



# Grande Ronde Hospital

A CENTURY OF CARING

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900 Sunset Drive  
La Grande, OR 97850

# HEALTH SCENES®

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## Health Link



**CHOCOLATE MILK FOR ENERGY** Sports drinks may help you re-energize during a workout. But a pint of low-fat chocolate milk can have the same effect, and it contains 575 milligrams of calcium.

International Journal of Sport Nutrition and Exercise Metabolism

## ACTIVE KIDS GET INTO LESS TROUBLE

Research shows that teens who are more physically active and watch less TV than their peers may be less likely to smoke, drink or use illegal drugs.

University of North Carolina at Chapel Hill



## BREAKFAST BENEFITS

Breakfast does a mind and body good. If you're in a rush, have a quick meal, such as a bowl of instant oatmeal with raisins and a glass of low-fat milk.

American Dietetic Association

## A NEW DESIGN FOR LOCAL CARE

Recruiting new physicians to Eastern Oregon requires prudence, vision and a certain amount of courage—courage to believe that if we build it, they will come. “Build what?” you may ask. ♦ The answer to that question is also the answer to what our community needs and what medical professionals want: an expanded Grande Ronde Hospital Regional Medical Clinic.

One of the changes in the health care industry is that next-generation physicians no longer embrace the dream of hanging out their own shingles as their predecessors did.

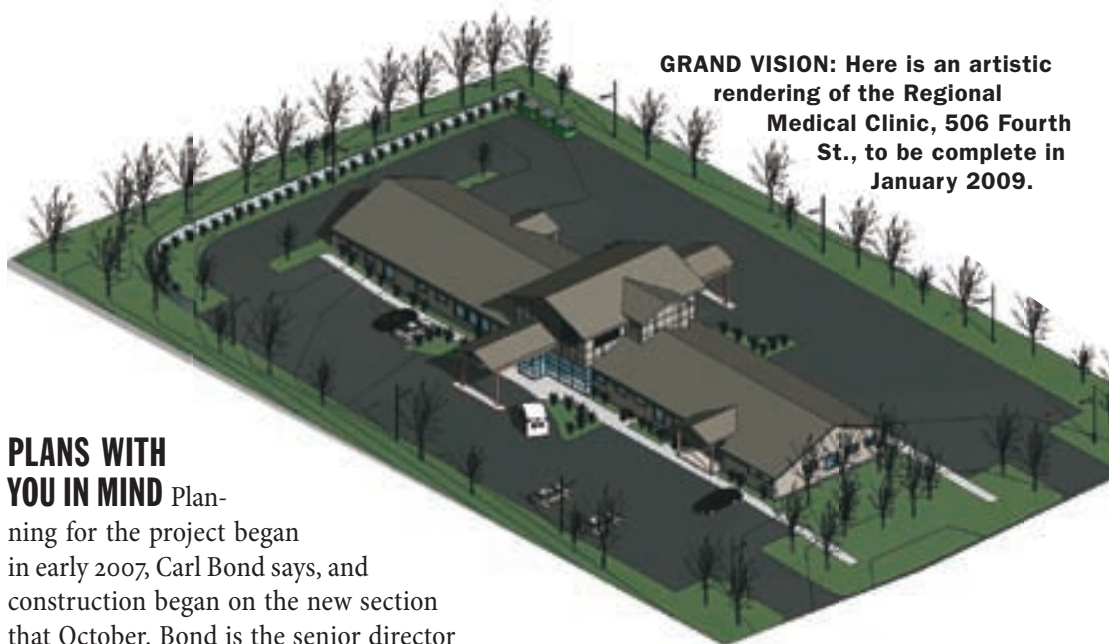
“Interviewing physicians, we’ve discovered the model is changing. The majority of them aren’t interested in private practice—they want to be employed physicians,” explains Paul Shorb, the senior director of support services at Grande Ronde Hospital, who oversees physician recruitment.

### MAKING ROOM FOR MORE CARE

“We knew the community didn’t have the capacity for more physicians,” Shorb says. “And we knew adding enough room for just a couple of new physicians wasn’t going to be enough.”

Shorb says, thanks to the expansion, the clinic will now easily handle up to 15 full-time physicians.

The hospital has now employed a general surgeon, two internists and a family practitioner to join the clinic’s existing medical staff of four internists and a family nurse practitioner.



**GRAND VISION:** Here is an artistic rendering of the Regional Medical Clinic, 506 Fourth St., to be complete in January 2009.

### PLANS WITH YOU IN MIND

Planning for the project began in early 2007, Carl Bond says, and construction began on the new section that October. Bond is the senior director of clinical services for the hospital and has been a key player in the \$3 million project.

“I’d say it’s a little over half complete,” he says. “And the first half came in under budget, so that’s good.” The timeline for project completion, he estimates, is January 2009.

Everything about the new clinic was deliberated over and designed with patient access, privacy and comfort in mind—the soothing, light-filled waiting areas; the overhead radiant heat in exam rooms; the electric exam tables that lower for an easier hop onto the table; heated instrument trays and drawers to warm those stainless steel tools; and assistance call buttons in the exam rooms and restrooms.

Even the new electronic medical records (EMR) system has the patient in mind, streamlining communication and making it more efficient for physicians to monitor their patients. Studies have shown that EMR systems also minimize costly record errors and duplication.

Installing a contemporary EMR

system provides additional recruitment leverage.

“Most, if not all, new physicians have used or are using EMR,” Shorb says.

### NO. 1 PRIORITY

Clinic manager Donna Loudon has worked at the clinic on Fourth Street since the early 1990s. The biggest thrill for her is making appointments for new patients to see new physicians.

“All along, the No. 1 priority for this expansion, in everyone’s mind, has been to serve the community—to meet the need,” Loudon says. “The need is so desperate here.” ♦



**HIGH TECH:** Paul Shorb and Carl Bond, of Grande Ronde Hospital, check out a new procedure room at the Regional Medical Clinic.

## InSide

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## Boost kids' health with family meals

Work. School. Soccer practice. Chores and errands.

Families have so many demands on their time, sometimes things have to be let go. Very often, the sit-down family meal is one of them.

We eat what we can grab on the run. The American tradition of the family dinner has been ceded to the fast-food industry. Phrases such as “pass the rolls, please” and “tell me about your day” have been replaced by “gimme a side of fries” and “gotta go, can’t talk.”

Our kids are developing poor eating habits, which health experts rate as a leading cause of this country’s growing rate of childhood obesity.

But we can change that—one family meal at a time.

**The benefits of home** A great place for children to learn good eating habits is at home, according to the American Dietetic Association (ADA).

Studies show that the quality of a child’s diet is tied to the number of meals that a family eats together. Families that eat together are more likely than those who don’t to consume more fruits and vegetables and less saturated fat and get more essential nutrients, says the ADA.

Even kids acknowledge in surveys that, yes, they would eat more healthy foods if they ate more often with their families, reports the ADA.

Family meals provide other benefits too—such as promoting conversational skills, manners and family unity. Research links frequent family meals to a lower rate of smoking, drinking and using drugs among adolescents.

**Make mealtime a pleasure** Surveys show that most kids like family meals. You can increase their enjoyment by:

- Involving kids in planning and preparing meals.
- Serving dinners that feature a variety of colors and textures, and offering foods from other cultures.
- Keeping dinner conversation positive and light.
- Turning off the phone, TV and computer during meals.

Finally, ask family members to fit their schedules around dinner instead of fitting dinner into their schedule. ✨

## GRH Children’s Clinic and you

**When you visit the Grande Ronde Hospital (GRH) Children’s Clinic, you’ll find a team of physicians and nursing professionals who believe that kindness and caring play a vital role in your child’s health care.**

**Kevin Grayson, MD, and Michael Hetrick, MD, bring more than 40 years of combined knowledge to their practice.**

**Dr. Grayson likes to take an individualized approach to his patients. “I try to tailor what I do to meet the needs of each child,” he says.**

**Dr. Hetrick sees himself as a health resource and talks about forming collaborative partnerships with the parents of his patients. “Then we all come out wiser,” he says.**

**The GRH Children’s Clinic is committed to providing the highest-quality pediatric care available to our community. We strive to work in a compassionate and supportive manner, in an environment of mutual trust and respect.**

**We encourage parents to play an active role in the medical decision-making process, and we encourage wellness through healthy lifestyle choices.**

**Every Friday morning we offer a free health clinic for children without health care insurance. Appointments are requested.**

**Call the GRH Children’s Clinic today at 541-663-3150 to find out more.**



Photo by Tim Hall Photography

## PERSONAL HEALTH RECORDS

# A written record that speaks well for good health

No one knows the story of your life better than you.

In an emergency, however, no one may need to know that story more than your doctor. But if you’re not able to speak for yourself, it could create serious problems.

That’s why it’s important to complete a personal health record (PHR). A PHR can do the talking for you and save precious time in a medical crisis.

It can also make it easier for you to provide doctors with important information in nonemergency situations and to take a more active role in your health care.

**The picture of health** A PHR is essentially a summary of your health status.

According to the American Health Information Management Association, key components may include: a list of



significant illnesses and surgeries you’ve had and their dates; current medications and their dosages; your immunization record; a list of allergies you have; important details about your family’s health history; eye and dental records; results of important medical tests; opinions of specialists; and correspondence from your health care providers.

Other things you can include are health insurance information, advance directives and authorization for organ donation.

A PHR should also contain identifying information about you, such as your full name, birth date and Social Security number. Include your doctors’ contact information and a list of emergency contacts as well.

**Putting it together** Check with your health care providers to see if they have a system for helping people create PHRs. If not, ask what you must do to get the information you need and whether it’s available in an electronic format or in a paper copy. Also ask if there are any fees involved.

Store information that comes on paper in a folder or three-ring binder. Electronic information can go on a computer disk.

Then be sure you update your PHR as necessary. Keep it secure, but let trusted family members know where to find it. ✨



**EAR INFECTIONS**

# HOW TO MAKE ACHING EARS FEEL BETTER

**IF YOUR INFANT** or toddler hasn't had an ear infection yet, you can count yourself among a lucky minority.

Ear infections are the most common illnesses among babies and children, notes the National Institutes of Health. These infections are so common, in fact, that three out of four children will have had one by the time they're 3 years old.

While you probably can't prevent an ear infection—which can result from common illnesses such as a cold or tonsillitis—you can learn to recognize the signs and know when to seek medical treatment for your child.

**A LOOK INSIDE** Ear infections happen when viruses or bacteria get inside the ear. The infection can cause swelling and inflammation. The infected area can also produce fluid and pus. The swelling prevents the fluid from draining, and the resulting buildup presses on the eardrum, causing pain.

According to the American Academy of Family Physicians, the most common signs of an ear infection are pain in the ear and a fever. Children may also be irritable and listless, have trouble hearing, and may not want to eat or sleep.

If your child is too young to tell you an ear hurts, watch for pulling at the ear and crying.

**WHEN TO GET HELP** If you suspect your child has an ear infection, you should see a doctor if your child:

- Is younger than 2 years.
- Has fluid draining from the ear.
- Has a fever higher than 102.5.
- Is in a lot of pain, can't sleep, isn't eating or is otherwise acting very sick.

If your child is 2 years or older and has only mild symp-



toms, it's OK to wait a couple of days to see if the infection gets better on its own, says the American Academy of Pediatrics. But talk to your doctor if your child's symptoms don't improve within two days.

**Find a pediatrician to ease your child's pain. Go to [www.grh.org](http://www.grh.org) and search our "Physician Directory."**

**EASE THE PAIN** Don't be surprised if your doctor doesn't immediately prescribe antibiotics for your child. Antibiotics help only when bacteria, not a virus, cause the infection.

An ear infection usually takes about one to two weeks to clear up. And in most cases, pain and fever will lessen on their own within one or two days.

To ease your child's discomfort, try over-the-counter medicines, such as acetaminophen and ibuprofen, to relieve fever.

Don't give your child aspirin, however. It can increase the risk for a rare but potentially dangerous condition called Reye's syndrome.

A warm heating pad held against the ear can help reduce pain, and your doctor may prescribe ear drops. ✨

## Tubes ease ear infections

Ear infections may be common among kids, but for some children they turn up too often.

And at times, fluid persists in the ear after an infection has cleared, and this can lead to problems with hearing and speech development.

If your child has repeated ear infections or chronic fluid buildup, your doctor may recommend treating the problem by the insertion of ear tubes.

Ear tubes are tiny cylinders that are surgically placed in the eardrum. They allow air to flow into the middle ear and reduce the risk of another ear infection.

Because ear infections are so common, ear tube placement is fairly common as well—more than 500,000 ear tube surgeries are performed on children in the U.S. every year, reports the American Academy of Otolaryngology–Head and Neck Surgery.

Ear tubes come in two forms: short-term and long-term. Short-term tubes generally remain in the ear for six to 12 months and usually fall out on their own.

Long-term tubes are designed to stay in place, so they are a better option when the tube is needed for a longer time. They sometimes fall out by themselves, but they may need to be removed by a doctor.

# TIPS TO HELP THE MEDICINE GO DOWN SAFELY

**CHILDREN ARE OFTEN** less than thrilled to take medicine that tastes like—well, medicine.

If your child is the type who clams up whenever the medicine cabinet opens, here are a few ideas to help the medicine go down a little more easily:

**Have the right equipment.** You'll get the medicine into your child's mouth more quickly and with less mess if you can use a medicine dropper or syringe. Older children may do well drinking from a dosing spoon or chewing medicine that comes in tablet form.

When using a dropper or syringe, squirt the medicine to the side of your child's mouth, between the cheek and tongue.

Squirting liquids straight at the back of the throat could

cause your child to gag and spit the medicine out.

Whatever you use, be sure it delivers the proper dose. Don't use tableware, such as teaspoons, to give medicine. They are not always equivalent to an actual teaspoon, and your child may get too much or too little medicine.

Instead, use a syringe, dosing spoon or medication cup made for dispensing medicine. Many children's medications come with the appropriate measuring device.

**Try a new approach.** It may help if you explain how taking medicine can help your child feel better. You can also try:

- Refrigerating liquid medicine before giving it to your child.
- Mixing the medicine with food or drink (ask your doc-

tor or pharmacist first, though). Add some juice or mix it into a small amount of pudding. Just don't add medicine to large quantities of a food, like a bottle of milk or a bowl of cereal. If your child doesn't finish the entire portion, he or she may not get the correct dose.

● Asking your pharmacist if a child-friendly flavoring can be added to liquid medicine.

**Keep safety in mind.** Always supervise children when they take medicine, even if they are old enough to take it themselves.

And don't coax children into taking medicine by calling it candy. That may make them want more and may tempt them to try it on their own. ✨

Sources: American Academy of Family Physicians; American Academy of Pediatrics

## PRE-DIABETES STOP IT NOW

**PRE-DIABETES ISN'T JUST** a word. It's a neon warning sign flashing "Danger ahead. Take corrective action now."

Pre-diabetes means you have higher-than-normal blood glucose levels. They aren't high enough to be classified as diabetes, but research shows that pre-diabetes often leads to full-blown diabetes within 10 years.

The good news is that you can reroute this serious condition. An important national study called the Diabetes Prevention Program, or DPP, found that people with pre-diabetes can reduce their risk of developing diabetes by 58 percent by making modest lifestyle changes.

For some people, intervening early can actually turn back the clock, returning blood glucose levels to the normal range.

**WHO'S AT RISK?** According to the National Diabetes Information Clearinghouse, you're more likely to develop pre-diabetes or type 2 diabetes if you:

- Are overweight.
- Are 45 or older.
- Have a parent, brother or sister with diabetes.
- Are African American, Alaska Native, American Indian, Asian American, Pacific Islander or Hispanic.
- Had gestational diabetes or gave birth to a baby weighing more than 9 pounds.
- Have blood pressure that is 140/90 mm Hg or higher, or have been told you have high blood pressure.
- Have an HDL blood cholesterol level of 35 mg/dL or lower or have a triglyceride level that is 250 mg/dL or higher.
- Are fairly inactive or exercise fewer than three times a week.

Your doctor will use one of two blood tests to determine if you have pre-diabetes:

- The fasting plasma glucose test, or FPG. A normal result is under 100 mg/dL. Pre-diabetes is 100–125 mg/dL; diabetes is 126 mg/dL or higher.



## Prevent diabetes in your children

Being overweight or inactive increases the likelihood of developing type 2 diabetes—and that goes for kids too.

Today, kids weigh more and exercise less than they did in previous generations, which means they may face type 2 diabetes, a disease that once affected mostly adults.

How can you help your kids lower their risk of developing type 2 diabetes? Here are 10 ideas:

- 1 **Serve meals at the same time each day.**
- 2 **Don't let kids skip meals.**
- 3 **Don't buy cookies, soft drinks, candy, doughnuts or other junk food.**
- 4 **Keep healthy foods and snacks on hand. Examples include low-fat milk, baby carrots, low-fat cottage cheese and whole-grain breakfast cereals.**
- 5 **Serve fruit for dessert.**
- 6 **Serve small portions.**
- 7 **Limit visits to fast-food restaurants.**
- 8 **Limit TV and computer time.**
- 9 **Assign kids active chores, such as raking leaves and vacuuming floors.**
- 10 **Set a good example by eating well and being active yourself.**

Sources: American Diabetes Association; National Diabetes Education Program

### The Diabetes Support Group meets the third Thursday of the month. Call 541-963-1495 for more info.

- The oral glucose tolerance test, or OGTT. A normal result is under 140 mg/dL; pre-diabetes is 140–199 mg/dL; diabetes is 200 mg/dL or higher.

**RE-CHART YOUR COURSE** If you are diagnosed with pre-diabetes, ask your doctor to help you get on a

healthier track. Your goals might include:

- Exercising at least 30 minutes most days of the week. Brisk walking is a good choice.
- Setting a reasonable weight-loss goal. Aim to lose 5 to 7 percent of your total body weight—just 10 to 14 pounds for a 200-pound person.
- Making wise food choices most of the time. Eat more fruits and veggies, limit fat, and reduce serving sizes of meats and desserts.

As you reach your goals, flash yourself a new message: "Congratulations. You did it." ✨

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A CENTURY OF CARING

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HEALTH  
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