

# PulseBeat

A PUBLICATION OF MCKENZIE-WILLAMETTE MEDICAL CENTER



**Join our health programs**

**When time can't heal all wounds**

**Our Advanced Wound Healing Center can help**

**Stroke alert: Warning signs and risk factors**

**The dangers of texting**



**McKenzie-Willamette**

MEDICAL CENTER

*extraordinary care*

[www.mckweb.com](http://www.mckweb.com)

# Life after the ER

## Following your physician's orders keeps you healthy

**W**hen you're not feeling well and you're surrounded by the hustle and bustle of an emergency room (ER), it's easy to be confused by what a physician is telling you. All you can think about is going home. That's why many people are unclear about how to handle their care when they leave the hospital.

Case in point: A small University of Michigan study found that more than 75 percent of patients didn't understand their discharge instructions or what ER physicians had just told them—although 80 percent thought they did. Some of the patients weren't even sure of their diagnosis.

Unfortunately, these misunderstandings may increase the likelihood of complications once you leave the ER. In reality, the care you receive at the hospital is just one important part of the puzzle. Knowing what to do next—and following those discharge instructions closely—is critical to getting better. Here's what you need to do for the best health care results:

**➔ SPEAK UP.** Don't be afraid to ask questions if you're unsure of your condition, what treatments you were given, your test results or something in the discharge instructions—for example, whether a medication

that's been prescribed may interact with one you're already taking. It's best to ask the ER physician caring for you, rather than having to contact the ER later, when the physician you saw may no longer be on duty.

**➔ FOLLOW ALL MEDICATION DOSAGES.** Thoroughly read your discharge instructions. They should spell out what medications have been prescribed, what they treat and how often—and when—to take them.

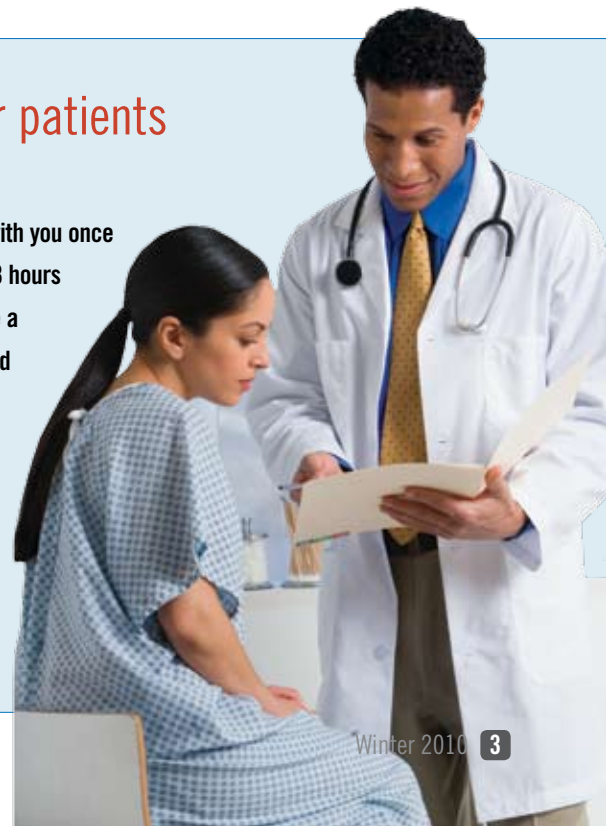
**➔ FOLLOW UP WITH YOUR FAMILY PHYSICIAN OR A SPECIALIST.** You'll especially need to do this if you've received stitches or a cast. Your discharge instructions will tell you when to go. Double-check with your physician to make sure information about your ER visit, including test results, has been sent to his or her office before your appointment.

**➔ KNOW WHEN YOU SHOULD RETURN TO THE ER.** If your condition worsens or you're noticing new symptoms, such as vomiting or shortness of breath, you should head back to the ER. If your condition isn't life-threatening and it's during your physician's regular business hours, you may wish to consult him or her first.

## McKenzie-Willamette: In the 97<sup>th</sup> percentile for patients who recommend the ER

**W**hen you check in to the ER, admitting personnel will ask you if it's OK to follow up with you once you're back home. If you agree to it, hospital leadership will call you within 24 to 48 hours of your discharge, asking you six questions about your visit, such as "Do you plan to make a follow-up appointment with your physician?" and "Following your recent ER visit, if you had any discomfort, is it better or worse today?" This process, called Discharge Callback Administrator (DCA), helps us improve the way we care for our patients and ensure that they're on the road to recovery. During the DCA if you don't understand your discharge instructions or have treatment questions, we'll arrange for a nurse to call you back.

Because of this kind of attention to detail, based on our 2009 patient satisfaction surveys, our ER is in the 97<sup>th</sup> percentile nationwide for patients who would definitely recommend our ER to others needing emergency services.





Maurine Cate  
Chief Executive Officer

## 21st century pioneers at McKenzie-Willamette

Recently, I reflected on all the firsts in advanced technology that have occurred at McKenzie-Willamette Medical Center in the past few years:

- In our Heart Center, Samuel Lau, M.D., cardiologist, performed the **first percutaneous closure**

**of a patent foramen ovale** (a congenital opening in the heart) in Springfield. This procedure is a less invasive way to treat this heart defect that may cause upward of 100,000 strokes.

- Jay Chappell, M.D., cardiologist, was first in the area to **implant a pacemaker equipped with wireless technology**, which offers scheduled automatic test results and complete diagnostics and alerts the physician of any patient or device abnormalities.

- Local orthopedic surgeon Robb Larsen, M.D., used the **OtisKnee technique for a complete knee replacement**, which often shortens the length of surgery and results in less blood loss and a shorter hospital stay.

- For the first time in the central Willamette Valley, hyperbaric oxygen therapy is now available, along with other technological advances in wound care in our Advanced Wound Healing Center, which opened in December (*see page 5 for details*).

- In 2006, we were the first to bring the da Vinci robotic surgery system to the Lane County area and the second hospital in Oregon to offer this advanced technology. To date, more than 600 robotic surgeries have been performed at our hospital, including many firsts in Oregon. Urologist David DiMarco, M.D.,

performed the first Oregon partial nephrectomy (kidney removal) and urologists, Doug Hoff, M.D., and Jeffrey Woolsey, M.D., performed the first two cystectomies (bladder removals) in Oregon using da Vinci technology. Board-certified gynecologists Geoff Gill, M.D., and Zena Monji, M.D., continue to use the da Vinci robotic system for the treatment of a broad range of gynecologic conditions, including fibroid tumors, hysterectomy, endometriosis and vaginal vault prolapse.

### WE'RE HERE FOR YOU

Along with using advanced technology, we continue to provide patients a compassionate, caring environment. One of our patients summed it up when she said, "I was taken care of by angels in your Heart Center—angels with superb medical skills and advanced technology. They were always knowledgeable, kind and considerate and answered questions, explained procedures and consistently offered support and ongoing concern for my comfort, which was unparalleled to any of my prior hospital experiences at other facilities."

Thank you for your support.

Best,

MAURINE CATE  
Chief Executive Officer  
McKenzie-Willamette Medical Center

"I was taken care of by angels in your Heart Center—angels with superb medical skills and advanced technology."

—Heart Center patient

# Help for wound healing is close to home

By Patti Duncan, Marketing Intern

**T**his past December, when the Advanced Wound Healing Center opened at McKenzie-Willamette Medical Center, healing chronic wounds got a whole lot easier for patients and their families in the central Willamette Valley. The center gives patients suffering from chronic, nonhealing wounds, such as diabetic foot ulcers, skin grafts and crush injuries, the option of receiving comprehensive wound care close to home.

Now, rather than traveling to Portland or southern Oregon, patients can receive needed treatment in a convenient first-floor location at McKenzie-Willamette, with easy, complimentary parking and direct patient access. The center offers a multispecialty team that includes physicians specializing in wound care, certified wound clinicians, nurse specialists, educators and therapists—each dedicated to offering the comprehensive healing options, specifically tailored to individual patient needs.

Medical director John Mackey, M.D., an emergency care physician for 30 years, together with 21-year emergency physician Desmond Crooks, M.D., and Gordon Anderson, M.D., board certified in family medicine for nearly 30 years, will provide physician care in the Advanced Wound Healing Center. In addition to their many years of medical experience, each has received specialized training in wound management.

## Services provided

**T**ime heals most wounds, but some resist healing—and that's our specialty. Some conditions which generally benefit from specialized wound management (and are approved by Medicare and many insurance companies) include:

- venous leg wounds
- diabetic foot ulcers
- pressure ulcers
- arterial leg wounds
- nonhealing wounds
- osteomyelitis (bone infection)
- fasciitis (soft tissue infection)
- osteoradionecrosis (bone necrosis [death of tissue] secondary to irradiation and superimposed infection)

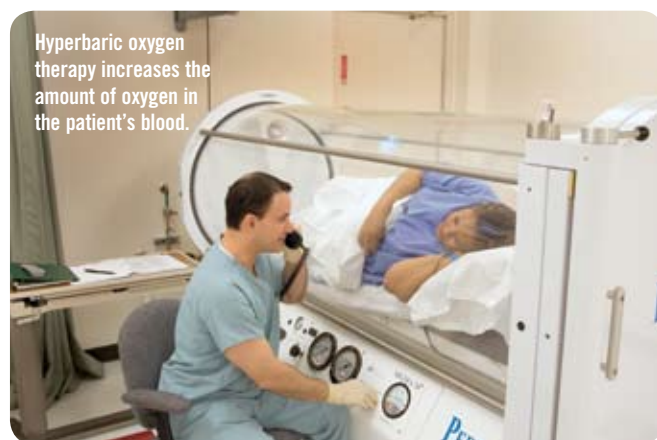
## HYPERBARIC OXYGEN THERAPY

The center's two hyperbaric oxygen therapy chambers are the only ones currently available in the central Willamette Valley. The chambers provide 100 percent pure oxygen (the air we breathe is typically about 21 percent oxygen) to the patient in a pressurized hyperbaric breathing chamber (see image below), a proven method for healing wounds that haven't responded to other therapies.

## CHRONIC WOUNDS

About 8 million Americans suffer from chronic wounds, which stem from a variety of medical conditions and don't heal for many different reasons. Typically, a wound that doesn't respond to routine medical care within 30 days is considered a chronic wound.

In the general population, a serious injury that causes an open wound may result in infection, which causes long-term healing difficulties. A person with diabetes may acquire small cuts or sores on their feet or lower extremities that develop into serious wounds. Vascular disorders may result in chronic venous ulcers. Also, some immobility conditions may result in severe, hard-to-heal pressure ulcers.



Hyperbaric oxygen therapy increases the amount of oxygen in the patient's blood.

## ! Start the healing!

**I**f you have a wound that hasn't responded to previous treatment, McKenzie-Willamette's Advanced Wound Healing Center is here to help. For more information, call 741-5103 or go to [www.mckweb.com](http://www.mckweb.com).

## HEALTHWISE QUIZ

How much do you know about **obesity**?

Take this quiz to find out.

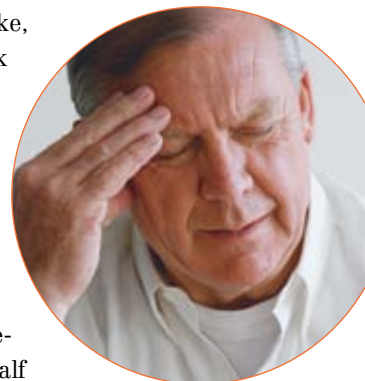
- 1** What percentage of American adults are overweight or obese?
  - a. 25
  - b. 33
  - c. 50
  - d. 66
- 2** Which of the following has not been linked to obesity?
  - a. hyperthyroidism
  - b. cancer
  - c. gallbladder disease
  - d. infertility
- 3** Obese children have a higher risk of:
  - a. asthma
  - b. early puberty
  - c. skin infections
  - d. all of the above
- 4** One problem with body mass index (BMI)—a calculation that assesses obesity—is that:
  - a. It doesn't take height into account.
  - b. It doesn't measure muscle, so a muscular person can have a high BMI.
  - c. It doesn't factor in age.
  - d. none of the above
- 5** How much excess weight do you usually have to be carrying to be considered for weight-loss surgery?
  - a. 30 pounds for women, 50 for men
  - b. 50 pounds for women, 70 for men
  - c. 80 pounds for women, 100 for men
  - d. There's no minimum weight requirement for weight-loss surgery.

ANSWERS: 1. (d), 2. (a), 3. (d), 4. (b), 5. (c)

## { MINI-STROKES }

# Heed the warning

It may not be a full-blown stroke, but a transient ischemic attack (TIA)—also called a mini-stroke—is your warning that one could be just around the corner. TIAs produce symptoms similar to strokes, but they usually only last a few minutes and don't cause damage. About a third of people who have TIAs will subsequently have a stroke, and about half of them will have it within a year.



### INSIDE A TIA

A TIA occurs when a blood clot briefly blocks an artery, cutting off part of the brain's blood supply. Like a stroke, symptoms arise without warning. They include:

- sudden numbness or weakness in the face, arm or leg—usually on one side of the body
- sudden confusion, speech problems or trouble comprehending
- sudden problems walking, dizziness and loss of balance or coordination
- sudden severe headaches
- sudden vision problems such as loss of sight in one eye

If you suffer any of these symptoms, call an ambulance or have a friend take you to the ER right away. Physicians usually have to make a diagnosis based on your medical history.

### IS A TIA IN YOUR FUTURE?

TIA risk factors that may be positively affected by lifestyle changes include:

- blood pressure 140/85 mm Hg or higher
- high cholesterol
- heart disease, carotid artery disease and peripheral artery disease
- obesity
- cigarette smoking
- heavy drinking
- physical inactivity
- diabetes
- a high-fat, high-sodium diet

Other TIA risk factors include:

- having a family history of TIA or stroke
- being 55 years or older
- being a man
- being African-American



**McKenzie-Willamette**

MEDICAL CENTER

*extraordinary care*

McKenzie-Willamette Medical Center  
1460 G Street  
Springfield, OR 97477

PRSR STD  
U.S. POSTAGE  
PAID  
Lebanon Junction, KY  
Permit 19

*PulseBeat* is published as a community service of McKenzie-Willamette Medical Center. There is no fee to subscribe.

**Lottie Poe Duey, Media Coordinator, 741-4602**

The information contained in this publication is not intended as a substitute for professional medical advice. If you have medical concerns, please consult your health care provider.

Copyright © 2010 McKenzie-Willamette Medical Center

WINTER 2010



[www.mckweb.com](http://www.mckweb.com)

70MKW



## Community Events and Programs 2010

McKENZIE-WILLAMETTE MEDICAL CENTER

**When:** Thurs., Feb. 11,  
4–9 p.m.

**Admission:** Free

Looking for a sensational night out? Then look no further than the Lane Events Center as McKenzie-Willamette Medical Center, KOOL 99.1, 1120 KPNW News Radio and 104.7 KDUK present “An Affair of the Heart.” The evening includes a variety of food choices and cocktails available for purchase, as well as giveaways, prizes and entertainment. You’ll also find health and fitness demonstrations, shopping, wine tasting and food samples. Presentations by local physicians and panel discussions will round out this evening of health information—and fun.

### Physician speakers

**5 p.m.** Gynecologists Zena Monji, M.D., and Geoff Gill, M.D.

**6 p.m.** Cardiologist Jay Chappell, M.D.



### Keynote speaker

**7:30 p.m.** National radio personality and public speaker Sherri Lynch, heard locally on KOOL 99.1 FM

*Healthy Woman members will be given first seating for Sherri Lynch’s presentation. Please RSVP to [lotdue@mckweb.com](mailto:lotdue@mckweb.com) by Mon., Feb. 8. (To join Healthy Woman first, visit [www.mckweb.com](http://www.mckweb.com); then RSVP to [lotdue@mckweb.com](mailto:lotdue@mckweb.com).)*

### Prenatal classes

McKenzie-Willamette’s Women’s Health and Birth Center offers a variety of educational programs for new and more experienced parents. Free facility tours are offered several times a month. All childbirth educators are certified through the International Childbirth Education Association.

**Call: 741-4649** or visit [www.mckweb.com](http://www.mckweb.com) and click on “Classes & Events”



### Senior Circle

Our Senior Circle chapter for adults ages 50 and better provides access to weekly educational and social events, exercise and volunteer activities, in-hospital benefits, local and national vendor discounts and monthly physician- or clinician-led health talks for just \$15 a year. You’ll also experience fun and fellowship, enjoying a full calendar of social events and travel opportunities. To learn more about Senior Circle, call Kim at **726-4789** or visit [www.mckweb.com](http://www.mckweb.com).



### Tiny Toes

Expectant moms: Make sure you get things started on the right foot by enrolling in Tiny Toes, offered exclusively by McKenzie-Willamette Medical Center. Tiny Toes was developed to help make your childbirth experience even more cherished. Membership is free and benefits include special gifts and keepsakes to commemorate this special event, discounts with local merchants and, of course, our luxurious birthing suites with an experienced team of professionals. Visit [www.mckweb.com](http://www.mckweb.com) to learn more.