

Vital Signs

Department of Emergency Medicine
Oregon Health & Science University

Winter 2002



Working Together Again

With the recent agreement between OHSU and the ONA/AFL-CIO, we have seen the end of the nursing strike against OHSU. Everyone at OHSU and our community is happy to see this phenomenon go away. However, the adverse effects of the strike will take months, if not years to resolve. This Chair's letter focuses on issues to anticipate and how (together) we will resolve them.

What sorts of lingering problems can we expect that will affect the OHSU ED?

Adverse institutional image

To make a strike work, a union must generate community support. To do that, the union representing the "workers" must cast the "management" in a

negative light. During this strike against OHSU, the ONA made repeated negative charges about the care being provided at OHSU and even advertised that it wanted to receive complaints against OHSU. Although OHSU has demonstrated to a host of government agencies (some repeatedly) that its nursing staffing and care during the strike was not compromised, the public will remember the charges for months to come. This harm to the institution's image will not simply vanish after the settlement. Returning OHSU nurses also will be tainted by these repeated attacks on OHSU's image.

Coworker concerns about commitment to patients

A walkout by any emergency care provider can leave coworkers (including other nurses, CNAs, ED technicians, unit secretaries, and physicians) bewildered and uncertain about the provider's commitment to the unique patient population served by our ED.

Returning nurse anxiety

To sustain a strike, those walking out must make considerable personal sacrifice. First there is the economic sacrifice. The striking nurse must either give up a nursing income or take a less convenient part-time nursing position without the retirement, sick leave and health benefits she/he enjoyed at OHSU. Second there is the emotional sacrifice. The striker must side with the union when charges are made against the institution. The striker also must distance themselves from emergency coworkers who continue to help OHSU serve the community. The gulf between the striking nurse and those who remained grew as the strike continued. There are undoubtedly other persistent effects. You might frame the above issues differently or seek

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"unless we can heal ourselves, we will not be able to heal others."

Working Together Again (continued)

to avoid them altogether. Yet, we must face these issues if we are to heal as an institution and continue to provide the best possible emergency services in the region. As Roy Magnusson (OHSU Hospital Medical Director and Associate Professor of Emergency Medicine) has said, “unless we can heal ourselves, we will not be able to heal others.” How can we start the institutional healing process?

Restore the institutional image

Continuing the artificial adversarial posturing that was part of a strike against the institution will not help our patients, our institution or the employees of OHSU. Now is the time for everyone to begin emphasizing the positive aspects of their jobs and what OHSU brings to the community. The ONA must be a part of this effort. Continued media and regulatory agency attacks against OHSU will harm the healing process and the well-being of everyone.

Demonstrate commitment to patient service

The OHSU ED has been characterized by a “can do” spirit and a high-level of “esprit de corps” between all ED personnel. Certainly, there have been challenges brought about by new nursing personnel learning departmental procedures and the location of equipment and supplies. Yet, the challenges have been met by innovation, team work and a willingness to put patient and family needs first. This approach has always been our vision. Sometimes a crisis is needed to help a unit move forward

toward its vision. Sustaining these gains and making the returning nursing force a part of that greater vision must be a part of the healing process.

Address the issues of returning nurses

The hospital - through Human Resources - will work with the returning nurses to provide some structure to the “team building” and reintegration process. We must not allow personal feelings to cloud or impact our professional demeanor in the work place. Discussion of the strike or feelings about the strike are to be discouraged in the work place. That being said, we cannot simply ignore the many strong feelings that have been aroused by this strike against OHSU. Nursing management and Human Resources will work individually with returning nurses to provide them and other nurses who have joined our team during the strike with needed emotional and professional support. I would like to be notified of any physician-related issues in regards to emergency personnel adjustment during the post-strike period. Finally, the physician group will work with nursing management to seek innovative and collaborative means of sustaining nursing input into patient care delivery, given the mutual goal of enhancing patient service.

The task ahead of us will be challenging. Some may draw solace from the knowledge that nursing strikes against hospitals are part of a national labor strategy. However, when it impacts the institution where we proudly work, a strike takes a more personal nature. Regardless, we will continue to grow as an emergency service throughout the

coming months if we guide our practice by the following tenets:

- We work in the OHSU ED to serve our patients and their families;
- We provide care as a team of emergency care providers;
- We need every member of the team (including nurses, CNAs, ED technicians, communication specialists, unit secretaries, registration clerks, radiology technicians, etc.) committed to collaborative service excellence; and
- We earn respect as an emergency care provider at the bedside. Working together we will strengthen our team.

*Jerris Hedges, MD, MS
Chair, Department of Emergency Medicine*

Regional ED Directors Groups Update



For the last six months Chris Richards has been meeting with the Portland Area Emergency Department Medical Directors on a monthly basis. The group of local ED directors has sporadically held meetings in the past, but disbanded four or five years ago. After September 11th the group came together again to discuss issues of common interest including bioterrorism preparedness. Members have played an important role in helping to standardize expectations across hospitals. Specific areas discussed include: communications, ED and Hospital lockdown procedures, antidote availability (or lack thereof) and the role of the Regional Hospital in a disaster. The group is making specific recommendations to the county in terms of hospital preparedness in many of these areas and working with the regional Metropolitan Medical Response system and the local ED nurse managers group.

The annual Oregon College of Emergency Physicians meeting in Sunriver was held February 3-6, 2002. An ED directors forum was held for three hours on Sunday morning. Dr. Richards represented OHSU at the forum. The wide-ranging discussion

covered 26 topics of interest to ED directors. While many issues pertained to rural Oregon Hospitals many were common to all members present.

It was a very interesting discussion and although our practice situation is unique in the state, many of the issues are common and affect us all.

Issues included:

- EMTALA and the new 250 yard rule,
- Problems with transfer agreements and OB/EMTALA issues in small hospitals,
- OHP and problems with reimbursement including reimbursement of medical screening exam (Dr. Norton has been leading the charge for OHSU on this issue, we are not alone),
- Recent changes and proposed changes to OHP including copays (no-pays),
- Dramatic increases in the cost of malpractice insurance (70-400%), some policies being cancelled around the state, and bedside registration.

*Chris Richards, MD, Professor,
Department of Emergency Medicine*

Educational Activities

Hal Thomas, MD, Professor of Emergency Medicine, has recently been awarded a grant from the Ford Family Foundation as part of the establishment of an institute for rural training at OHSU. The four year grant is intended to provide educational resources to rural primary care providers, primarily in emergency procedures.

A two tier educational program is envisioned with the initial part taking place in the rural communities with representatives from OHSU's Department of Emergency Medicine traveling to the local communities and leading small group seminars. One year later the initial attendees will be invited to come to

OHSU for a follow up course. The curriculum is currently in its development phase. Meetings with rural providers are underway to establish how to best meet their needs.

The Department of Emergency Medicine has also been selected to present the fall Ashland conference in 2003. This is an annual event sponsored by the Department of Continuing Medical Education at OHSU. The dates are September 5-6, 2003. Program development is currently underway. Small group tutorials and skill labs will be emphasized as much as space permits.

Weapons of the Portland, Oregon Experience Mass Destruction:

History

Health and Human Services (HHS), Office of Emergency Preparedness (OEP) is working to develop a coordinated systems (fire, police, EMS, hospital, public health, etc.) response to Weapons of Mass Destruction incidents. HHS/OEP has approached Metropolitan Medical Response System (MMRS) development from two perspectives, chemical and biological.

The MMRS development process began with Washington, DC, as the initial development city followed closely by Atlanta in 1996. This was followed quickly by twenty-five cities in 1997, twenty additional cities in 1999, and twenty-five new cities in 2000. The City of Portland was a partner in the 1999 granting process.

Goals

The overall program goals of the MMRS program are to:

- integrate biological and chemical preparedness into the overall planning process;
- develop plans for mass prophylaxis of exposed and potentially exposed populations;
- develop plans for mass patient care;
- develop plans for mass fatality management; and
- develop plans for environment surety.

MMRS operational goals include:

- Develop and deploy technology to perform initial identification of chemical and biological agents;
- Enhance the ability of fire, EMS, and hospitals to perform operations in OSHA levels A, B, and C personal protective equipment avoiding secondary responder casualties;
- Strengthen triage, treatment and decontamination capabilities at the incident site and definitive care facilities;
- Establish and maintain local caches sufficient to treat 1,000 patients exposed to chemical agents; and
- Have the ability to transport “clean” patients to area hospitals for definitive care.

In addition, the MMRS developmental process paid unique attention to the ability of the community to maintain a viable health system during a chemical or biological attack. Emergency plans include the ability to transport patients to participating NDMS hospitals throughout the nation, mechanisms to activate mutual aid support from federal, state and local emergency response agencies and the ability to integrate additional response assets into the ongoing incident command structure.

Portland

Since 1999, the Portland MMRS development project has involved health and public safety agencies in the four county areas of Oregon and SW Washington. The Portland MMRS Group focused on four unique aspects for terrorism preparation. These were, law enforcement, 1st responders (fire/EMS), hospitals and public health.

To date there have been many accomplishments which include the development of working relationships between the above groups which did not exist in any operational sense prior to the project. The adaptation of a terrorism operational plan for the community and the selection of medical treatment

guidelines for chemical and biological agents. The selection and acquisition of chemical and biological antidotes and the selection and acquisition of chemical and biological detection technology. The selection and integration of mass decontamination equipment and facilities for both pre-hospital and hospital care and the selection and acquisition of personal protective equipment for pre-hospital care providers. The enhancement of communication capability between responders and hospitals and the development of a process to enhance our community’s medical care capability for mass casualties.

In spite of the many accomplishments, much work remains, including; issues of augmentation of hospital ambulatory and inpatient capability, decontamination, education and training, resolving remaining communication issues and testing the operational capability of the system.

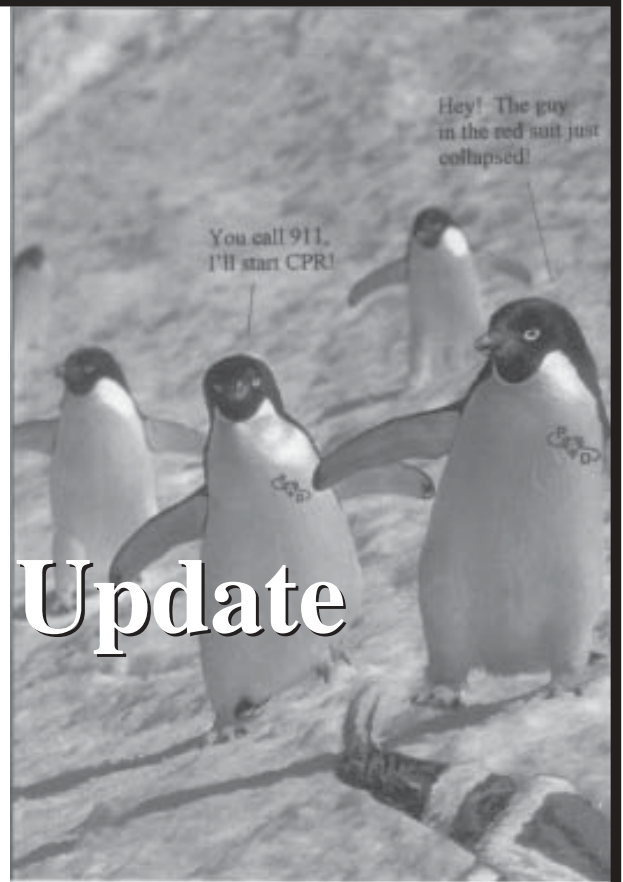
Most importantly, funding issues for WMD preparation remain problematic for all agencies especially county public health agencies and hospitals.

*Jonathan Jui, MD, MPH, FACEP
Professor, Dept. of Emergency Medicine*

PAD

Public Access to Defibrillation

Study Update



The OHSU Department of Emergency Medicine is proud to announce that key milestones have been reached in this international, multi-center NIH/NHLBI research grant, “Early Access to Defibrillation for Victims of Out-of-Hospital Cardiac Arrest (OOH-CA): “Strengthening the Links of Survival through Public Access Defibrillation.” Mohamud Daya, MD, MS is Principal Investigator, and Co-investigators include; Jerris Hedges, MD, MS, Jonathan Jui, MD, MPH, Terri Schmidt, MD, MS, and Lynn Wittwer, MD. Maggi Gunnels, PhD, MS, RN is Project Director, and Heather Brooks, BS, Chris Burke, BS, and Denise Griffiths, BS are the Study Coordinators.

We have completed the first year of the 2 ½ year study and have trained over 1400 volunteers in the Greater Portland area in CPR. Of this total, 1000 have been trained and certified to operate an automated external defibrillator (AED).

Many thanks go to Chris Burke, the lead CPR/AED trainer, for his tireless efforts. And, it must be noted that among the 24 cities across the U.S.A. and Canada, Portland has trained the most individuals, an honorable contribution to our communities health.

Data collection has been ongoing and will continue for the duration of the study at 80 local and regional locations (2002). Information is collected on actual and potential OOH-CA episodes, where CPR and AED are deployed. Our study site has remained a top performer, but more importantly, we value the experience of saving lives.

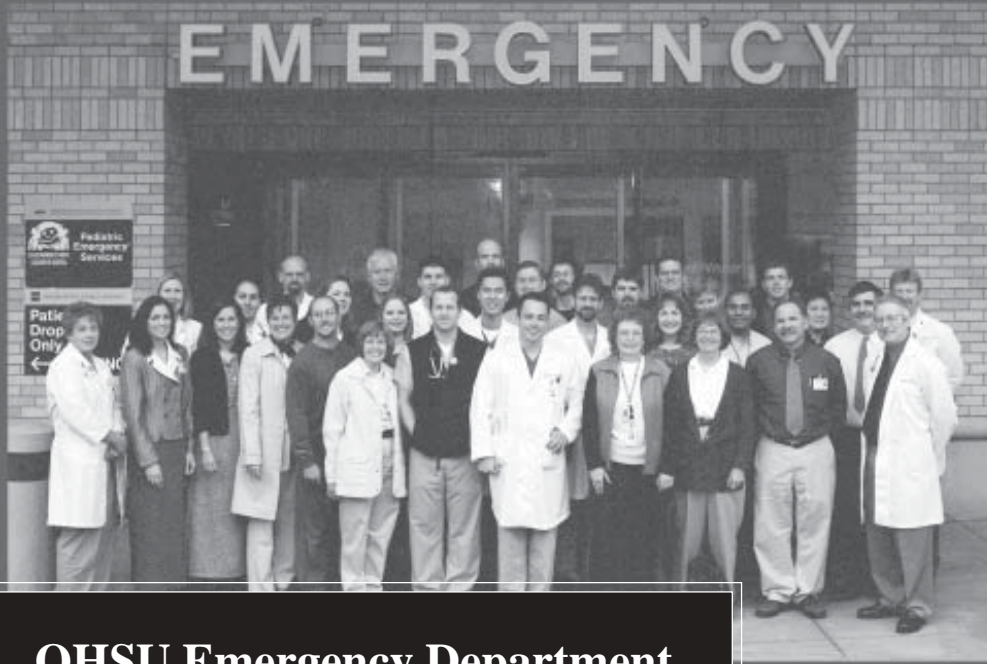
The next quarter will bring new challenges for the study group. Each of our trained volunteers will be assessed and retrained in CPR and AED skills. And, as you can imagine this is not a small undertaking.

We also welcome the challenge of transitioning the first group of our sites into managing their AED programs independent of the study. Our team and the EMS systems in Clark, Clackamas, Marion, Multnomah and Washington County will carefully coordinate this transition.

For more information contact:

Heather Brooks
503-494-0649

National Study information is available on the PAD Coordinating Center website:
www.depts.washington.edu/padctc.



OHSU Emergency Department



Meet Jim Huie Web Specialist

As web specialist, Jim designed and updates the department website which includes information, schedules, medical presentations, educational material, on-line evaluation, ACLS course information and on-line registration.

Jim was born and raised in Upstate New York. He earned his Bachelor's Degree in Philosophy and English from St. John Fisher College. After a career as a recording engineer, he moved to Portland. His interests are music, computers, travelling and the outdoors.

Jim is a multi-instrumentalist, and over the years has gigged in New York City, Los Angeles, Memphis, Berlin, Hamburg, Amsterdam and Copenhagen. His most recent release, a collection of his songs, "*Girls Say Yes to Boys Who Say No*," has been well received by critics in the U.S. and U.K. Recorded in various parts in Portland, San Francisco, Vancouver, BC and New York City, it features an ensemble of 20 musicians including R.E.M. producer Mitch Easter. It can be purchased from Amazon.com and Barnes&Noble.com.

As a web designer, Jim has worked on numerous sites for both healthcare organizations and creative artists including Northwest Homecare, NYC author, Ali Smith and Seattle based photographer, Maggie Soladay. In addition to his duties for the Emergency Department, Jim created and maintains the Poison Center website, and serves as Web Manager for the Employee Wellness program.

OHSU

Submissions

to the

**SAEM Western Regional Forum meeting in San Diego
April 6-7, San Diego, CA**

Attitudes and Knowledge of ED Patients and Visitors Regarding Waiver of Consent in Resuscitation Research.

Nicole M. DeIorio, MD, Katie B. McClure, MD, Mary D. Gunnels, PhD, MS, RN, Maria Ochsner, Michelle H. Biros, MD, MS, Terri A. Schmidt, MD, MS

Geospatial Analysis of Alcohol-associated Pedestrian Injury.

Mary D. Gunnels, PhD, MS, RN, Christopher Bangs, MS, Mohamud Daya, MD, MS, Jonathan Jui, MD, MPH

Injury Severity Scores (New vs Old) Among Injured Pedestrians in Portland, Oregon.

Mary D. Gunnels, PhD, MS, RN, Jonathan Jui, MD, MPH, Christopher Burke, BS, Jerris R. Hedges, MD, MS

National CPR Weekend 2001: Layperson Perceptions about CPR and AEDs in Portland, Oregon.

Mary D. Gunnels, PhD, MS, RN, Mohamud Daya, MD, MS, Christopher Burke, BS, Charlene Welch, BS, Zig Sawzak, EMT-P, Jonathan Jui, MD, MPH

Impact of an After-Hours Telephone Advice Center on Clinical Outcomes and Patient Satisfaction.

Robert A. Lowe, MD, MPH, Marshall Joffe, MD, PhD, MPH, Ellen Peskin, MA, Darryl Brown, MPA, Jill S. Knauss, MS, Alan Hillman, MD, MBA

Radiology Services in Emergency Medicine Residency Programs: A National Survey.

Robert A. Lowe, MD, MPH, Stephanie B. Abbuhl, MD, Agnieszka Baumritter, MS, Colleen Brensinger, MS, Kathleen Propert, ScD, Stephen Horil, MD, Harold Kindel, MD

Paramedic Prehospital Rapid Sequence Intubation: A Retrospective Review, 1999-2000.

Scott Marquis, BS, Michael Kremkau, BS, EMT-P, Mark Stevens, NREMT-P, Mary D. Gunnels, PhD, MS, RN, Mohamud Daya, MD, MS

Waiver of Consent in Research: Community Consultation and Notification.

Katie B. McClure, MD, Nicole M. DeIorio, MD, Mary D. Gunnels, PhD, MS, RN, Maria Ochsner, Michelle H. Biros, MD, MS, Terri A. Schmidt, MD, MS

Successes and Failures in Pediatric Trauma Intubations.

Craig Warden, MD, MPH, Mary D. Gunnels, PhD, MS, RN, Annette Adams, MA, MPH, Nicole DeIorio, MD, Christopher Burke, BS, Raghavendra Kulkarni, MD, Michael Filbin, MD, Ron Walls, MD

Public Access Defibrillation: A Statewide Survey of Knowledge, Beliefs and Barriers Among At-Risk Patients and Families.

Brittany Wilson, BS, Mary D. Gunnels, PhD, MS, RN, Christopher Burke, BS, Katherine Nandor, Diane McClean, RN, Jonathan Jui, MD, MPH, Mohamud Daya, MD, MS

Public Willingness to Perform CPR in the Community: A Statewide Survey of At-Risk Patients and Families.

Brittany Wilson, BS, Mary D. Gunnels, PhD, MS, RN, Christopher Burke, BS, Katherine Nandor, Diane McClean, RN, Jonathan Jui, MD, MPH, Mohamud Daya, MD, MS

Resident Selection Committee

from left:
Jo Su, Hal Thomas, Jerris Hedges, Pat Brunett,
Rosemary Shiolas, Lindsey Horenblas (St. Vincent),
Julie Andrews (St. Vincent), Norm Kalbfleisch



Thanks to both residents and faculty on the EM Resident Selection Committee for their significant efforts during the recent resident selection season. This year the selection committee interviewed 109 applicants. Members of the resident selection committee meet four times throughout the season to discuss and rank the candidates. The final rank list is submitted electronically to the National Resident Matching Program. Medical students will likewise submit their rank lists of residency programs. On Match Day, March 21, the results will be announced to both medical

students and residency programs throughout the U.S.

Each Wednesday from the end of November through January, applicants to the emergency medicine residency interviewed, one-on-one, with four members of the selection committee. Their interview experience included attendance at M & M, lunch with our residents and a Tuesday evening social with our residents over pizza at a brewpub to informally find out about our program and life in Portland. Many thanks to Laurel Berge and Katie McClure for spearheading this valuable component of the selection process and to all the

residents who came to socialize with the applicants.

Members of the Resident Selection Committee this year were OHSU EM faculty, Ken Bizovi, Pat Brunett, Nicole DeIorio, Jerris Hedges, Norm Kalbfleisch, Jo Su and Hal Thomas; St. Vincent emergency physicians, Julie Andrews and Lindsey Horenblas and third year residents, Nicole Kelly, Carolyn Rhett and Simon Weaver. Their time commitment to interviewing and participating in ranking the applicants is a valuable part of the process.

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OHSU includes the Schools of Dentistry, Medicine and Nursing; Biomedical Information Communication Center; Center for Research on Occupational and Environmental Toxicology; Vollum Institute for Advanced Biomedical Research; University and Doernbecher Children's Hospitals and University Clinics; and the Child Development and Rehabilitation Center. *OHSU is an equal opportunity, affirmative action institution.* **Vital Signs** is published quarterly by the Department of Emergency Medicine, Oregon Health & Science University. Graphic Design: Terri Davis. Photography: Sandy Huston.

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