



GRANDE RONDE HOSPITAL

Visit us online at www.grh.org.

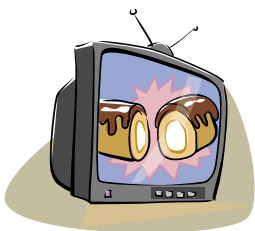
Nonprofit Org.
U.S. Postage
PAID
Portland, OR
Permit No. 2901

Grande Ronde Hospital
900 Sunset Drive
La Grande, OR 97850

HEALTH SCIENCE[®]

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • FALL 2010

Health Link



TV CRAVINGS Nearly half of the commercials on children's television are for food. To help prevent ads from influencing your family's food preferences, make your child's room a TV-free zone.

Archives of Pediatrics & Adolescent Medicine



IT'S BEST TO QUIT

Evidence now confirms that people who smoke cigarettes are at an increased risk of getting colorectal cancer—along with a host of other cancers. For help quitting, you can call 800-QUIT-NOW (800-784-8669).

American Association for Cancer Research

WHAT'S YOUR BMI?

Your body mass index (BMI) indicates whether you have a healthy weight for your height. To calculate yours, visit www.cdc.gov/bmi.

Centers for Disease Control and Prevention

EXPANDING CANCER Care

OUTPATIENT CLINIC CATERS TO LOCAL PATIENTS

Cancer treatment services are expanding at Grande Ronde Hospital (GRH) with the creation of the Outpatient Oncology and Infusion Clinic. ♦ The new clinic will have space for approximately seven patients, private examination rooms, a nurses' station, a waiting area, a bathroom, a physician's office and more. Construction begins in October and should be finished by 2011, costing approximately \$175,000.

FILLING A LOCAL NEED When GRH began offering outpatient oncology services in 2008, Walla Walla oncologist Seymour Bronstein, MD, expected that the clinic would grow to serve approximately 12 patients a week. At that time, the space set aside in the SurgiCenter—the hospital's day surgery wing—seemed more than adequate.

Within six months, however, the demand had exceeded the estimate. Today, the clinic serves approximately 25 to 30 patients every week—more than twice what was originally anticipated. In addition to his weekly visits to GRH, Dr. Bronstein provides telemedicine consultations so local patients don't have to make the trip to Walla Walla.

Surgical services nurse manager April Brock, RN, says the original prediction underestimated the demand for local care and the quality of that care. Because cancer patients typically have all of their lab work and associated testing at the facility where they receive treatment, GRH had no information about the number of local cancer patients on which to base demand.



SMILES FOR HEALING: Grande Ronde Hospital surgical services nurse manager April Brock, RN, shares a lighter moment with a cancer patient during treatment at the outpatient oncology clinic.

"We did underestimate how prevalent cancer is in Union County," Brock says. "But I'm also pleased to say the standard of care we offer assures our patients they can stay right here at home and still receive a high standard of care. We have an oncologist who physically oversees the clinic, and our oncology nurses put their hearts and souls into this. Our patients let us into their lives at their most vulnerable time. It's a privilege to care for them."

PATIENT-FOCUSED GROWTH Finding the room to expand the clinic in a facility where space is at a premium took time. Last fall, approval was given to convert the Mount Harris conference room to a multiuse space for the weekly oncology clinic, while infusion therapies that are now typically done in the emergency department will be done in the Mount Harris space during the rest of the week.

"This is really a great solution to several issues," says Doug Romer, RN, GRH executive director of patient care services. "We provide a better environment for our cancer patients, and we alleviate some of the burden on an already crowded ER."

—Continued on page 2

To help support the expansion of the Outpatient Oncology and Infusion Clinic, call the GRH Foundation at 541-963-1431.

InSide

2
4

MAMMOGRAMS A NO-EXCUSE POLICY

3

HOSPITALISTS EXPERTS AT YOUR SIDE

OSTEOPOROSIS WHAT MEN NEED TO KNOW ABOUT TAKING CARE OF THEIR BONES

MAMMOGRAMS NO MORE EXCUSES

THERE ARE SOME excuses that hold up. Alarm clocks do occasionally fail, and tires do go flat.

But when it comes to taking care of your breast health, no excuse will do.

That's especially true when the excuse is based on misinformation. Here are four reasons women often give for not getting mammograms—along with the facts.

- “I don't have time.” The truth is, a mammogram takes only about 20 minutes. You can usually make an appointment for a time that is convenient for you.

Talk to your physician about a referral to Grande Ronde Hospital Imaging Services to schedule your mammogram.

- “It will hurt too much.” There may be some discomfort, since your breasts need to be slightly flattened to get the best x-ray picture. But that part of a mammogram only lasts a few seconds. If you time your mammogram for right after your period (if you're still menstruating), the test may be more comfortable for you.

- “I don't have any symptoms or a family history of breast cancer, so I don't need a mammogram.” Not having these risks may lower your chances for getting breast cancer, but they don't rule it out. Most women who get breast cancer do not have a family history of the disease. And



Breast cancer facts you should know

Breast cancer is second only to lung cancer as the most common cancer killer in U.S. women. Here are some other facts you may not know:

- Men get breast cancer too, though not very often. Less than 1 percent of breast cancer cases are in men. Some of the same risk factors for the disease in women—such as aging and having a family history of breast cancer—are true for men.

- Since the early 1990s, the rate at which people in the U.S. are being diagnosed with breast cancer has increased but the rate at which they are dying from the disease has dropped.

- Being physically active decreases the risk of getting breast cancer.

- With early-stage breast cancer, life expectancy is the same for all women, whether they have breast-sparing surgery—also known as a lumpectomy—or a mastectomy.

Sources: American Cancer Society; Centers for Disease Control and Prevention

early breast tumors—which mammograms can detect—may be too small to feel and may cause no symptoms.

- “It costs too much.” Most insurance plans cover mammograms. So do Medicare and Medicaid. If you don't

have insurance, you may be able to get a free or low-cost mammogram through the National Breast and Cervical Cancer Early Detection Program. Call 800-CDC-INFO (800-232-4636) to find out more. ✨

THE ABCs OF VITAMIN D

What we know—and don't know—about the sunshine vitamin

MENTION VITAMIN D, and strong bones probably come to mind. We've known for decades that children who get too little vitamin D can develop rickets, a soft-bone disease that can make legs bow as kids grow.

Insufficient vitamin D can mean bone problems for adults too. It can lead to osteoporosis (loss of bone mass) or osteomalacia (softening of the bone) as men and women age.

But vitamin D's effect on health may go beyond bones. Getting recommended levels of vitamin D may help prevent diabetes, some cancers, heart disease, autoimmune diseases such as multiple sclerosis, and infectious diseases such as tuberculosis.

“We have a lot of exciting research going on in these areas,” says Mary Frances Picciano, PhD, a senior nutrition research scientist with the National Institutes of Health (NIH) Office of Dietary Supplements. “But we don't yet have conclusive results.”

WHERE TO FIND IT Vitamin D is known as the sunshine vitamin because when ultraviolet light from the sun hits the skin, it triggers production of vitamin D

in the body. You don't need much exposure—10 to 15 minutes of sunlight twice a week on your face, hands or arms without sunscreen is enough. Any more than that, and you increase your risk of skin cancer.

Vitamin D also is found in some fatty fish, such as tuna and salmon, and in cod liver oil. Especially important sources include vitamin D-fortified foods, such as milk, some cereals, orange juice and yogurt.

Supplements help many people get the levels of vitamin D that they need.

Among those who may need supplements are older adults, people who get little exposure to the sun, dark-skinned people, and people who have problems absorbing fat or who are obese.

HOW MUCH IS ENOUGH? Good question—and one future research may answer more clearly, Dr. Picciano says.

“We have pretty good evidence that having too little vitamin D can cause problems for children and adults,” says Dr. Picciano. “Where there is great controversy is, Will higher levels of vitamin D protect against or prevent certain diseases? Are there definite health outcomes associated with various levels of vitamin D for different populations?”

For now, “The best advice we can give patients is to follow the government guidelines for vitamin D,” she says.

For adults, the NIH and other groups recommend:

- **Ages 19–50:** 200 international units (IU) daily, or the equivalent of two 8-ounce glasses of fortified milk.
- **Ages 51–70:** 400 IU daily.
- **Ages 71 and older:** 600 IU daily. ✨

EXPANDING CANCER CARE

—Continued from front page

Although the design details have not been finalized, GRH's project manager, Tim Wilcox, is researching how to best serve patients. He is visiting other facilities to gather ideas.

“It seems to me that this is a time in these people's lives that is really stressful,” Wilcox says. “Sometimes they're here for hours for their treatments. So we want to create an environment for them that is safe and comfortable. We want each patient to have their own personal space but also have the option to socialize.”

Having those options is important to Brock, who is also focused on keeping patient needs at the heart of the project.

“We know our patients,” she says. “Some of them are very private, and they need an intimate and personal space. Others are more social. They see each other every week, and they bond. If the space separated them, they would find a way to get closer together.”

The GRH Foundation has pledged \$43,000 toward the expansion project. More than halfway to its goal, the Foundation has received generous support from hospital employees, past annual donors, the Eastern Oregon Livestock Show Tough Enough to Wear Pink campaign and others. ✨

HOSPITALISTS DIFFERENT KIND OF MEDICAL EXPERT

SPECIALISTS ABOUND in medicine. Cardiologists, neurologists and rheumatologists are just a few of the familiar ones. But there's a newer medical specialty that may be less well known.

Unlike doctors who are experts at treating specific organs or diseases, doctors in this field focus instead on a specific kind of patient—one who's in the hospital.

These doctors are called hospitalists. Their job is to coordinate the care of people in the hospital—and it's no easy task. That's because people who go to the hospital these days are typically sicker and require more complex medical care than those who were hospitalized years ago.

Among these patients, serious health problems or chronic diseases—such as emphysema, congestive heart failure, diabetes or kidney disease—are common.

THE BENEFITS Hospitalists differ from other medical specialists in another important way. Unlike doctors who spend most of their time tending to patients in a private office, hospitalists are based at the hospital.

Having these experts on-site pays important dividends for patients and the hospital alike, according to the Society of Hospital Medicine (SHM). For example:

- Working with other medical experts—including a

patient's primary care doctor—a hospitalist makes sure a patient gets the right treatment at the right time. He or she can see a patient quickly and as often as needed. That can be crucial for someone coping with a complex or quickly changing medical condition.

- A hospitalist can meet with patients and their families to provide medical counseling and education.
- Because they work in the hospital full time, hospitalists

are familiar with the hospital staff and are well versed in hospital procedures. This experience can help hospitalists coordinate hospital systems, improve quality and control costs for patients.

- Some hospitalists help develop medical guidelines for hospitals and help improve patient safety and satisfaction.

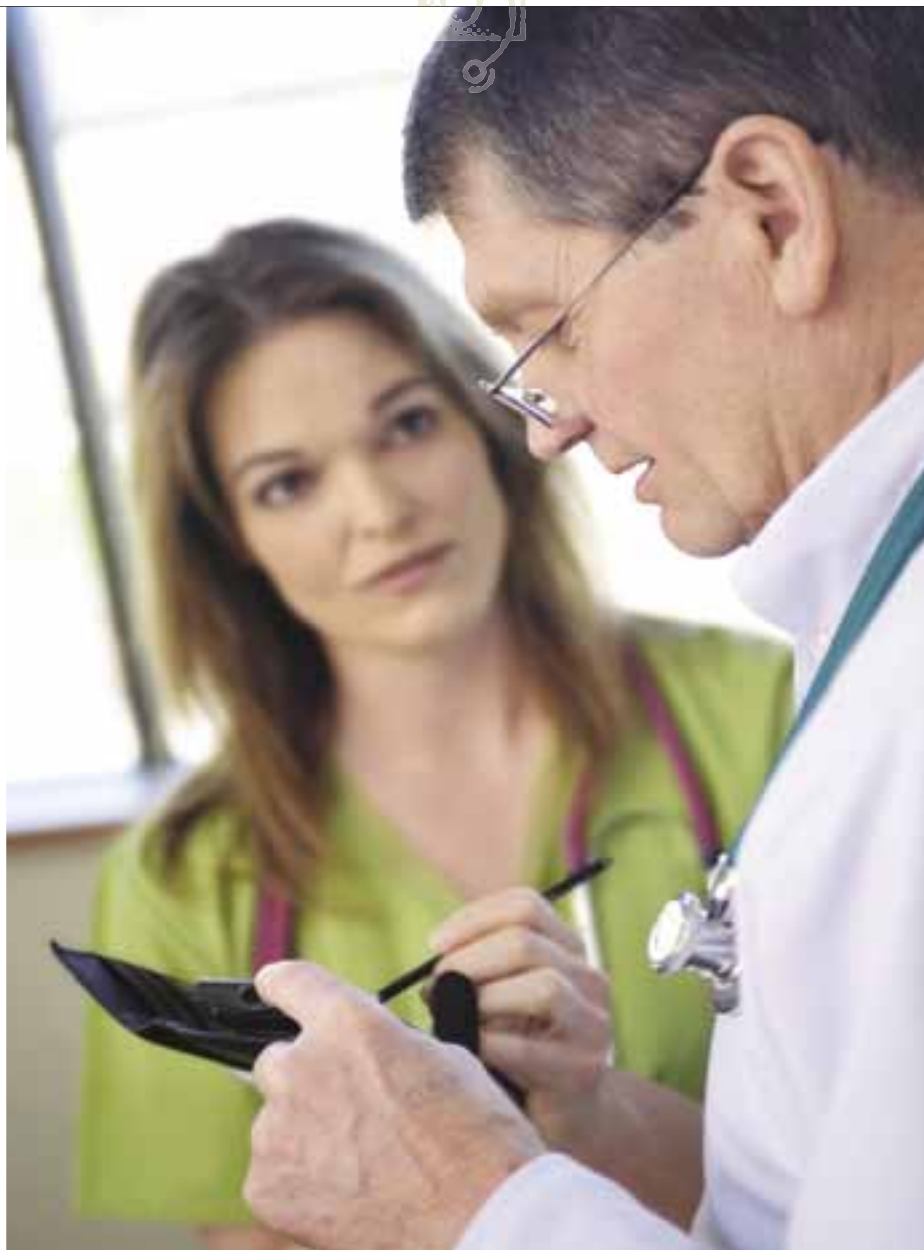
Hospitalists can help shorten a patient's hospital stay and reduce readmission rates.

- Hospitalists can help shorten a patient's hospital stay and reduce the need for readmission.

MORE TO COME Hospitals across the country are seeing the benefits of hospitalists.

An estimated 28,000 hospitalists are practicing today, reports the SHM. That number is expected to jump to more than 33,000 in the near future. Experts predict virtually every hospital with 100 beds or more—and many smaller facilities—will one day use hospitalists.

With growth like this, don't be surprised if you're helped by one of these specialists the next time you're in the hospital. ✨



Here for you

Since joining Grande Ronde Hospital in March 2010, Steven Hunsaker, MD, the first hospitalist in the region, has already proven to be a great asset to both patients and physicians.



CASE MANAGERS HELPING YOU NAVIGATE YOUR HEALTH CARE

COPING WITH A major health problem can be a little like finding yourself in a strange, new city. It sure would be nice to have a guide.

Fortunately, when it comes to health care, such guides are available. They're called case managers.

"Basically, it's our job to help patients navigate the health care system," explains Jeff Frater, RN, BSN, CCM, president of the Case Management Society of America.

Case managers help patients better communicate with doctors and other caregivers. They also can help explain treatment options and assist with questions about insurance.

"People want to get the best care," Frater says. "They want to know what their options are, which treatment is best and how the cost will be covered. Case managers can help with those issues."

GETTING THE HELP YOU NEED How do you find a case manager? There are a few different ways.

In some cases, a case manager is assigned by a person's health plan, Frater explains.

"If a person has a condition that requires multiple treatments and seeing multiple specialists, a plan might assign a case manager to help coordinate a person's care," he says.

Grande Ronde Hospital's case managers are here to serve you. They integrate all aspects of patient care from admitting to discharge. Call 541-963-1426 or 541-963-1532.

For example, a case manager may be helpful if a person has diabetes or is being treated for cancer. A case manager can help ensure cooperation between a person's primary doctor and various specialists.

A patient can also ask a health plan to assign a case manager, Frater adds. In other cases, a doctor may request a case manager.

And in hospitals it's common for a patient to have a discharge planner. This is a case manager who helps arrange rehabilitation and follow-up care, if needed, when a patient leaves the hospital.

Health plans generally cover the cost of a case manager if they assign one. You'll want to check about coverage if you request the services of a case manager yourself.

While *case manager* is an unfamiliar term to many people today, Frater expects that will change in the future.

"People are becoming more involved in their own health care. They're looking things up online. They want to know more about their treatment options," he says. "In time, you may see more people engaging their own case managers in order to get the care they want." ✨



OSTEOPOROSIS

MEN'S BONES BREAK TOO

HOW ARE YOUR bones doing?

If you're a man, your skeleton is most likely larger and stronger than a woman's.

But that doesn't mean you're off the hook for bone disease. As men age, their bones gradually lose density, just as women's bones do. In some cases, men's bones become so porous that they easily break.

In other words, men can—and do—get osteoporosis.

BONE BASICS Bone is living tissue and is constantly changing. New bone replaces old, and bone mass peaks by age 30. After that, bone density slowly starts to decline. For women, the decline in bone speeds up with menopause—usually around age 50. That's when women's risk for osteoporosis increases.

Bone loss in men is more gradual. But by about age 70, men lose bone at the same rate as women. According to the American Academy of Family Physicians (AAFP), of the 10 million people in the U.S. with osteoporosis, roughly 2 million are men.

Osteoporosis is more likely in people with a family history of the disease and those who take certain medicines, such as anticonvulsants, corticosteroids and chemotherapy drugs. Smoking, drinking alcohol and being inactive can also raise the risk for osteoporosis, reports the AAFP.

BAD BREAKS FOR MEN Though men usually get osteoporosis later in life than women do, their outcomes are often worse. The problem hinges on one important factor: Most men don't get screened for the disease and, therefore, may miss out on treatments that can help prevent fractures.

In fact, men usually learn they have osteoporosis only when they suffer a potentially disabling or dangerous fracture—often of a hip. Men are twice as likely as women to die from hip fractures, reports the American Academy of Orthopaedic Surgeons.

KEEP BONES STRONG Osteoporosis can often be prevented, and the sooner you start, the better. According to the National Institutes of Health, these strategies can help:

- Avoid smoking, and know the risks of drinking alcohol. Both can harm your bones.

Though men usually get osteoporosis later in life than women do, their outcomes are often worse.

- Get plenty of calcium in your diet—1,200 milligrams a day is recommended for men over age 50. Ask your doctor if you need to take a calcium supplement.
- Get adequate vitamin D. The body makes vitamin D when skin is exposed to the sun. About 10 minutes a day in the sun is enough, and most multivitamins also provide vitamin D.
- Be active. Weight-bearing exercises, such as walking and lifting weights, are best. If you haven't been active in a while, check with your doctor before starting an exercise program.

The Men's Health Network recommends that men 60 or older be screened for osteoporosis. The disease can be treated with medicines and healthy lifestyle choices. ✨

Boning up on osteoporosis

Consider these facts:

- One in four men over age 50 will have an osteoporosis-related fracture in his lifetime.

- One-third of men who break a hip will die within a year.
- Bone loss occurs without symptoms, and people may not know that they have osteoporosis until they break a bone.
- Calcium-rich foods include

low-fat and nonfat dairy products; dark green, leafy vegetables, such as broccoli and spinach; tofu; and sardines. Orange juice and cereals are sometimes fortified with calcium.

- Vitamin D helps the body absorb calcium.
- Sudden, severe back pain can signal a collapsed vertebra.
- The best way to determine bone health is with a bone mineral density test.

- Exercise not only strengthens bones, it also can improve balance and help people avoid falls.
- Medicines for osteoporosis can slow or prevent bone loss and even increase bone density.

Source: National Institutes of Health



Grande Ronde Hospital

Our clinic locations

CHILDREN'S CLINIC

541-663-3150
612 Sunset Drive
La Grande

REGIONAL MEDICAL CLINIC

541-663-3138
506 Fourth St.
La Grande

REHABILITATION THERAPY SERVICES

541-963-1437 | 900 Sunset Drive
• Occupational therapy
• Physical therapy
• Speech therapy

WOMEN'S CLINIC

541-663-3175
610 Sunset Drive
La Grande

HOME CARE SERVICES

541-963-1453 | 802 Sunset Drive
• Home health
• Hospice
• Foot clinics
• Enterostomal therapy and wound care



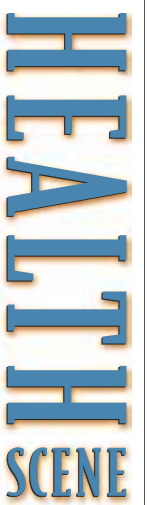
HEALTH SCENE is published as a community service for the friends and patrons of GRANDE RONDE HOSPITAL, 900 Sunset Drive, La Grande, OR 97850.

Jim Mattes
President/CEO

Wendy Roberts
Administrative Services Director

Mardi Ford
Community Relations Manager
Health Scene Editor

Meredith Lair
Foundation Manager



Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

Models may be used in photos and illustrations.
Copyright © 2010 Coffey Communications, Inc. HST25567h

FALL 2010

Go To find out more about Grande Ronde Hospital, visit our web page at www.grh.org or call 541-963-8421.