

HEALTH

The Portland Observer

Kaiser Chooses Employees Of The Year



Jean Nava is a registered nurse in the Neonatal Intensive Care Unit at Bess Kaiser Medical Center.

Jean Nava and Marie Deschner were chosen employees of the year at Bess Kaiser Medical Center. The annual award is given by the hospital volunteers to recognize employees who go above and beyond the requirements of their job and for being helpful to patients and co-workers.

Nava, a registered nurse, cares

for ill or premature babies in the Neonatal Intensive Care Unit. In her 15 years of nursing, she's witnessed the advances made in technology to treat these infants, who can sometimes weigh less than two pounds. Nava says there are sad moments, but for the most part it's very positive and upbeat.

Deschner works as a clerk for in-patient medical records and has seen technology improve productivity since she started work at Kaiser in 1987.

"We once relied on a handwritten system to keep track of hundreds of medical records, which was a slow and tedious process," Deschner said.



Marie Deschner is an in-patient medical records clerk at Bess Kaiser Medical Center.

Bess Kaiser Medical Center, 5055 N. Greeley Ave. is one of two Kaiser Permanente non-profit com-

munity hospitals serving people in Northwest Oregon and Southwest Washington.

New Kaiser Contract Ratified

A new labor contract negotiated last week was accepted in voting by Kaiser Permanente employees in the Service Employees International Union, Local 49.

The union represents about 2,000 Kaiser Permanente workers holding jobs ranging from cooks and housekeepers to orderlies, groundskeepers, clinic assistants and transportation workers.

The three-year contract that Local 49 members ratified provides an immediate 1 percent across-the-board raise, followed by 1.5 percent increases in the contract's second and third year.

The contract also gives employees in Local 49 severance pay for the first time. In the event of layoffs or job loss due to restructuring, employees are now eligible for one week's pay per year of service, up to 15 weeks.

Under the new contract, a shipping and receiving clerk earning \$10.79 an hour (about the average salary for all Local 49 jobs) would see pay rise immediately to \$10.90 an hour, and to \$11.23 an hour by the contract's third year.

Otitis Media With Effusion Treatment Guidelines Announced

The U.S. Public Health Service's Agency for Health Care Policy and Research (AHCPR) announced treatment guidelines for one of the most widespread health problems in young children -- otitis media with effusion -- which is characterized by the presence of fluid in the middle ear and often by fleeting off-and-on hearing loss for short periods of time.

Also known to some as serious otitis or "glue ear," the condition differs from acute otitis media in that the child generally does not feel pain or have fever.

Philip R. Lee, M.D., HHS assistant secretary for health and director of the U.S. Public Health Service, said, "The guidelines' finding that the condition often clears up on its own, with observation, should be good news to parents."

The PHS director said, "Currently, the most common way of treat-

ing otitis media with effusion is with antibiotics, but while antibiotics are a valid option for treating the condition, they are not necessarily the preferred option."

The guidelines say that observation or watchful waiting is effective for most children since otitis media with effusion usually disappears within three to six months without any treatment.

The guidelines say that antibiotics appear to clear up the condition in a small number of children and should be considered as an option for dealing with the condition during the first three months, but they can also cause reactions such as diarrhea and rashes.

According to the guidelines, if the condition has lasted for three months and the child has a mild-to-moderate hearing loss in both ears, the options are either antibiotics or myringotomy (lancing of the ear drum

to draw out the fluid), along with placement of tympanotomy tubes (small tubes inserted to drain the fluid). Myringotomy with tubes is recommended, however, if the condition has lasted four to six months and there is hearing loss in both ears.

The guidelines were developed by the American Academy of Pediatrics under contract with AHCPR and in consortium with the American Academy of Family Physicians and the American Academy of Otolaryngology-Head and Neck Surgery. A 19-member private-sector panel of health care experts and a consumer representative assisted the consortium in developing the guidelines.

AHCPR Administrator Clifton R. Gaus, Sc.D., said, "Consumer preference plays an important role in overall efforts to improve quality, effectiveness and appropriateness in

health care. In this case, parents need to be made aware of all treatment options and their benefits and risks, and should weigh these carefully."

Children 1 through 3 years of age -- a critical time for speech and language development -- are the subject of the new guidelines. The guidelines do not apply to children with abnormalities of the nervous system or head and face structures, such as cleft palate and Down's syndrome, or who have sensory problems.

Otitis media in general is the leading reason why children under 15 years of age see doctors. Office visits for all types of otitis media -- 24.5 million in 1990 -- increased 150 percent since 1975, with the most dramatic rise -- 224 percent -- in children under 2 years of age. The guidelines panel estimated that otitis media with effusion accounts for 25-35 per-

cent of all office visits for otitis media, or 6.1 million to 8.5 million visits in 1990.

AHCPR will widely distribute the guidelines and the consumer version, which is also available in Spanish.

Alfred O. Berg, M.D. M.P.H., co-chair of the guidelines panel, and a professor of family medicine at the University of Washington, said that the guidelines could lead to less use of both antibiotics and surgery for treating otitis media with effusion.

Fellow co-chair Sylvan E. Stool, M.D., a professor of pediatrics and otolaryngology at the University of Pittsburgh School of Medicine, said that accurate diagnosis and evaluation is a critical first step in managing otitis media with effusion and that the problem is often identified following a cold or episode of acute otitis media. Stool also said that doctors should discuss with parents factors in the child's environment which have been

linked to otitis media with effusion, such as cigarette smoke.

The guidelines panel, which included pediatricians, family doctors, otolaryngologists, an infectious disease specialist, nurses, audiologists, speech-language specialists, psychologists and a consumer representative, reviewed nearly 400 articles in developing the guidelines.

Free copies of "Managing Otitis Media with Effusion in Young Children," which is a quick reference guide for clinicians, and a brochure for parents, "Middle Ear Fluid in Young Children," are available from the AHCPR Publications Clearinghouse, P.O. Box 8547, Silver Spring, Md. 20907; 800-358-9295, from 9am to 5pm, eastern time. Free facsimile copies of the parents' guide, the quick reference guide and an overview of the guidelines may be obtained at any time by calling AHCPR Instant Fax, 301-594-2800, from a telephone-equipped facsimile machine and pushing "1".

Rainbow Corner Assists Northeast Caregivers

Families caring for individuals with memory loss and confusion due to Alzheimer's disease or a related condition now have a new local resource called Rainbow Corner.

Sponsored by the Portland Urban League and located at the MultiCultural Senior Service Center at Killingsworth and Martin Luther King Boulevard, the Rainbow Corner provides a caring, safe environment where individuals with memory loss can meet with peers, and enjoy activities that minimize their abilities and build self esteem. At the same time it provides family and friends with a much needed break from caregiving

responsibilities and a place to share their concerns.

Dora McCrea, Program Coordinator and long-time community resident, said, "We named it Rainbow Corner because we wanted it to reflect the diversity of our Northeast Community. Diseases like Alzheimer's respect no cultural boundaries. The program offers families hope, encouragement, care relief and helpful information."

Leah Eskenazi, the Legacy Health System representative on the N/NE Senior Day Services Coalition, says, "Rainbow Corner was created in re-

sponse to Northeast residents who were seeking high quality, affordable, conveniently located resources for frail and/or memory impaired senior family members. It is an important first step in the coalition plan to offer a full adult daycare center and Alzheimer's resource center in inner northeast Portland." Members of the coalition include Urban League, Alzheimer's Association, Volunteers of America, Multnomah County Aging Services Division, Legacy Health System, local community business representative, religious leaders and family caregivers. Initial funding for Rainbow Corner is provided by a

federal grant issued through Oregon Senior and Disabled Services Division. The grant is one of 14 given to organizations state wide and the only one in inner Northeast Portland.

The Rainbow Corner will be open on Tuesday's, beginning July 26th, starting at 11:30am and ending at 3:30pm. A nutritious noon meal, fun therapeutic activities, a healthy snack and transportation as needed will be provided for a very affordable cost. Registration, program information and volunteer applications are available now by calling Dora McCrea or Esther Hinson at Urban League, 248-5470, ext. 4548.

Grant To Help UO Researchers Study The Brain

University of Oregon researchers hope to understand better how the brain functions, thanks to a major new grant from the M.J. Murdock Charitable Trust.

The \$350,000 grant will allow for the purchase of state-of-the-art equipment which will be utilized by researchers at the UO neuroscience and molecular biology institutes to study how the brain functions.

Monte Westerfield, UO biology professor and Institute of Neuroscience director, says the grant will purchase a high-power confocal laser scan microscope. The microscope will allow high-resolution views of nerve cells and distribution of nervous system molecules.

"Molecular neuroscience is an exciting area which is just emerging," says Westerfield. "To understand brain function, including perception, memory, consciousness and movement, we must understand better how the properties of nerve cells are determined."

Westerfield says confocal microscopy uses laser light, a scanning system and computer reconstructions to achieve three-dimensional views of molecular distribution in specimens containing many cells. Currently, UO researchers have no access to a confocal facility in the state of Oregon.

Westerfield says this type of research is expected to lead to breakthroughs in understanding neurological diseases and communicative disorders which are major causes of death in the United States. "Approximately 48 million people are afflicted with one or more of the 650 distinct disorders that devastate lives and cost the nation nearly \$121 billion in health care and lost income," he says.

In many cases, Westerfield adds, major breakthroughs will come from applications of new technique to old problems. The new microscope is expected to be purchased in August and to be functional early in the Fall.

Furse Calls For Abortion Services To Be Included In Health Care Reform Legislation

In order to ensure that pregnancy-related services are included in health care reform legislation Rep. Elizabeth Furse and dozens of House colleagues sent a letter to House Speaker Thomas Foley (D-WA) stating that those services must be available in order for them to support reform efforts.

The letter stated that "we feel compelled to convey to you our strong commitment that any health care reform package that comes before the House must contain coverage for contraceptive and abortion services if it is to gain our support."

At a news conference to release the letter, Furse said that while she was touring the District last week, the top concern was health care.

"The one message that I heard over and over again is that Americans don't want the government making choices for them in their private decisions," Furse said. "They don't want some member of Congress deciding whether or not they can get an abortion. Abortions are legal in this country. That's a personal choice that must be left to a woman and her doctor. "Women will continue to get abortions. This is not a question of abortions or no abortions. It's a question of safe or unsafe abortions. At this time, a majority of women's insurance covers reproductive services; we must not diminish their health care coverage with health care reform."

The House is expected to vote on health care reform legislation within the next few weeks.

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