



Learning how to manage pain—Page 9



Nurses without borders—Page 1

The
Portland
Physician

SCRIBE

Vol. 26 No. 15

Published by the Medical Society of Metropolitan Portland on the 1st & 3rd Fridays

August 15, 2008

Improving emergency care for children

Oregon pediatric hospitals catch up by opening their own emergency departments

By Cliff Collins

In keeping with a national trend, Oregon's two children's hospitals are introducing emergency departments dedicated to pediatrics.

At the beginning of this year, Legacy Emanuel Children's Hospital debuted new physical space for its pediatric emergency department. The ED also shifted to a pediatric nurse structure, with specially trained nurses on hand at all times.

"The big change for us is, it's fully staffed with dedicated pediatric nurses, 24-7," said William Lennarz, MD, director of pediatric emergency medicine at



Charge nurse Joan Hascall presides over the new kids-only ER at Legacy Emanuel Hospital which features a kid-friendly atmosphere. photo by L.E. Baskow

Legacy Emanuel. Next January, Doernbecher Children's Hospital will open

its ED, with an entrance and waiting room separate from adult emergency patients.

Doernbecher's will be staffed with five board-certified pediatric emergency physicians and pediatric nurses and nurse practitioners, said David M. Spiro, MD, chief of pediatric emergency medicine at Doernbecher.

Spiro said Oregon is behind most states in offering dedicated emergency rooms for children. Doernbecher itself will be the last free-standing children's hospital in the nation to open a separate ED for pediatrics, he added.

For the hospital, the change will be like jumping "from 1970 to 2008," Spiro said. "It's very exciting."

Please see CHILDREN, page 5

Secrets of weight loss

Consistent tracking is key; every bit helps

By Cliff Collins

Two clinical studies recently conducted by Kaiser Permanente's research arm relate to weight loss: one concerning strategies, the other confirming its health benefits.

It's an important subject when two-thirds of the American population is overweight or obese.

In the first study, Kaiser's Center for Health Research, as one of four centers nationally, found that a large group of motivated overweight or obese individuals lost medically significant amounts of weight by using behavior strategies such as keeping a food diary.

In fact, that act alone was an important contributor to the results.

Clinicians have been encouraging food record-keeping for some time, but in the Kaiser study, "it was just striking how strong the effect was when adjusted for other factors," said Jack F. Hollis, PhD, a Kaiser researcher and lead author of the study's first phase, published in the August issue of the American Journal of Preventive Medicine.

"Keeping good diaries seems to be effective even if you're not

Please see WEIGHT LOSS, page 4

Nurses without borders

Unique exchange program impacts patient care

By Jennifer Willis

At Bugando Medical Centre in Mwanza, Tanzania, ICU nurses are short-staffed and overwhelmed by the number and variety of cases coming through the door — from tetany, malaria and spear wounds to burn injuries, patients who have swallowed battery acid in suicide attempts and those with machete wounds from torture.

"It is difficult because we are few nurses," says Rebecca Kulinganila, an ICU nurse at Bugando, an 800-bed facility near Lake

Victoria. "It's difficult to work as [a] team. You can imagine two nurses [to] 12 patients. Too difficult."

Kulinganila and Rahel Ng'wandu are the second pair of Tanzanian nurses to visit Providence St. Vincent's Medical Center in Portland as part of an exchange program that began in 2005 when St. Vincent ICU nurses Deby Reilly and Pat Perry traveled to Mwanza to teach ICU skills at Bugando's new ICU facility.

"What we found were really terrific nurses that were every

bit as talented as any co-worker I have here," Reilly says of her visit to Bugando, where hot water bottles had to be improvised from surgical gloves filled with tea water.

"It became apparent to me that these really talented nurses simply needed more education and tools, and maybe exposure to something a little bit different."

On the plane back home to Portland, Reilly and Perry devised the exchange program to maximize ICU training in technology and technique, empower nurses by encouraging them to



Rahel Samuel Ng'wandu (left), Sue Dillow (center) and Rebecca Patrick Kulinganila (right)

take more initiative and teach a collaborative approach to care. To

Please see NURSES page 3

Hospitals ready for hit from new Medicare rules

Federal payments will end for care related to medical errors

By Peter Korn

Portland hospitals — as well as hospitals around the country — are girding for a hit to their bottom lines this fall, when the federal Centers for Medicare and Medicaid Services will stop

paying the bills for care due to certain medical errors.

Last year, Medicare Services listed eight preventable conditions for which it would not make payments to hospitals beginning Oct. 1. Among those were a variety of infections, bed

sores, objects left in patients' bodies following surgery, and giving patients the wrong blood.

Last week, Medicare Services added to the list. At the top of the additions is surgical site infections, long a concern of patient advocates. Infections acquired

during surgery often lead to huge treatment bills as well as severe complications for patients.

In addition, the new Medicare policies mean that deep vein thrombosis or pulmonary embolisms following knee and hip replacement surgery will not be

reimbursed either.

The rules should help make hospitals more accountable for their care, according to Don McLeod, public affairs specialist

Please see MEDICARE page 8

NURSES

continued from page 1

be eligible for the exchange, the Tanzanians had to speak English and be bedside nurses.

Kulinganila and Ng'wandu arrived in Portland July 2 to begin three months at St. Vincent's ICU. The two are receiving the same training afforded to ICU nursing residents at the hospital, shadowing ICU nurses and attending multidisciplinary team rounds.

"Here, there's a lot of equipment that's different," says Kulinganila, who was surprised to see patients being lifted by a ceiling crane to shift positions. "There, we just used our own power, but here everything is equipment to lift the patient. The way they protect themselves and the patient, that's good."

When the nurses complete their three months at St. Vincent's, they will return to Bugando to teach their fellow nurses what they have learned. Officials at Bugando say the exchange program has transformed their ICU.

"This program is sustainable, greatly influences the health of our critically ill patients and elevates us to a training center for innovative health care in Tanzania," say Intensivist Arndt Koebler, MD, and project liaison Elizabeth Mach, RN, in a joint letter from Bugando.

The new skills and training have proven so valuable that nurses from outlying areas in Tanzania are now coming to Bugando to learn from those who have participated in the exchange, and then take this training back to their own hospitals.

Ng'wandu is hopeful that these inroads — both in technical training and in the adoption of a more team-based approach to patient care — will ultimately help to reduce nursing shortages.

"If they see other nurses can help us, how they work together and have more knowledge, some

other people can be attracted to go to school and do nursing," she says. "As we improve care, it means the patients will get more good care."

Reilly is hosting Kulinganila, and Ng'wandu is staying with St. Vincent's nurse Rosa Delarosa, who took the pair camping at Crater Lake. The Tanzanian nurses had never experienced snow or 36-degree temperatures before.

"It's just two different cultures. It's amazing how overwhelming it is for them," says Delarosa. "Three months is not enough to do all this training. They're enthusiastic to learn. I think they have a lot of good things to tell their peers when they get back."

The Tanzanians aren't the only ones benefiting from the exchange. Reilly sees the visiting nurses struggling with their new-found leisure time in the United States, no longer having to hand-wash clothes and boil water — yet Reilly hadn't realized she herself had gotten into the bad habit of eating on the run, until Ng'wandu pointed this out to her.

"She sat down at the table with her food and she said, 'I'd like you to eat with me,'" Reilly says. "We sit down and we have dinner. It's very nice."

Kulinganila and Ng'wandu have seen positive changes at Bugando since the first pair of nurses, Sophia Kassim and Fortunata Petro, returned from their exchange visit to St. Vincent's in 2006.

Kassim and Petro now teach their fellow nurses how to care for ventilated patients and how to read EKG rhythms so they can understand what the monitors are telling them.

But the training is having an even deeper impact on patient care.

"They are making personal relationships with their patients," Ng'wandu says. "Even the attitude of their care changes."

THE
OREGON
CLINIC

Specialty Medicine
with Commitment,
Care & Compassion



The Oregon Clinic has been working with you to serve the health care needs of the greater Portland area for nearly 15 years. We provide the highest quality care in over 30 medical specialties and sub-specialties, including:

- Cardiology
- Cardiothoracic Surgery
- Diagnostic Imaging
- Ear, Nose and Throat
- Gastroenterology
- General and Minimally Invasive Surgery
- Medical and Radiation Oncology
- Neurology
- Podiatry
- Pulmonary and Sleep Medicine
- Urology

Locate an Oregon Clinic specialty physician:

www.oregonclinic.com

503-935-8000