



HEALTH SCENES®

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Health Link



TEA GOOD FOR BONES?

Milk isn't the only drink that's good for your bones—so is tea. According to a study of 275 older women, drinking tea on a daily basis lessened bone loss.

American Journal of Clinical Nutrition

IS IT ASTHMA? Coughing is a common sign of asthma in children. A child with asthma may cough at night or after running or crying. Any child who frequently coughs should be checked for asthma.

American Lung Association



PRESERVE YOUR MEMORY

To keep your memory sharp, try this exercise: Look at a photograph, and then look away. Next, write down all the items in the photo that you remember.

American Medical Association

IMPROVING ACCESS TO HEALTH CARE

Grande Ronde Hospital leads the region

Access to medical care has always been an issue for rural communities. ♦ One hundred years ago, traveling 13 miles from Summer-ville to La Grande was considered an overnight trip, and patient mortality was an all-too-common occurrence.

Over the past 100 years, access issues have certainly improved in rural areas, but the availability of specialty health care is still a challenge. For example, small communities could not possibly sustain the services of a full-time cardiologist, neonatologist or dermatologist.

Perhaps no one person, entity or institution understands access issues better than Grande Ronde Hospital (GRH). Our board of trustees' willingness to envision the possibilities for improving access has been instrumental in preparing this hospital for a leadership role in the future of health care for the region.

THE POWER OF TELEMEDICINE In June 2007, Mike Ward, the executive director of the telemedicine program at St. Alphonsus Regional Medical Center in Boise, approached GRH's Doug Romer, executive director of patient care



THE DOCTOR IS IN: From 175 miles away at St. Alphonsus Regional Medical Center in Boise, a cardiologist beams in via the RP-7 Remote Presence Robot (left) during his patient's echocardiogram performed at Grande Ronde Hospital.

services, about robots. Ward was looking for rural partners willing to use cutting-edge U.S. military technology developed by InTouch Health, a remote presence robotics industry leader. Initially, the intent was mainly to offer education for nursing staff using a real-time interactive robot stationed in La Grande that is controlled by an instructor in Boise using a laptop and joystick.

It was also apparent that by using this technology, St. Alphonsus' specialists had the capability to deliver clinical expertise and specialty care to physicians and their patients in rural locations.

Since then, Ward has developed the IDA/ORE Telehealth Network, partnering with six small hospitals and one clinic from Eastern Oregon and Western Idaho. So far, GRH has been the first to fully use

the potential of this network.

Today, GRH physicians, nurses, clinicians and technicians are using telemedicine for education, interactive surgery assistance, three different cardiology programs, maternal-fetal medicine, neonatology and intensive care consults. Additional possibilities currently on the horizon include dermatology, neurology and acute stroke care.

A HEALTH CARE LEADER In fact, it was GRH's burgeoning telemedicine program that prompted the Oregon Medical Board last summer to adopt a new ruling that will allow the use of telemedicine as an additional health care option for all Oregonians.

In October GRH was further honored

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ON-THE-JOB HEALTH: It pays to do your best to avoid sharing germs with your co-workers.

STAY WELL WHILE AT WORK

Tips on avoiding colds and flu

SOME THINGS—FROM IDEAS to information—are worth sharing at work. But germs aren't one of them.

So how can you avoid coming down with a cold or the flu this winter, especially if you're surrounded by co-workers who are sniffing, sneezing and coughing?

You can't—at least not entirely.

But some simple, commonsense precautions will lower your risk of becoming sick. Start with these tips from the U.S. Centers for Disease Control and Prevention:

Wash up. One of the most effective—and sometimes underappreciated—defenses against contagious diseases is frequent handwashing.

Cleaning your hands protects you from germs you may have picked up by touching a desk, phone or anything else contaminated by cold or flu viruses.

However, there's handwashing and then there's handwashing. To actually get rid of germs you need to:

- Scrub your hands vigorously with soap and warm water for about 20 seconds. That's the amount of time it takes to dislodge and remove disease-causing germs.

- Dry your hands using a paper towel or air dryer.
- Clean your hands with an alcohol-based hand wipe or gel if soap and water aren't available.

Don't touch your eyes, nose or mouth. These parts of your body are gateways for viruses. If you touch a keyboard or other surface with flu or cold viruses on it and then touch your eyes, nose or mouth, you're inviting germs to enter your body.

Get vaccinated against the flu. The flu, in particular, is something you want to do everything possible to avoid—and not only because it can make you feel lousy for days. The flu (or what doctors call influenza) has the potential to cause serious, even life-threatening, complications, such as pneumonia. The good news: You can greatly decrease your chances of being infected by getting the flu vaccine every year.

Be kind. Finally, be sure to show your co-workers the same consideration you expect of them.

To avoid spreading germs yourself, always sneeze or cough into a tissue or into your upper sleeve instead of your hands.

Most important, if you have any signs of a contagious illness, stay home—don't go to work. ✨

Flu vaccines: Is the shot or nasal vaccine right for you?

Being squeamish about needles doesn't necessarily mean you have to avoid getting vaccinated against the flu.

There are now two ways for many people to protect themselves against the flu. One is the traditional flu shot—the kind that you get in your arm. The other is a flu vaccine given as a nasal spray.

Here's what you need to know

about these two options:

- They work in the same way. Both vaccines cause disease-fighting antibodies to develop in your body, thereby reducing your risk of coming down with the flu.
- The flu shot is generally an option for anyone 6 months old or older, including those with chronic medical conditions.
- The nasal spray is not advised for

children younger than 2 years old or adults 50 or older. Neither is it appropriate for people with heart, lung or kidney disease; diabetes; or weakened immune systems; or children with asthma or other breathing problems.

Ask your doctor which vaccine is best for you.

Sources: American Academy of Family Physicians; U.S. Centers for Disease Control and Prevention

WINTER PRODUCE

GOOD EATING THIS SEASON

AH, THE BOUNTY of winter vegetables!

That's probably a phrase you've never heard before—and perhaps wouldn't consider realistic.

But if you've always thought fresh vegetables are mainly summertime fare, think again. Even in cooler weather, fresh veggies can be in vogue. In fact, fall and winter are peak seasons for several types of produce, including winter squash and root vegetables.

If you haven't tried these tasty treats, now is the time to tempt your taste buds.

"Winter vegetables are plentiful," says Dee Sandquist, MS, RD, spokeswoman for the American Dietetic Association. "They are easy to prepare, have great flavor and add color to our meals."

That color is important because it signals the presence of phytochemicals. These natural substances appear to help strengthen our immune systems and fight cancer, the American Institute for Cancer Research reports.

Winter vegetables are also good sources of fiber. And many provide vitamin A, vitamin C and other nutrients too. Here are some common winter vegetables with tips on preparing them:

Winter squash. Winter squash includes several varieties, such as acorn, butternut, banana and spaghetti.

According to the U.S. Centers for Disease Control and Prevention (CDC), winter squash can be stored for up to three months if in a cool, dry place and can be served by itself with seasonings—such as ginger, cinnamon or cumin—or added to stews, casseroles and soups.

To bake squash, Sandquist and the CDC recommend washing the skin, cutting the squash in half, removing the seeds and strings, and placing it in a 350-degree oven for approximately one hour. Include about 1 inch of water in the pan. You can also roast squash, alone or with other vegetables, drizzled with a small amount of olive oil.

Other options include boiling, microwaving, sautéing or steaming.

Turnips. In general, smaller turnips have a sweeter taste than larger ones.

Turnips can be eaten raw, sliced, diced or julienned. If you cook them, cook only to the point of tenderness. Overcooking turnips reduces their sweetness.

Rutabagas. These are a cross between a cabbage and a turnip. Look for smooth, heavy and firm roots. Before cooking, quarter the root and peel its skin.

Parsnips. These have a celery flavor and a nutty fragrance. You should wash, peel and trim parsnips as you would carrots. If you steam them, parsnip skins will slip off after cooking. If you puree the parsnips, leave the skins intact.

VARIETY IS KEY You can and should enjoy fresh vegetables this time of year, but don't think it's best to avoid canned or frozen varieties of other veggies. A good mix of vegetables is key to good health, and it doesn't matter how you get them.

"If vegetables are frozen or canned, they're taken at the peak of their nutrition and they're preserved," says Sandquist.

For more nutrition tips, search the Health Library at www.grh.org. ✨

STAY SAFE WHEN THE WEATHER IS COLD

IN THE DOG days of summer, many of us may fantasize about colder weather.

But no matter how welcome the relief, when temperatures dip, the risk of weather-related health hazards rises, cautions the U.S. Centers for Disease Control and Prevention (CDC).

One dangerous case in point is hypothermia. Potentially life-threatening, hypothermia happens when the body loses heat faster than it can produce it and the body's temperature drops below 95 degrees.

Body temperature that is too low affects the brain, causing fatigue, clumsiness and confusion. Those suffering from hypothermia may not be able to tell someone how gravely ill they actually are.

Untreated, hypothermia can cause both breathing and heart rate to slow and weaken. This, in turn, can lead to coma and death. Those who survive may have lasting kidney and liver damage.

RISKS EVEN ABOVE FREEZING Hypothermia is typically a threat only in frigid weather. But it can also happen in above-freezing temperatures, especially on windy or rainy days and in parts of the country where cold weather isn't common, the CDC warns.

Hypothermia can even occur indoors, particularly in vulnerable people.

Most susceptible are the very old and the very young.

The elderly are prone to hypothermia because, as we grow older, it becomes increasingly hard to maintain a normal body temperature in chilly conditions. Older



Cold air may trigger asthma attacks

No, you're not imagining it if your asthma seems to get worse in the winter.

For many people—particularly children—cold weather is an asthma trigger. If you're one of these sensitive individuals, breathing cold air can irritate your airways and bring on asthma's signature symptoms—namely, wheezing, chest tightness, coughing and shortness of breath.

And unlike some asthma triggers, cold air isn't something you can easily avoid, especially if you spend a lot of time in a chilly climate.

Still, you do have options other than staying indoors.

On frigid days, loosely cover your nose and mouth with a heavy scarf. This will help warm the air you breathe in. Or you might try wearing a specially designed ski mask that can help you avoid inhaling cold air.

Sources: American Lung Association; National Heart, Lung, and Blood Institute

adults are also less sensitive to the cold and thus may not notice a drop in their body temperature.

Babies, like seniors, can't easily regulate their body temperature. They also lose heat rapidly.

PROTECT YOURSELF The tips that follow—from the CDC, National Institutes of Health and other medical organizations—can help keep you and your family safe from hypothermia.

When cold weather arrives this winter:

- **Dress defensively.** When going outside, wear several layers of clothing. Layers help trap warm air. Also, opt for loose clothes, not tight ones. Tight clothes keep your blood from flowing freely, which can make you lose body heat.

Hypothermia can even occur indoors, particularly in vulnerable people like the very old and very young.

And don't forget to wear a hat. Half of the heat lost from your body is from your head.

- **Stay dry.** If your clothes get wet, change into dry ones as soon as possible. Wet clothes conduct heat away from the body.

- **Install an easy-to-read thermometer in your home.** This is especially important if you're an older adult. The room where you spend most of your time should be at least 68 degrees.

- **Don't ignore shivering.** This is your body's first warning that you're losing heat and you need to get warm. If you're outside, persistent shivering is a signal to go indoors.

- **Recognize danger.** In adults, signs of hypothermia include shivering, confusion, memory loss, slurred speech and drowsiness.

In babies, signs include bright red, cold skin and very low energy levels.

Hypothermia is a medical emergency. Get help right away, and move the affected person to a warm, sheltered place. ✨

LEARNING TO LIVE WITH A CHRONIC ILLNESS

ANGER, FEAR, DISBELIEF, a feeling of powerlessness—these are all possible reactions if your doctor has just told you that you have a chronic illness.

After all, a chronic illness, such as diabetes or heart disease, won't just go away—it will likely affect you for the rest of your life. Still, certain positive steps can help you feel more in control—no matter what illness is now a part of your life. Those steps include:

- **Letting the shock wear off** if your diagnosis was a surprise. Don't rush into important decisions about

your health immediately following your diagnosis. Ask your doctor how much time you can safely take to sort through your options. In most instances, you don't need to take action right away.

- **Becoming a partner with your doctor.** Work closely with your doctor to learn as much as possible about your illness and how it can best be managed or treated. Also, make sure your doctor knows your preferences about different treatments—for instance, whether you prefer medicine to surgery. And don't hesitate to get a second

opinion if you're uncertain about how to proceed.

- **Reaching out.** Turn to family and friends for both emotional and practical support. You might also ask your doctor if he or she knows of a support group made up of other people with your illness.

- **Being a good communicator.** If you're having trouble following through with a particular treatment or lifestyle change, let your doctor know. ✨

Sources: American Academy of Family Physicians; U.S. Agency for Healthcare Research and Quality

COMMON NONEMERGENCIES IN BABIES

NEWBORNS CAN sometimes have medical conditions that seem scary but are not emergencies. Some common ones include:

- Skin rashes. New babies often develop skin rashes, such as pimples caused by baby acne or heat rash. Most of the time these rashes are harmless and go away on their own. However, have your child's doctor check any rash that develops blisters.
- Blue hands and feet. Sometimes poor circulation can cause a baby's skin, hands or feet to look mottled or bluish. If that happens, check that your baby is warm enough, and cover up any cool extremities.
- Vaginal bleeding. Newborn girls may have bloody discharge from the vagina. This is a normal effect from the mother's hormones and typically goes away within a few weeks. ✨

Source: American Academy of Pediatrics



FREE New Parent two-session classes, held quarterly, are scheduled for Wednesdays, beginning Jan. 7 and 14. Call 541-963-1495 to register.

IMPROVING ACCESS

—Continued from front page

when it was chosen as the site host for the second annual IDA/ORE Telehealth Network Conference. The daylong event featured multiple speakers and drew approximately 60 health industry professionals from coast to coast, as well as neighbors from across county lines.

Some came to explore the potential based on the groundbreaking work St. Alphonsus and GRH have already accomplished. For example, Bob Toporoff, physician relations director from the Leahy Clinic Medical Center out of Boston, said he came "all the way to Eastern Oregon to see how you put this program together. I came to learn from you."

Others, like St. Alphonsus surgeon and trauma

services director Rick Foss, MD, shared his perspective on the benefits of expanding telemedicine consultations and partnerships for rural areas. According to Dr. Foss, the mortality rate for level one trauma incidents are 50 percent higher for rural patients than for urban patients. He talked about the "golden hour"—the small window of opportunity in which every second counts when fighting to save a life. Through remote presence, Dr. Foss says, that time can be used more efficiently.

RECRUITING FOR THE FUTURE As exciting as the implications are for uses of telemedicine in rural areas, this program is just one of the many avenues GRH has

Grande Ronde Hospital has an ongoing commitment to improving local access to quality health care.

explored to improve our communities' health care access.

For example, the hospital partnered with Walla Walla, Wash., oncologists Maynard Bronstein, MD, PhD, and

Robert Quackenbush, MD, in 2007 to bring their services to Union County. With a GRH outpatient oncology clinic, local patients no longer have to travel out of the county for treatment.

In addition, GRH took a hard look at how best to attract new physicians to a rural area. It was discovered that many physicians no longer want to maintain a private practice. The hospital's recruitment program had to adapt to the changing model of employed physicians. It also meant making a commitment to expand clinic space to house more physicians and to make the capital investments in state-of-the-art technology and equipment necessary to keep them.

With five new physicians already at GRH, the hospital continues to actively recruit. Expect to see a third pediatrician in March 2009 and another general surgeon later the same year or early 2010.

Started by a handful of pioneering visionaries more than 100 years ago, GRH is still setting the bar for the future. There are many reasons to be proud of our community hospital—an ongoing commitment to improving access to health care is a big one. ✨

GRANDE RONDE HOSPITAL

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HEALTH SCENE

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