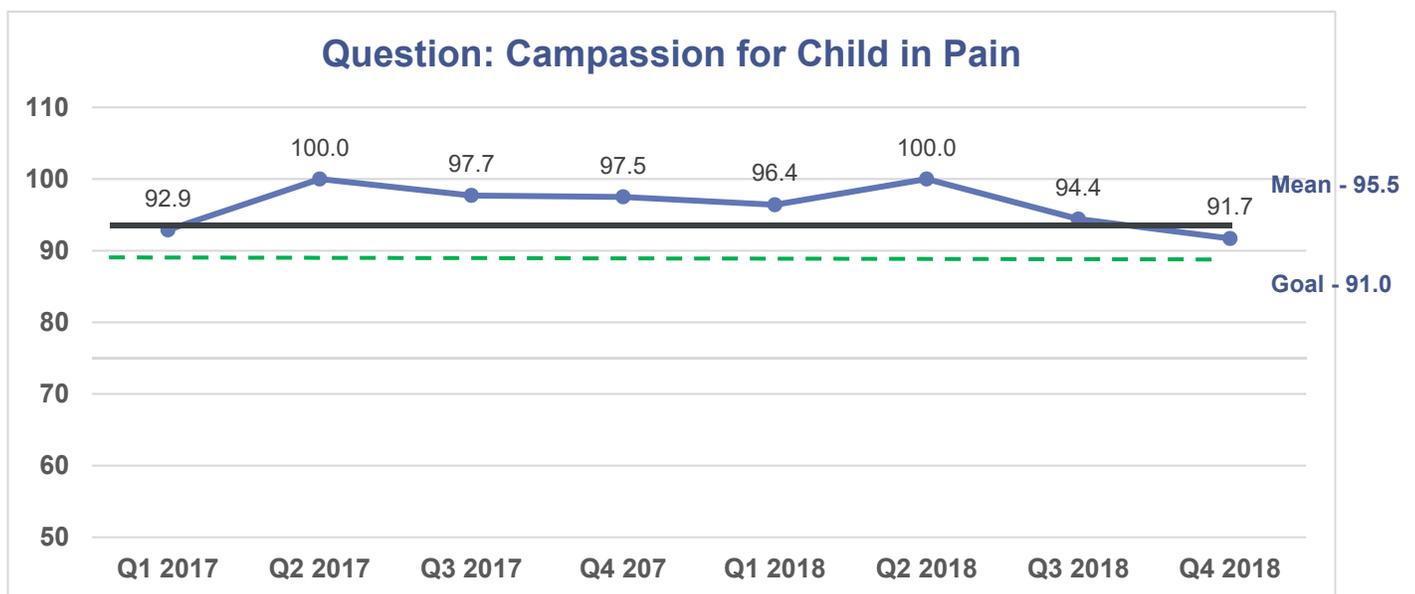


**Means Trends – Shriners Hospitals for Children - Spokane Inpatient Pediatric**



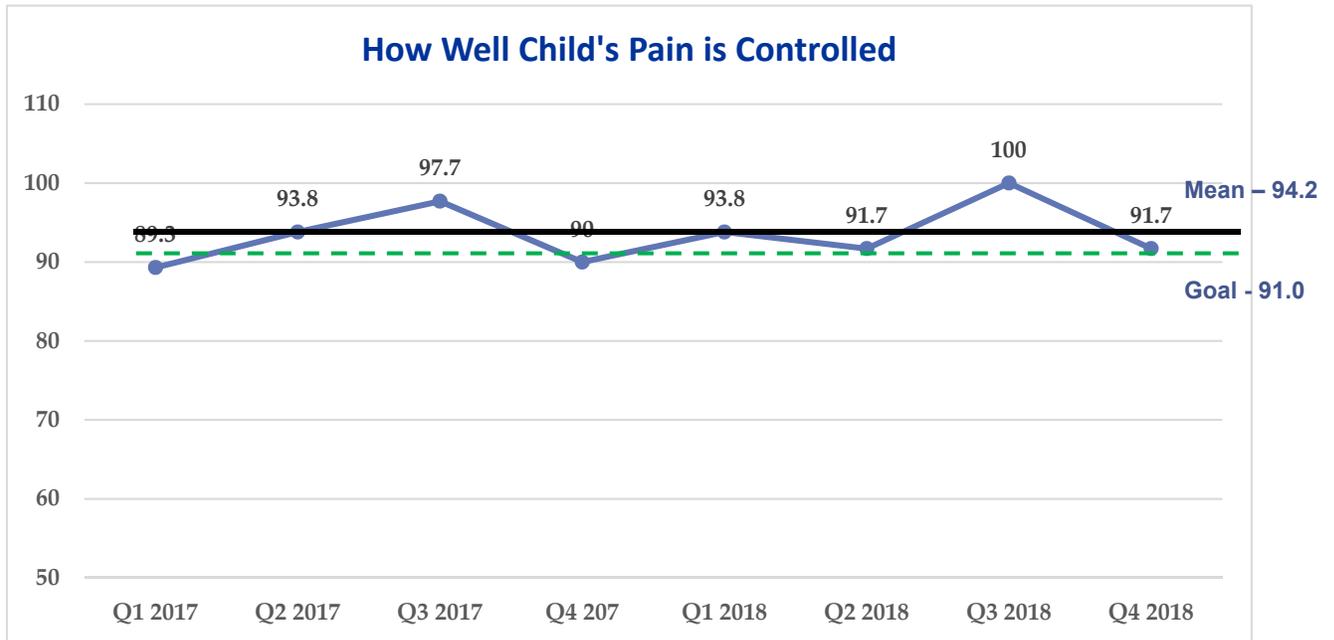
**Figure 1A**

- PRESS GANEY Figure 1B, survey results show the “goal” to attain is a rating of 91.0. Spokane Shriners Hospital achieved above the goal 8 of 8 Quarters, with the “mean” score equal to a rating of 95.5 over the same 8 Quarters. Shriners Hospitals for Children – exceeds the national GOAL.



**Figure 1B**

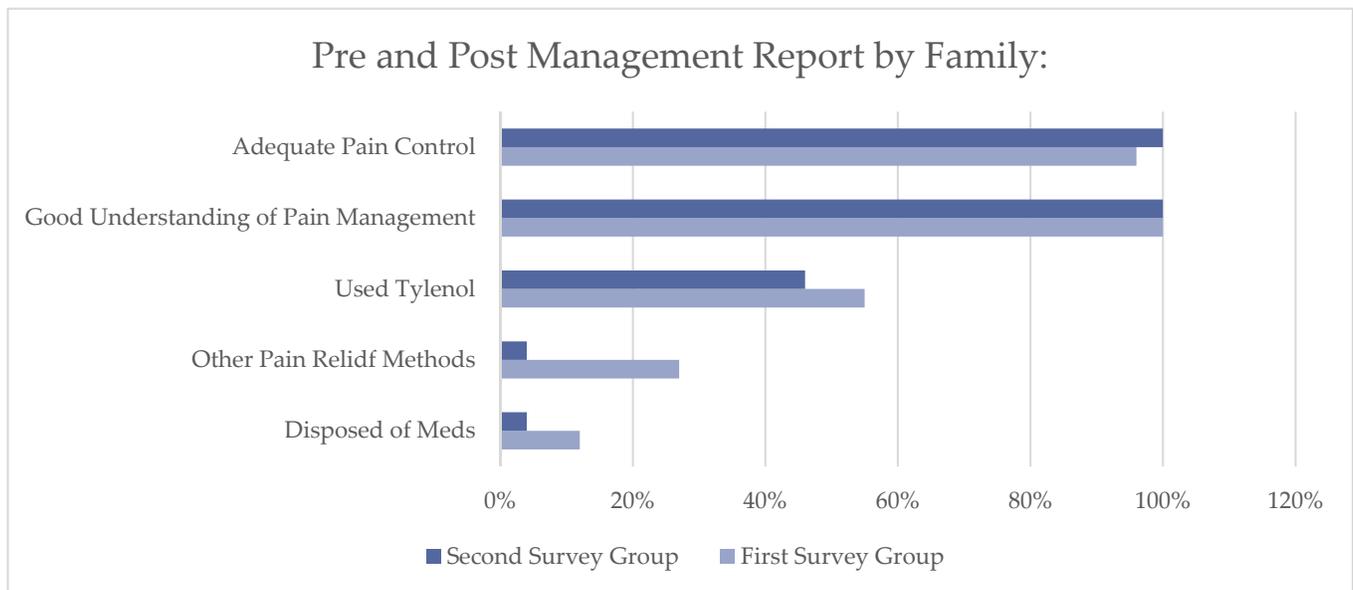
- PRESS GANEY Figure 1D, survey results show the “goal” to attain is a rating of 91.0. Spokane Shriners Hospital achieved above the goal 7 of 8 Quarters, with the “mean” score equal to or above to a rating of 91.0. Shriners Hospitals for Children – exceeds the national GOAL.



**Figure 1B**

These three surveys exhibit the pain management expertise and control shown to patients.

Primary: Shriners Hospitals for Children – Houston



**Figure 1C**

N = 26 in both groups

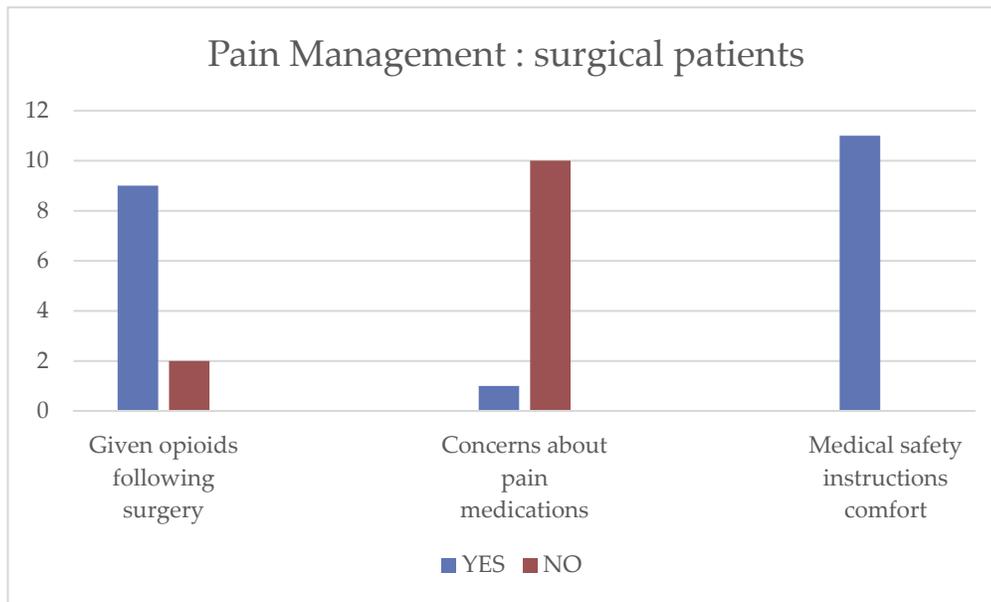
As a comparison, Figure 1C shows data from a sister hospital within the Shriners Hospital healthcare system performed a pain management survey. The data shows great results as 100% of the patients felt they had a good understanding of their Pain Management plan and nearly 100% of both groups responded they felt they had “adequate pain control.”

**In-house SHC-Spokane optional survey given to parents of children having surgery.**

**Question 1:** How do you feel your child’s pain level was at discharge? 1-10 (10 high)

AVERAGE: 4.2

**Questions 2-4**



**Figure 1D**

**Question 5: Parent comments:**

What did you appreciate about Shriners Hospitals for Children – Spokane anesthesiologist pain management practices?

- *Everyone was very nice and helpful!*
- *Very straight forward and they explained all of the questions I had.*
- *They were perfect for James’ specific situation.*
- *The education and follow up of the anesthesiologist was terrific. They continually checked in with us!*
- *Very nice and supportive!*
- *Very good.*
- *It was good.*
- *The anesthesiologist was extremely attentive and informative. We felt very cared for.*
- *I appreciated the use of the epidural, it provided excellent pain control but also the diverse approach to pain control, ie: use of gabapentin, Tylenol and toradol that minimized the need for narcotic pain medication. Was very impressed with the having had surgery a number of times myself – I wish this strategy was employed for adults in the surgical setting.*

## **Secondary Data Collection**

Secondary data was gathered from local and state sources. When available, other community health assessments were reviewed for comparison of priority health issues. Analyses were conducted at the most local and age specific level possible.

The Spokane Shriners Hospital is a member of the Community Health Assessment Board whose purpose is to foster the collaborative use of data to improve the health of our community and reduce the costs associated with poor health outcomes. The Board is comprised of representatives from multiple agencies from many different sectors in the region, including but not limited to: academic, nonprofit, healthcare, government, public health, education.

A next step in gathering secondary data, Shriners Hospitals for Children – Spokane studied additional resources from the State, regional, national and local level to further validate the needs of our community and our families and to ascertain where the Spokane Hospital can make the biggest impact.

## **The Centers for Disease Control and Prevention Guidelines**

When it comes to children and adolescents, the CDC merely states: *“The available evidence concerning the benefits and harms of long-term opioid therapy in children and adolescents is limited, and few opioid medications provide information on the label regarding safety and effectiveness in pediatric patients.”* One clear differentiation was made in April 2017, when FDA announced that children younger than age 12 should not take codeine or tramadol.

The CDC does, however, have observational data showing that opioid prescriptions for pediatric populations grew significantly between 2001 and 2010, much like the trend for adults, and that “a large proportion of adolescents are commonly prescribed opioid pain medications for conditions such as headache and sports injuries.” Further, there are known risks related to opioid use in this vulnerable population, including complications that may be experienced later in adulthood (eg, heroin use or comorbid mental health conditions).

The healthcare community continues to work on how to best address the specific needs and risks of younger patients facing chronic pain, as well as how to safely and effectively manage acute pain after injury or surgery.

### Children on Opioids: The Data

- Adolescents who misuse opioid pain medication often misuse medications from their own previous prescriptions, with an estimated 20% of adolescents with currently prescribed opioid medications reporting using them intentionally to get high or increase the effects of alcohol or other drugs. Misuse of opioid pain medications in adolescence strongly predicts later onset of heroin use.
- About 20% of children with chronic musculoskeletal pain have received opioids and about 15% of children with minor conditions received an opioid prescription each year from 1999 to 2014, according to a study of Tennessee children enrolled in Medicaid.
- Caucasian children are more commonly prescribed opioids compared to minorities. Most Caucasians had race-concordant providers, while only 34.3% of African American children and 42.7% of Hispanic children had race-concordant providers. Among African American children, having a race-concordant provider was associated with a decreased likelihood of receiving an opioid prescription as compared to having a Caucasian source of care provider.
- Adolescent chronic pain has been associated with future opioid misuse.
- Adolescents with a range of prior mental health conditions and treatments had substantially higher rates of transitioning from initial opioid receipt to long-term opioid therapy.
- According to the *American Academy of Pediatrics*, on average, more than 3,000 children under the age of 5 suffer from accidental opioid overdose poisoning each year. Rates of opioid prescriptions to family members of children and adolescents rose substantially between 1996 and 2012, placing children at greater exposure to opioids in their homes and communities.<sup>10</sup>

Source: Children, Opioids, and Pain: The Stats & Clinical Guidelines

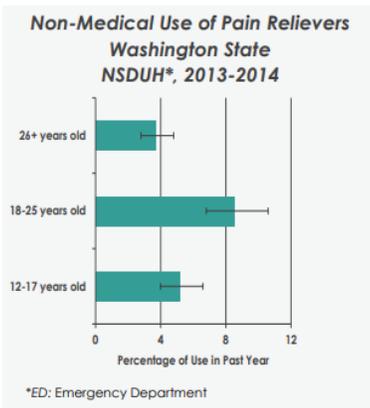
<https://www.practicalpainmanagement.com/resources/clinical-practice-guidelines/children-opioids-pain-stats-clinical-guidelines>

## Washington State Data



For every overdose death, there were 4.5 hospitalizations and 11 ER visits

- In 2016, 1,033 Washington State residents died from drug overdose, an age-adjusted rate of 14 per 100,000 people, and 64% of drug overdose deaths in Washington involved an opioid.
- The highest rates of drug overdose death in Washington occur among men, those 45-54 years old, and American Indian and Alaskan Natives (AIAN).
- Data from the 2013-14 National Survey on Drug Use and Health (NSDUH) show that 4% ( $\pm$  1%) of Washingtonians 12 years old or older have used pain relievers non-medically, which is similar to the nation.
- For 2012-2016, Franklin, King and Whitman counties had drug overdose death rates lower than the state. Clallam, Grays Harbor, and Spokane counties had higher drug overdose death rates than the state.



### Non-Medical Use of Pain Relievers

- According to the NSDUH, in 2013-2014 the percentage of Washingtonians 12 years and older that have used pain relievers not medically--that is, without a prescription or for reasons other than they were intended—was 4% ( $\pm$  1%).
- While Washington had historically slightly higher nonmedical use of pain relievers compared to the U.S., since 2010-2011 the prevalence has been similar to the nation as a whole.

### How is Washington addressing drug overdose deaths?

- Goal 1 Prevent inappropriate opioid prescribing and reducing opioid misuse and abuse.
- Goal 2 Treat individuals with opioid use disorder and link them to support services, including housing.
- Goal 3 Intervene in opioid overdoses to prevent death.
- Goal 4 Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

Source: *Drug Overdose & Nonmedical Use of Pain Relievers*

[www.doh.wa.gov](http://www.doh.wa.gov):

## **Washington State Health Improvement Plan 2014 – 2017**

The SHIP is a long-term, systematic plan to address issues facing the state. The SHIP's purpose is to describe how the statewide community and the health department that serves it will work together with many partners to improve the population's health. Communities, stakeholders, and partners can use the SHIP to set priorities, direct resource use, and develop projects, programs, and policies.

The SHIP sets a tangible course for better health in Washington, recognizing that what we do now affects where we will be in the next ten years. It makes the case for working upstream with many partners to improve individual and community health as the way toward a culture of health for all.

The Washington State Health Improvement Plan is a call to action for all based on a future where everyone is actively seeking health. The State Health Improvement Plan includes both near term and long term goals.

***The long-term focus areas of the SHIP highlight the reality that the best way to improve health is to address what influences health from the very beginning. Good health follows when families and communities give opportunities for healthy starts and healthy choices.***

*A New SHIP: A diverse coalition of partners, convened by the Washington State Department of Health, is steering creation of a new SHIP. It will be finalized in early 2020 and implemented through 2024.*

## **Washington Healthcare Authority's Healthier Washington**

Healthier Washington will help people experience better health throughout their lives and receive better—and more affordable—care when they need it. A unique multi-agency effort supported by federal funding, Washington's state agencies are working with the public and private sectors

Two of the Core strategies of "Healthier Washington":

### **1. Ensure health care focuses on the whole person**

The current system creates barriers to addressing physical health, mental health, chemical dependency, and basic living needs as early as possible and at the same time. The plan calls for methods of integrating care and connecting with community services to achieve the best possible result for individuals.

## 2. Build healthier communities through a broad collaborative regional approach

Virtually all health care is delivered at the local level. Driven by local partners, the plan calls for a regional approach that provides resources to communities. Working together, communities can bring about changes that will improve health for the people they serve.

### Washington Apple Health for Kids (Medicaid) Opioid Prescribing Report

#### *Addressing the opioid crisis*

The use of opioids has been in existence for centuries to treat pain; however, the potentially addictive nature of these drugs has ultimately led to what is now dubbed the opioid crisis. Overprescribing of prescription opioids has led to abuse, substance use disorder, and for many, death.

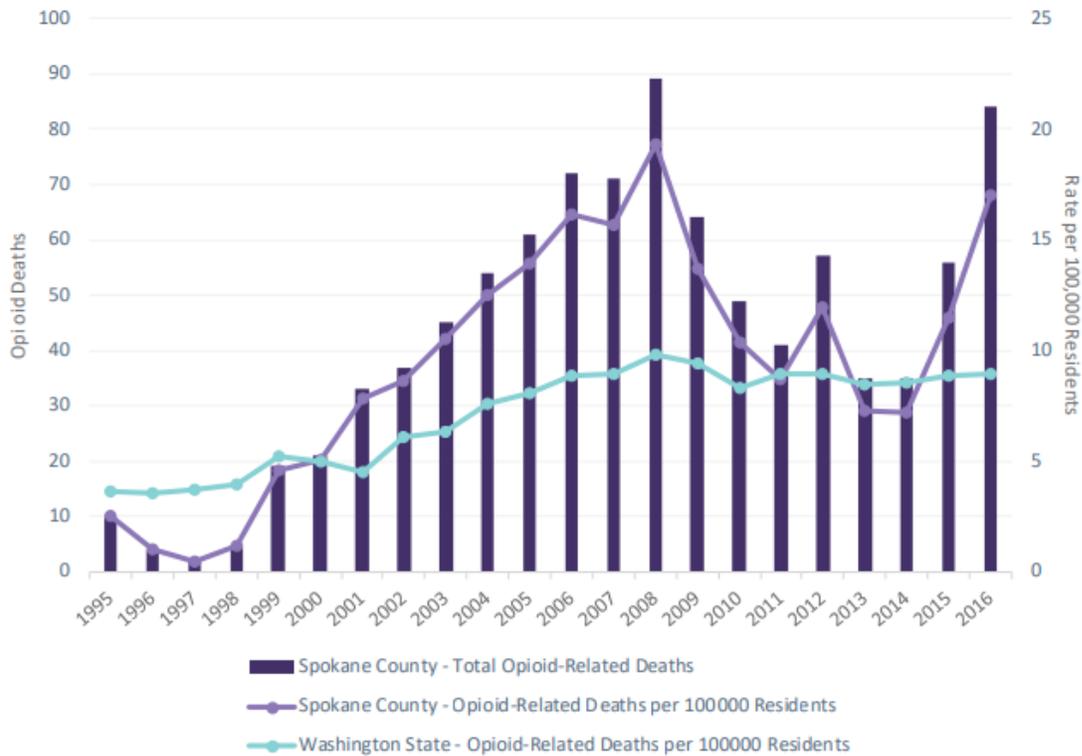
The opioid overdose death rate for Medicaid enrollees was more than four times higher than the overall Washington State population during 2006 to 2012 ([RDA, 2015](#)).

Washington is working on the opioid crisis by addressing the key components outlined by Governor Jay Inslee's [Executive Order 16-09](#). To achieve this, we are partnering with other state agencies through funding from the Centers for Disease Control's (CDC) grant *Prevention for States*.

### **Opioid-Related Deaths – Spokane County**

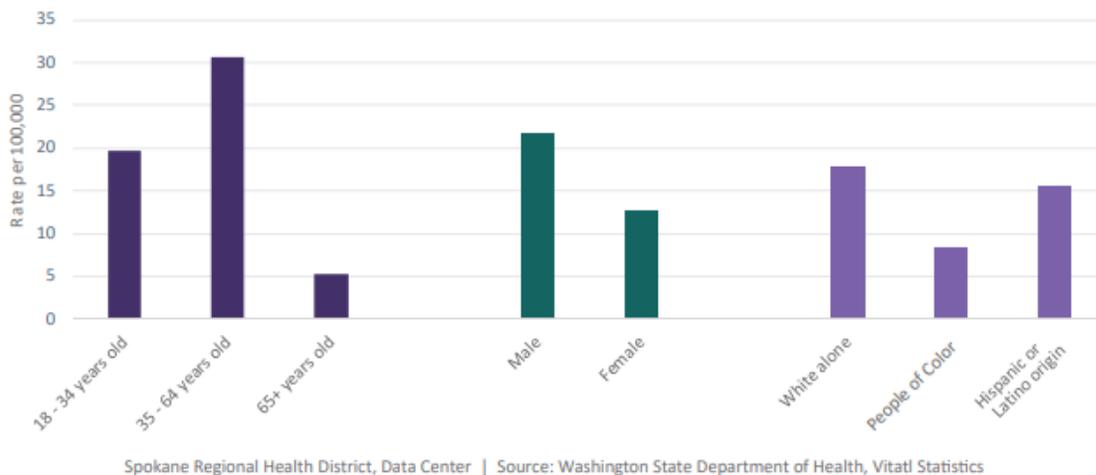
This indicator measured the number of opioid-related deaths, where an opioid was noted on the death certificate. During 2016 in Spokane County, there were a total of 84 opioid-related deaths, increasing from 10, or by 740% since 1995. The opioid-related deaths per 100,000 residents of Spokane County was 17.1, increasing from 2.5 in 1995. Compared to Washington State, the opioid-related death rate was higher in Spokane than that in Washington State (17.1 versus 9.0 per 100,000).

**FIGURE 54. TOTAL OPIOID-RELATED DEATHS AND RATE PER 100,000 RESIDENTS**



The rate of opioid-related deaths varied by age, sex, and race. Those who were aged 35 to 64 years old, male, and white had a higher rate of opioid-related death than their counterparts in Spokane County in 2016.

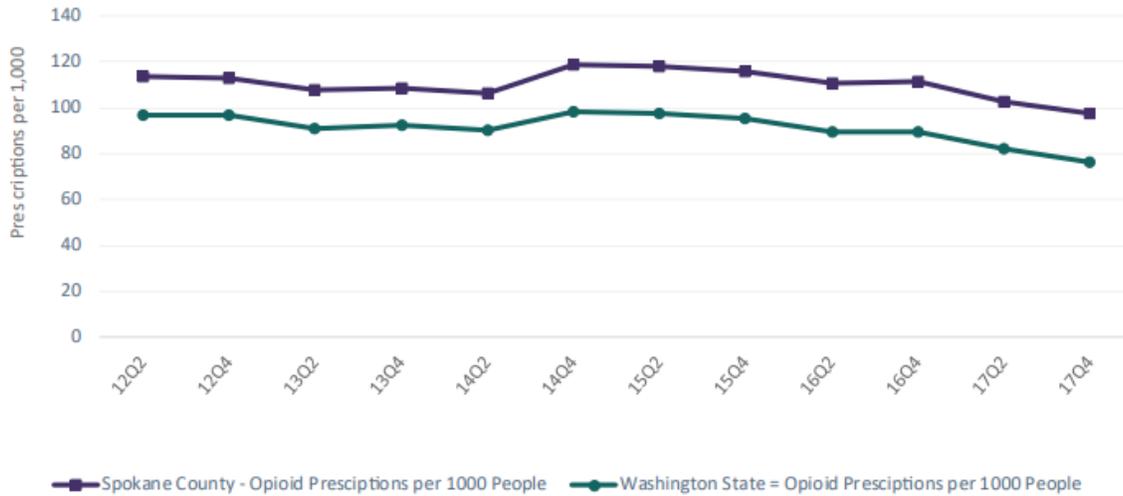
**FIGURE 55. OPIOID-RELATED DEATHS, RATE PER 100,000 RESIDENTS, SPOKANE COUNTY, 2016**



Opioid Prescription Rates This indicator measured the opioid prescriptions per 100 residents of Spokane County. During 2016, the opioid prescription rate per 100 residents of Spokane County was 83.7,

decreasing from 102.6 in 2006. The opioid prescription rate in Spokane County was higher than that in Washington state (83.7 versus 64.9 per 100 residents).

**FIGURE 56. RECIPIENTS OF OPIOID PRESCRIPTIONS PER 1,000 RESIDENTS**



EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health: Community Health Assessment Tool (CHAT)  
 Note: most current data found communityindicators.ewu.edu

*EWU Institute for Public Policy & Economic Analysis, Spokane Trends | Source: Washington State Department of Health, CHAT Tool Note: most current data found communityindicators.ewu.edu*

## Action Plan

*'Health cannot be bought at the supermarket. You have to invest in health. You have to get kids into schooling. You have to train health staff. You have to educate the population.'* — Hans Rosling

Opioid drugs do have a place in pain management, and if used properly, they should not pose a danger of addiction. When it is appropriate to use opioids for pain management, the Shriners Hospitals for Children – Spokane Medical staff ensure patients and families are given the usage, safe storage and disposal information necessary.

According to the American Society of Anesthesiologists: **Parents worried about risks, but still think opioids are best for kids' pain relief, nationwide survey shows.**

### **Patient and Family Education:**

Shriners Hospitals for Children – Spokane medical staff recognizes there are gaps in opioid knowledge and educate patients and families to ensure there is clear understanding on how to use them safely and minimize their risks. If there are questions, parents can ask their doctors for information and clarification, the Spokane Hospital anesthesiologists will address parental concerns, to decrease the risk of opioid misuse.

### **Shriners Hospitals for Children – Spokane Opioid Safety Checklist**

- ✓ Give the opioids exactly as prescribed.
- ✓ Give the opioids only to the person they were prescribed for.
- ✓ Keep track of how much medicine is in the container
- ✓ Talk to your children about the risks of taking medicines that are not prescribed for them.
- ✓ Communicate regularly with your child about the level of pain he/she is feeling, making sure the pain is diminishing with time and staying alert for any signs that your child is growing dependent on the medication.

According to a survey by the American Society of Anesthesiologists; 60 percent of those whose children took opioids said they needed fewer than were prescribed and, consequently, had leftover medication. But only 39 percent of all parents disposed or would dispose of leftover opioids as recommended, including taking them to a local pharmacy or health clinic, flushing them down the toilet or mixing them with dirt, kitty litter or coffee grounds before throwing them away.

### **Shriners Hospitals for Children Secure Storage and Safe Disposal Instructions**

1. **Monitor:** Know where the medications are at all times. Keep a count of how many you have and be on the lookout for “Seekers”.

2. **Secure:** Keep this medicine in a locked cabinet or lock box AND out of the reach of children.
3. **Transition:** Get your child on the combination of acetaminophen and ibuprofen and off the opioid medicine as soon as you can. This will make it less likely your child's body will become dependent on opioids. It is especially important for acute pain.
4. **Disposal:** Be sure to dispose of unused medicines properly, as soon as your child's provider tells you it is time to do so. Opioids and other medicines should be disposed of when they are no longer needed

## **Pain Management Principles at Shriners Hospitals for Children - Spokane**

At the Spokane Shriners Hospital, Pediatric Anesthesiologists provide all inpatient pain management. The team rounds with the pediatric orthopaedic surgeons each day to ensure pain plans are clear and communicated.

### **Epidural administration:**

Our epidurals/regional block (with or without catheters) catheters pain management reduce our post-operative narcotic use. Most surgical patients will not even use narcotics until the block or epidural are discontinued.

- Regional and Neuraxial (Spinal and Epidural) Anesthesia when indicated
  - All interventions requiring major bone work when risk of compartment syndrome is not a concern
  - When possible patient. returns home with auto delivery pain pump and indwelling pain block catheter (3 day system-discontinued by family)
  - Use an initial mix of local anesthetic with potential to provide 36 hours of nerve block pain relief
    - Inpatient
      - Hip Surgery – Epidural 2 day
      - Scoliosis – Epidural 3 day

We have detailed guideline protocols to ensure all staff are comfortable with the pain management plans. This reduces variability, improves patient safety and will reduce disagreement and support evidence based care.

The Shriners Hospitals for Children – Spokane pain management stands out because of our efforts to limit the use of narcotics. Many hospitals have narcotic centered pain management programs for surgical patients. At the Spokane Shriners Hospital, narcotics, when necessary, are only a part of anesthetic care. Our major approach to pain management is nerve blocks and non-opioid alternatives.

## **Pre-Operative**

- All planned surgical inpatients are seen by a Spokane Hospital Pediatric Anesthesiologist prior to day of surgery to discuss expectations and plans for pain management.
- Anesthesiologists collect patient pain score prior to surgery to provide baseline for intra-op and postop pain mgmt.
- Standard non-narcotic for all patient's pre-operative medications for analgesia
  - Acetaminophen (Tylenol)
  - Gabapentin
  - Celecoxib (Celebrex): *for spine patients*

### **Intra Operative**

- Additional non-narcotic interventions
  - Ketorolac (Toradol): *not spine and not pt. with contraindications*
  - Magnesium
  - Ketamine (Ketalar)

### **Post-Operative**

- Regular pain score assessments
- Continue following medications
  - Inpatient
    - Gabapentin
    - Acetaminophen
    - Ketorolac
    - Celebrex
  - Outpatient
    - Gabapentin (when indicated-major surgery with risk of long term chronic pain)
    - Acetaminophen
    - Ibuprofen (to replace Ketorolac-iv med only)
- Patients are regularly sent home with the Ambu Peripheral Pain pump. The case management team provides excellent follow up with these families.
- Patients continue to receive oral analgesics in the immediate post op period (POD 0).

### **Narcotics – Typical Role in Pain Management**

- Pain Scores less than 5: no narcotics
- Pain Scores 5-7: Oxycodone
- Pain Scores 8-10: Dilaudid or Morphine

### What Questions Should You Ask Your Child's Healthcare Provider When an Opioid Pain Reliever is Recommended or Prescribed?

- Is a prescription opioid necessary to treat my child's pain? Might an over the counter (OTC) pain reliever such as acetaminophen (e.g., Tylenol), in combination with a non-steroidal anti-inflammatory drug (NSAID) be just as effective? For chronic pain, can we explore alternative treatments such as physical therapy, acupuncture, biofeedback or massage?
- How many pills are being prescribed, and over how long a period? Is it necessary to prescribe this quantity of pills?
- What are the risks of misuse? (The prescriber should be able to answer this question for the specific drug being prescribed.)
- Should my child be screened to determine his/her risk of substance use disorder (SUD) before this medication is prescribed? If not, why not? (Common risk factors include co-occurring mental health disorders such as depression or ADHD, as well as a family history of addiction or a recent trauma such as a death in the family or a divorce.)

Source: *Partnership for Drug-Free Kids*

## Alternatives to opioid pain management

While opioids can help with pain management for a few days after surgery or injury. Research by the American Society of Anesthesiologists has shown parents often don't ask about alternatives, or aren't aware of the range of options. Shriners Hospitals for Children medical staff want parents to understand that there are effective alternative pain management strategies.

- Non-drug treatments like ice, massage, exercise, physical therapy and relaxation training can be especially useful in treating chronic pain.
  - The Physical Therapy Department, with the nursing staff at the Spokane Shriners Hospital, has implemented efficacy based protocols for early mobilization on major surgeries, The Spokane Shriners Hospital Physical Therapy Rehabilitation mobilizes the patient as early as possible.

-

- Non-opioid, over-the-counter medications, such as acetaminophen (Tylenol), ibuprofen (Advil or Motrin) and aspirin, are used to effectively help treat pain. In addition, there are other non-opioid options, including steroids, antidepressants and anti-seizure medications that may help alleviate pain.

**2019: New regulations throughout Washington State have been implemented, which is aimed at reducing opioid abuse.**

- *One new regulation is there will now be a statewide tracking system. The new regulations require regulating every prescription. Doctors statewide are required to track who receives prescription drugs and the quantity to be assured the patient is not being over-prescribed.*

The Spokane Shriners Hospital reports all controlled prescriptions dispensed via the Washington State Prescription Monitoring Program (WA PMP). This is reported daily even when there is zero activity.

- *Washington state doctors are now also legally required to take extra classes to learn about opioid overuse, and what they can prescribe and what not to prescribe.*

Medical staff education is ongoing. The Shriners Hospitals for Children – Spokane medical staff receive education regarding opioid usage during their license renewal period, which varies by specialty.

## Impact and Ongoing Efforts of 2015 CHNA

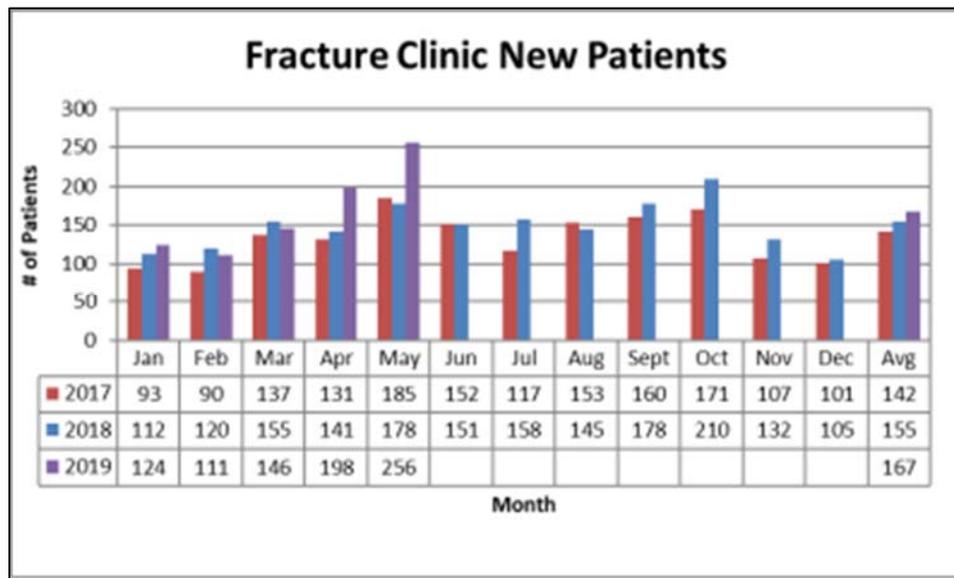
**2015: Access to high-quality health care is an important part of a healthy local economy.** Shriners Hospitals for Children – Spokane plans to continue to increase access to pediatric orthopaedic specialty services for the families in our region to achieve the best health outcomes.

**2015 Goal:** Reduce barriers to accessing pediatric orthopaedic care by delivering the right resources at the right time

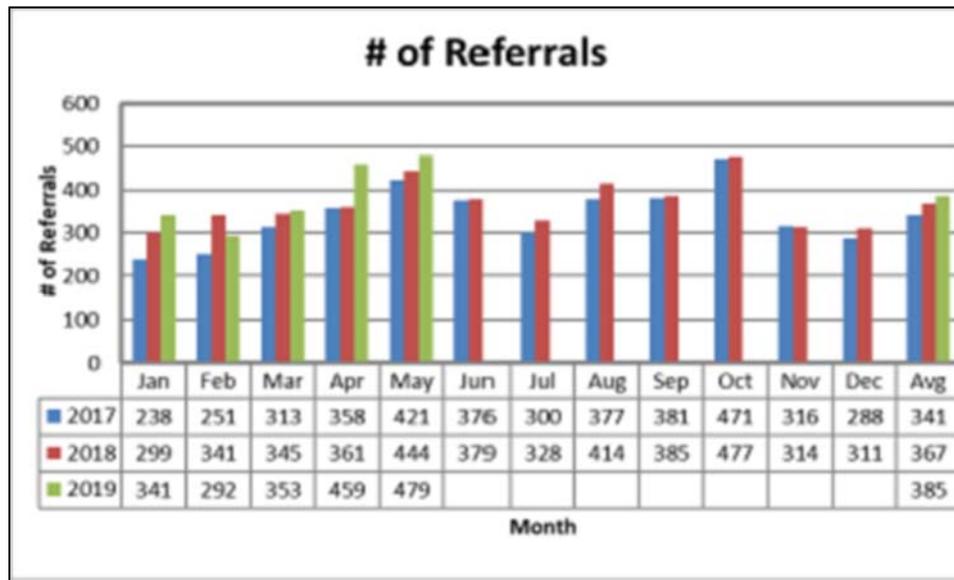
The Spokane Hospital has identified two initiatives to address this need.

- Urgent Pediatric Fracture Clinic
- Richland WA Satellite Clinic

Since the prior 2015 CHNA, the Spokane Shriners Hospital has continued to build efficiencies to meet the community needs with respect to pediatric urgent fractures. The hospital has anticipated a plateau in volume which as yet, has not come to fruition. The hospital continues to add resources and create patient and provider satisfaction in the Urgent Fracture Clinic.



In addition, our volume for all orthopaedic referrals has continued to increase year over year.



Since launching the Richland Outreach Clinic, the Richland Clinic continues to run at full capacity each month, with a patient waiting list. In addition, the hospital has launched two new Outreach Clinics, with plans to continue launching additional Outreach Clinics and telehealth affiliates, focusing on an increase in accessibility to the hospital’s pediatric orthopaedic specialists.

Launched in 2018: Fairbanks, Alaska Outreach Clinic – 4 times per year

Launched in 2019: Kalispell, Montana Outreach Clinic – 6 times per year

## Acknowledgements

Data was identified from many sources of health data, health improvement plans, and initiatives from Washington State, Spokane County and surrounding regions.

1. **Annual report: 2017 - State Health Improvement Plan: Creating a culture of health in Washington: 2014 – 2018**  
<https://www.hca.wa.gov/about-hca/healthier-washington/what-were-working>
2. **Washington State Health Assessment: 2018**  
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/78945-SHA.pdf>
3. **Children, Opioids, and Pain: The Stats & Clinical Guidelines**  
<https://www.practicalpainmanagement.com/resources/clinical-practice-guidelines/children-opioids-pain-stats-clinical-guidelines>
4. **Centers for Disease Control and Prevention**  
<https://www.cdc.gov/>  
<https://www.hca.wa.gov/about-hca/healthier-washington>
5. **County level data were provided by the U.S. Census Bureau, and Community Commons; Community Commons.**
6. **Washington Department of Health**  
<https://www.doh.wa.gov/Portals/1/Documents/Pubs/78945-SHA.pdf>
7. **Community Health Needs Assessment. [Core Health Indicators Report by State]. The U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA),**
8. **Healthy People 2020**  
<http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

# Exhibits

## Press Ganey: Inpatient Pediatric Survey

**CLIENT LOGO**

**INPATIENT PEDIATRIC SURVEY**

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

**BACKGROUND QUESTIONS**

1. Patient's first stay here.....  Yes  No  
 2. Child admitted through the Emergency Department.....  Yes  No  
 3. Did your child have a "normal" stay overnight?.....  Yes  No  
 4. Was your child placed on a special or restrictive diet during most of the stay?.....  Yes  No  
 5. Did a parent or guardian stay overnight?.....  Yes  No

**INSTRUCTIONS:** Please rate the services you and your child received from our facility. Select the response that best describes your experience. If a question does not apply to you or your child, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you or your child.

**ADMISSION**

	very poor	poor	fair	good	very good
1. Speed of admission process.....	<input type="radio"/>				
2. Courtesy of the person who admitted your child.....	<input type="radio"/>				

Comments (describe good or bad experience):

**YOUR CHILD'S ROOM**

	very poor	poor	fair	good	very good
1. Appearance of room.....	<input type="radio"/>				
2. Room cleanliness.....	<input type="radio"/>				
3. How well things worked (e.g., TV, call button, lights, bed, etc.).....	<input type="radio"/>				
4. Courtesy of the person who cleaned the room.....	<input type="radio"/>				

Comments (describe good or bad experience):

continues...

**MEALS**

	very poor	poor	fair	good	very good
1. If your child was placed on a special diet, how well it was explained to you and your child.....	<input type="radio"/>				
2. Temperature of the food (e.g., cold foods cold, hot foods hot).....	<input type="radio"/>				
3. Quality of the food.....	<input type="radio"/>				
4. Availability of the kind of food your child likes to eat.....	<input type="radio"/>				

Comments (describe good or bad experience):

**NURSING CARE**

	very poor	poor	fair	good	very good
1. Friendliness/courtesy of the nurses.....	<input type="radio"/>				
2. Promptness in responding to the call button.....	<input type="radio"/>				
3. Nurse's attitude toward requests.....	<input type="radio"/>				
4. Amount of attention paid to your and your child's social or personal needs.....	<input type="radio"/>				
5. Degree to which nurses kept you informed using language you could understand.....	<input type="radio"/>				
6. Skill of the nurses.....	<input type="radio"/>				

Comments (describe good or bad experience):

**TESTS AND TREATMENTS**

	very poor	poor	fair	good	very good
1. Skill of person who took your child's blood (e.g., did it quickly, with minimal pain, and was responsive to child).....	<input type="radio"/>				
2. Skill of person who started IVs (e.g., did it quickly, with minimal pain, and was responsive to child).....	<input type="radio"/>				
3. Concern for your child's comfort during tests or treatments.....	<input type="radio"/>				
4. Degree to which tests and treatments were explained using language you could understand.....	<input type="radio"/>				

Comments (describe good or bad experience):

**FAMILY AND VISITORS**

	very poor	poor	fair	good	very good
1. Helpfulness of the people at the information desk.....	<input type="radio"/>				
2. Accommodations and comfort for visitors.....	<input type="radio"/>				
3. Staff attitude toward family and visitors.....	<input type="radio"/>				
4. Comfort of waiting facilities for parents.....	<input type="radio"/>				
5. Information provided about available facilities for close family members (e.g., patient's meals, etc., shower, etc.).....	<input type="radio"/>				

Comments (describe good or bad experience):

continues...

**YOUR CHILD'S PHYSICIAN**

	very poor	poor	fair	good	very good
1. Time the physician spent with your child.....	<input type="radio"/>				
2. Degree to which the physician kept you informed using language you could understand.....	<input type="radio"/>				
3. Physician's concern for you and your child's questions and worries.....	<input type="radio"/>				
4. How friendly and caring the physician was toward your child.....	<input type="radio"/>				
5. Trust you had in your child's physician.....	<input type="radio"/>				

Comments (describe good or bad experience):

**DISCHARGE**

	very poor	poor	fair	good	very good
1. Degree to which you felt ready to have your child discharged.....	<input type="radio"/>				
2. Speed of discharge process after you were told your child could go home.....	<input type="radio"/>				
3. Instructions given about how to care for your child at home.....	<input type="radio"/>				

Comments (describe good or bad experience):

**PERSONAL ISSUES**

	very poor	poor	fair	good	very good
1. Staff concern for you and your child's safety.....	<input type="radio"/>				
2. Staff sensitivity to the inconvenience that a child's health problems and hospitalization can cause.....	<input type="radio"/>				
3. Degree to which hospital staff addressed your emotional needs.....	<input type="radio"/>				
4. Response to concerns/complaints made during your child's stay.....	<input type="radio"/>				
5. Staff efforts to know you, preferences, and/or your child's treatment.....	<input type="radio"/>				
6. Degree to which staff respects your knowledge of your own child.....	<input type="radio"/>				
7. Staff concern not to bother you unnecessarily.....	<input type="radio"/>				
8. How well the child's pain was controlled.....	<input type="radio"/>				
9. Staff attempt to make your child's stay as restful as possible.....	<input type="radio"/>				

Comments (describe good or bad experience):

**OVERALL ASSESSMENT**

	very poor	poor	fair	good	very good
1. Overall cheerfulness of the hospital.....	<input type="radio"/>				
2. How well staff worked together to care for your child.....	<input type="radio"/>				
3. Overall rating of care given at the hospital.....	<input type="radio"/>				
4. Likelihood of your recommending this hospital to others.....	<input type="radio"/>				

Comments (describe good or bad experience):

continues...

## Press Ganey: Ambulatory Surgery Survey

**CLIENT LOGO**

**AMBULATORY SURGERY SURVEY**

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

**THE SERVICE YOU RECEIVED (SELECT ONE RESPONSE ONLY)**

Please select the last ambulatory surgery or procedure you received. Rate only that service and visit.

Ophthalmology (eye)  Gastrointestinal  Cosmetic Surgery  
 Ear, Nose, Throat  Dermatology  General Surgery  
 Orthopedics  Urology  Other  
 Gynecology  Cardiology (if applicable)

**BACKGROUND QUESTION**

1. Was this your first visit as a patient to our Ambulatory Surgery Center?  Yes  No

**INSTRUCTIONS:** Please rate the ambulatory surgery you received from our facility. Select the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

**REGISTRATION**

	very poor	poor	fair	good	very good
1. If you spoke with the Surgery Center by phone, how helpful was the person you spoke with.....	<input type="radio"/>				
2. Ease of getting an appointment for surgery when you wanted.....	<input type="radio"/>				
3. Information you received prior to surgery (i.e., time of surgery, how to prepare).....	<input type="radio"/>				
4. Helpfulness of the person at the registration desk.....	<input type="radio"/>				

Comments (describe good or bad experience):

**FACILITY**

	very poor	poor	fair	good	very good
1. Comfort of the Registration waiting area.....	<input type="radio"/>				
2. Comfort of your room/resting area in the Center.....	<input type="radio"/>				
3. Comfort of the waiting area for your family.....	<input type="radio"/>				
4. Attractiveness of the Surgery Center.....	<input type="radio"/>				
5. Cleanliness of the Surgery Center.....	<input type="radio"/>				

Comments (describe good or bad experience):

continues...

**BEFORE YOUR SURGERY OR PROCEDURE**

	very poor	poor	fair	good	very good
1. Waiting time before your surgery or procedure began.....	<input type="radio"/>				
2. Friendliness/courtesy of the physician.....	<input type="radio"/>				
3. Explanation the physician gave you about what the surgery or procedure would be like.....	<input type="radio"/>				
4. Friendliness/courtesy of the nurses.....	<input type="radio"/>				
5. Skill of the nurse starting IV.....	<input type="radio"/>				
6. Information nurses gave you on the day of your procedure.....	<input type="radio"/>				

Comments (describe good or bad experience):

**AFTER YOUR SURGERY OR PROCEDURE**

	very poor	poor	fair	good	very good
1. Nurses' concern for your comfort after the procedure.....	<input type="radio"/>				
2. Information the physician provided about what was done during your surgery or procedure.....	<input type="radio"/>				
3. Nurses' courtesy toward family who accompanied you (if applicable).....	<input type="radio"/>				
4. Information nurses gave your family about your surgery or procedure.....	<input type="radio"/>				
5. Instructions nurses gave you about caring for yourself at home.....	<input type="radio"/>				
6. Your confidence in the skill of the nurses.....	<input type="radio"/>				
7. Your confidence in the skill of the physician.....	<input type="radio"/>				

Comments (describe good or bad experience):

**PERSONAL ISSUES**

	very poor	poor	fair	good	very good
1. Information provided about delays (if you experienced delays).....	<input type="radio"/>				
2. Our concern for your privacy.....	<input type="radio"/>				
3. Degree to which your pain was controlled.....	<input type="radio"/>				
4. Response to concerns/complaints made during your visit.....	<input type="radio"/>				

Comments (describe good or bad experience):

**OVERALL ASSESSMENT**

	very poor	poor	fair	good	very good
1. Overall rating of care received during your visit.....	<input type="radio"/>				
2. Degree to which staff worked together to care for you.....	<input type="radio"/>				
3. Likelihood of your recommending our Ambulatory Surgery Center to others.....	<input type="radio"/>				

Comments (describe good or bad experience):

Patient's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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**PRESS GANEY** This survey was current at the time of printing and distribution to you. If you



**Shriners Hospitals**  
for Children®

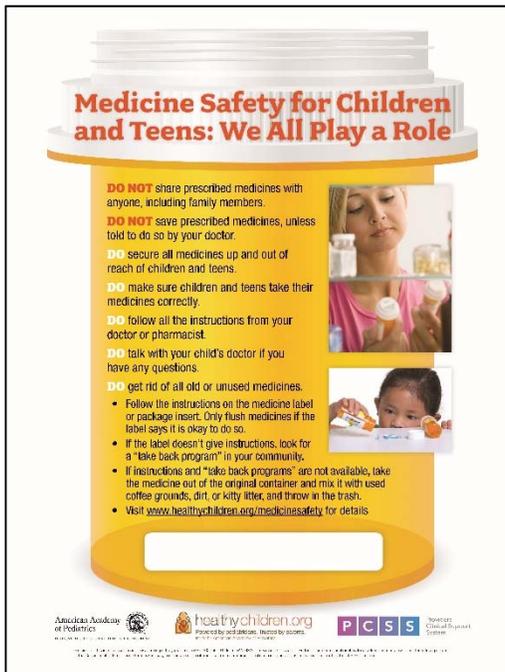
**Spokane**  
Pediatric Specialty Care  
Orthopaedics

1. How do you feel your child's pain level was at discharge? (10 being the highest)  
 1   2   3   4   5   6   7   8   9   10
  
2. Was your child given opioids (*NON-over the counter pain meds*) for pain management following surgery?  
 Y    N
  
3. Do you have any concerns about the pain medications?  
 Y    N   
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Do you feel comfortable with "medication safety instructions"?  
 Y    N
  
5. What did you appreciate about Shriners Hospital's anesthesiologist pain management practices?  
 Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please return to your nurse when complete. Thank you for your input.*

Survey distributed to surgical patients on discharge.



Medication Safety Poster to be placed in patient care areas.