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Guest Columnist

Author: John Richter Last Updated: Aug 29, 2009 - 5:20:41 PM

The Importance of Hygienic Cleaning to Prevent H1N1

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By John Richter
Aug 29, 2009 - 5:04:49 PM

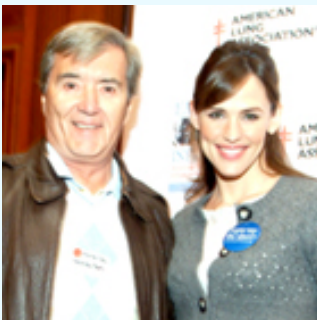
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(HealthNewsDigest.com) - This may prove to be a very difficult winter, especially for school-age children, due to expected outbreaks of swine flu (H1N1) in many parts of North America. Although prevention of the disease invariably leads to immunization, cleaning professionals in schools, offices, and large public facilities can take specific steps to help control the spread of H1N1, or at the very least prepare for it. Flu viruses, including H1N1, can survive up to 12 hours on paper or cloth, up to 48 hours on nonporous surfaces like most commercial countertops, doorknobs, and desks, and as much as 72 hours on moist surfaces, which help to keep the illness-causing virus alive. This means that in an improperly cleaned facility, the H1N1 virus can remain alive, potentially infecting others through cross contamination, for up to three days. Preventing this does not necessarily require more thorough cleaning, although that certainly is important, as much as more hygienic cleaning. Hygienic cleaning means incorporating procedures that have been scientifically proven to remove or kill bacteria and helps stop the spread of disease. Among the steps that should be incorporated:

- Clean the surface first. Unless the disinfectant is labeled as a "disinfectant/cleaner," the surface must be properly cleaned first before the disinfectant can be used to effectively kill germs and bacteria. This is critical and why traditional cleaning methods don't always achieve disinfectant levels. They don't truly remove the soils and bacteria. Chemicals may vary in effectiveness, not all cleaning methods are alike, making the process critical
- Always use EPA-registered disinfectants with verifiable "kill claims" that include flu viruses (specifically Influenza A for H1N1). See the "spectrum of action" on the product's label or manufacturer's instructions.
- Adhere to manufacturer's dwell time recommendations. Disinfectants typically must dwell (sit) on surfaces for five to 10 minutes to perform effectively before being wiped away.
- Focus on high-touch areas. Some of the most common transmission points for viruses are elevator buttons, doorknobs, chairs, telephones, vending machines, and commonly touched surfaces



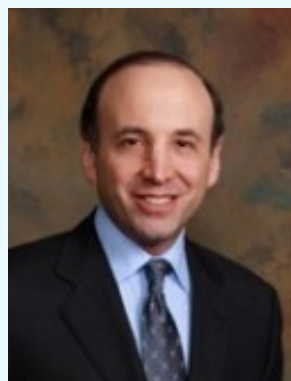
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such as tables and countertops. · When using traditional methods, Change mops and cleaning cloths frequently. Studies indicate that mops, wipes, and cleaning cloths become soiled very quickly and can actually spread the germs and bacteria they are intended to remove.* Although it has been suspected for some time, the need for frequent changing of mops and cleaning cloths has only recently been scientifically proven and is an important edge in the fight against cross contamination. Dr. Charles Gerba, a microbiologist at the University of Arizona, has determined that some cleaning cloths actually spread contaminants as they are used, and this increases as they become soiled. Additionally, because of growing concerns about the spread of H1N1 and other diseases, some cleaning experts now believe that using traditional cleaning systems—cloths, mops, and sprayers—should be discarded. Dr. Jay Glasel, founder of Global Scientific Consulting, LLC, Farmington, Connecticut, suggests the use of spray-and-vac cleaning systems instead. These systems do not require the touching of surfaces. Instead, a no-touch cleaning machine applies chemical solution to surfaces to be cleaned; areas are then rinsed and a wet-vac system vacuums up solution along with contaminants. What to Do in an Emergency The steps discussed here are designed to help prevent an outbreak of H1N1, and they should definitely be incorporated should an outbreak of the disease occur. However, the Cleaning Industry Research Institute (CIRI) suggests the following emergency steps also be taken: · Increase the cleaning of high-touch areas from one to three times daily. · Place disinfectant “bombs” in targeted areas and specific rooms; these systems emit a dry disinfectant meant to cover surfaces over a wide area. · Place hand sanitizers throughout the facility. The professional cleaning industry can play a key role in minimizing the impact of H1N1. In fact, some feel the cleaning industry should be placed under the umbrella of the healthcare industry because of the significant role it can play in fighting disease. John Richter is the Technical Director for Kaivac, Inc., developers of the Kaivac Cleaning System. He is a frequent author and presenter discussing hygienic cleaning issues and related topics. *Study results were presented June 3, 2008, at the 108th General Meeting of the American Society for Microbiology [ASM] in Boston. Web address: www.alturasolutions.com John Richter is the Technical Director for Kaivac, Inc., developers of the Kaivac Cleaning System. He is a frequent author and presenter discussing hygienic cleaning issues and related topics Editor's Note: Richter has both a Bachelor's and Master's Degree in Mechanical Engineering from the University of Dayton, Dayton, OH, his emphasis being thermal sciences and fluid dynamics. His background includes management and leadership roles in new product development with leading companies in the electrical distribution industry. He also is a Six-Sigma Green Belt. Six Sigma is a business management strategy, initially implemented by Motorola that today enjoys widespread application in many sectors of industry. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

The Importance of Hygienic Cleaning to Prevent H1N1

By

Aug 29, 2009 - 5:04:49 PM



(HealthNewsDigest.com) - This may prove to be a very difficult winter, especially for school-age children, due to expected outbreaks of swine flu (H1N1) in many parts of North America. Although prevention of the disease invariably leads to immunization, cleaning professionals in schools, offices, and large public facilities can take specific steps to help control the spread of H1N1, or at the very least prepare for it. Flu viruses, including H1N1, can survive up to 12 hours on paper or cloth, up to 48 hours on nonporous surfaces like most commercial countertops, doorknobs, and desks, and as much as 72 hours on moist surfaces, which help to keep the illness-causing virus alive. This means that in an improperly cleaned facility, the H1N1 virus can remain alive, potentially infecting others through cross contamination, for up to three days. Preventing this does not necessarily require more thorough cleaning, although that certainly is important, as much as more hygienic cleaning. Hygienic cleaning means incorporating procedures that have been scientifically proven to remove or kill bacteria and helps stop the spread of disease. Among the steps that should be incorporated:

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Guest Columnist

Educational Toys Help Kids Head Back to School with Fun in Mind

By

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(HealthNewsDigest.com) - Heading back to school after the lazy days of summer can pose a challenge to kids who are not quite ready to hit the books again. Because they learn in so many different ways, it's important for parents to find ways to engage their children and keep them stimulated with new activities. Using toys and games, adults can promote a love of learning that builds upon a child's natural curiosity. Experts at the Toy Industry

Association (TIA) have spotted three trends that reinforce the basics of reading, math and science and that encourage the development of problem solving skills and creativity before or after class: Empowering Early Readers A balance of online and offline play options will help to facilitate learning and improve literacy for kids of every age. Well-recognized characters from film, television and toyland can capture the attention of children and draw them into the written word. And exciting new technologies allow young readers to help set the direction of various characters as storylines unfold. For young fans (ages 3-7) of the PBS Kids series, the Super WHY! Touch and Learn Super Duper Computer from Learning Curve uses touch screen technology to engage kids in literacy-based activities such as spelling, word families, rhyming, reading and interactive storybook adventures. Reading comes alive for children (ages 4-8) via the magic of LeapFrog's Tag Reading system which strengthens skills by using classic children's literature titles like Green Eggs and Ham and Olivia, along with popular characters such as Ben 10, Dora the Explorer and Spiderman. For older readers (ages 6-10), the LeapFrog Didj Custom Gaming System fosters learning in reading and writing – as well as math and science-based skills in physics and electricity – with subject-specific games featuring Wolverine and the X-Men, Star Wars and Neopets. Parents can track their child's progress in each subject via the free LeapFrog Learning Path (www.leapfrog.com). Interactive board games and puzzles are lower-tech learning options that families will enjoy together. For toddlers, there is Goodnight Moon, 1-2-3 Counting Games, a hands-on counting and memory game based on the children's classic. Frog and Toad Adventure Game and Frog and Toad Bicycle Built for Two jigsaw puzzle, both from Briarpatch, are great for fans (ages 5+) of the beloved Arnold Lobel books. Games based on the latest cult classics are a hit with tweens and teens. Popular items include The 39 Clues: Unlock the Secret Chambers Game from University Games; Harry Potter Clue from Hasbro Games; Twilight New Moon Board Game by Cardinal Industries; and Scene It? Twilight Deluxe Edition. Making Science + Discovery Fun Kids can bring science and discovery home with kits that combine learning with fun. Young scientists (ages 6-14) take an eye-popping peep into the world around them when the EyeClops Bionic Eye SE from JAKKS Pacific plugs into a television and enlarges images up to 400 times. Based on the bestselling The Dangerous Book for Boys, Thames and Kosmos fill two popular kits – one for Electricity and the other for Classic Chemistry — with more than thirty experiments and projects (ages 8 and up). The offbeat discoveries of the Discovery show MythBusters come to life for kids (ages 8 and up) with Elmer's MythBusters Force of Flight. Star Wars fans (ages 6 and up) will be captivated by The Optical Command Unit by Uncle Milton, a multi-

functional reconnaissance device that can be turned into binoculars, a microscope and mini-projector. The Darth Vader Robotic Arm kit allows kids how to build their own robotic arm, which can actually grip and move objects using interactive controls. Igniting Imagination with Digital Media Tools The explosion and accessibility of digital media – cameras, camcorders, MP3 players, computers and the Internet – have created a virtual treasure chest that fuels a new generation of imaginative thinking: Young photographers (ages 3 and up) will love the instant photos generated from Fisher Price’s Kid Tough digital camera; parents will appreciate its sturdy kid-proof exterior. Sakar and Crayola collaborated to create a digital camera (ages 3 and up) while Lego has partnered with Digital Blue to introduce a LEGO 3 Megapixel digital camera (available this fall for ages 11-14). And wrapping up this trend list with another example of online and offline play, parents and kids can log on to Crayola’s “Lights, Camera, Color” (Crayola.com/colorme) to create their own personalized coloring sheets. From science experiments to arts and crafts and from games to puzzles, educational toys and creative play reinforce learning and open new windows of imagination for kids of all ages. www.toyassociation.org Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

Surgical Services: How Automated Rules-Based Charging Can Make Hospitals Millions in Their Most Important Area

By

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(HealthNewsDigest.com) - Hospital administrators are challenged on all sides by pressure to cut costs. Changes to Medicare budgets, cost-cutting measures driven by private insurers, a drop in charitable donations, and the rise of “retail-minded” patients who demand better results for a competitive price are clashing with the central mission of the hospital to provide the best care possible. In the face of intensified cost pressures, hospitals might be best served by evaluating administrative functions in their surgical services to make sure the lights stay on. As the financial industry has already demonstrated, automated billing and data mining allow an organization to more quickly process their accounts, thus freeing up staff resources to more actively analyze incoming data to enact true organizational improvements, and promote greater financial growth. Hospitals and other healthcare organizations are now beginning to apply these lessons to their complex operations. But where do they start? According to recent HFMA studies, today’s operating room (OR) is the economic engine of most hospitals - accounting for up to 60% of a hospital’s revenue and some 35%-40% of the hospital’s expense. Over 60% of the average hospital’s profits come from surgical patients. Based on data from DJ Sullivan Healthcare Consulting’s database of 700+ ORs, each empty but open OR suite costs a hospital an estimated average of \$1,000 per hour (including pre/post op staffing and anesthesiology costs). The OR is also a primary source of up to 50% of hospital-based errors. With so much of the hospital’s bottom line and liability dependent on the surgical services, the OR is the most logical place to review how billing and quality information is collected and can be used to either improve care or streamline billing and reconciliation. In working with hospitals and integrated delivery networks, I have seen an epidemic of perioperative units still using mostly paper to collect data and generate bills. This approach, while nominally “cheaper,” creates huge time drains on nurses, physicians and administrative staff; delays reimbursement, often resulting in cash-flow issues. These largely paper-based systems are prone to errors, which waste even more resources both in reconciliation and medical liabilities. A rules-based charging system can help hospitals automate billing while reducing errors and freeing nursing and administrative staff to execute the core function of an OR: to provide high quality care for patients in serious need. Two providers in particular, an integrated delivery network with five centers in New Orleans, and a rural 28-center network in Upstate New York, can demonstrate the benefits of rules-based charging, and have found millions in new billings while freeing up staff over the past few years. These hospitals have found that an automated data-driven approach is not only more efficient, but it is essential to the survival of healthcare delivery in good economic times and bad. Rules-based charging alleviates the stress on an integrated delivery network. Ochsner Health System, a not-for-profit hospital network in New Orleans with five centers, 42 operating rooms and over 1,000 beds, recently changed its manual charging system for its surgical departments.

Prior to the change, Ochsner used an 8-step process to generate charges from surgical procedures, with full-time data control nurses checking all billing requests. This process, whereby surgical nurses used paper pick lists to update four different data forms (material charges, case resources, implant log and charge sheets, and the case charge level) before being reviewed by a data control nurse, was used on 20,000 surgical cases annually. To handle such a large case volume with such time-intensive processes required resources that might otherwise be used for the direct benefit of Ochsner patients. Ochsner implemented a rules-based charging system in 2003. The system automates the pick list, and allows nurses to input the key billing data into one centralized system. While the data is still reviewed for accuracy, the data control nurses are no longer necessary, and have since been redeployed into other functions throughout the hospital. “Not only has the use of rules-based charging improved our treatment-to-billing time, but it has allowed us to redeploy staff to areas of much more urgent need,” said Tressan Hinton, Manager of Information Systems for Ochsner Health System. “With fewer nurses spending time tracking down old care data, we can focus on improving care, be it through better analysis of care data or lightening the clerical workload of our stressed active-care nurses enabling them to spend more time taking care of patients.” Through the first month of using a fully integrated rules-based charging system, Ochsner was able to increase its gross surgical billings by \$1,000,000. By the end of the first quarter using rules-based charging, surgical billings had grown by \$3,000,000. Automated billing helps find 30 percent of missed charges

Bassett Healthcare, a 28-center integrated delivery network in upstate New York, was using paper tickets for every charge associated with the OR at Mary Imogene Bassett Hospital, its 180-bed central hospital in Cooperstown. The paper system required that perioperative nurses, in addition to upholding their patient advocacy and patient care responsibilities, were also responsible for supply orders and collecting billing data for each case. In addition to the strain that this system placed on the nursing staff, the surgical ward at Bassett also had data control technicians that spent two hours per day entering the charge data for each case. Because the OR at Bassett sees 8,000 cases each year, this accounted for 16,000 staff hours annually spent solely on entering already-recorded data. This system allowed for multiple errors, with the finance department often sending back the entire bill to be re-calculated, resulting in more lost time to tracking down billing data. This represented a large compliance issue, as Bassett is funded in part by the State of New York. Not only were accurate bills important to the financial health of the hospital, they were also imperative for state reporting compliance. In 2004, the center evaluated the performance of the paper billing system by collecting every supply package used in the OR, and reconciling supply charges included in each bill against the supply packages used. This evaluation found that the manual paper system had missed 30 percent of all supply charges during the survey period. “We could not afford to continue that rate of missed charges, and if we were missing that just in supplies, it had to be just as bad for other items on the bill,” said Kathleen Brooks, Operating Room Director for Bassett Healthcare. “On top of that, I’d much rather have my nursing team spending time on patient care and advocacy than doing billing paperwork.” Bassett installed a rules-based charging system in its OR, which allowed for automated billing entries. Within the first month of using rules-based charging, Bassett’s OR reported a 30 percent increase in billing. Eventually the data control professionals were redeployed into other areas of the OR, and Bassett’s finance department has also saved many, many staff hours, both on data entry and reconciling billing errors. One unintended benefit of the rules-based charging system was that Bassett was able to analyze surgeon preference lists. This analysis allowed Bassett to look at individual costs per surgeon on similar procedures. The analysis created healthy competition among the surgeons, creating even more savings as more “expensive”

practitioners were inspired to run their procedures more efficiently. Conclusion With healthcare dollars getting ever tighter, every opportunity to save money is absolutely critical. By using a rules-based charging system, hospitals can not just save staff time and catch charges they may have otherwise missed; they can also create a more competitive environment that creates savings well beyond the intended targets. While these systems require the implementation of software systems developed specifically for the OR, the savings they create in improved efficiency and previously missed charges often pay for the system within the first year. The healthcare industry simply cannot afford to avoid what other industries already know: paper records and billing are no longer sustainable, from both an efficiency and accuracy standpoint. Kermit Randa, FACHE, CPHIMS is Senior Vice President, Surgical Information Systems. He can be reached at randa@sisfirst.com For further information: www.sisfirst.com Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

A Primer on Children's Fractures

By

Aug 27, 2009 - 4:33:52 PM



(HealthNewsDigest.com) - With the upcoming start of school, children return to physical education classes, organized competitive sports, and multiple extracurricular and play activities that could result in bone fractures. About half of all children will experience a broken bone, or fracture, at some point in their childhood. Broken bones are probably the number one reason for a child being referred to an orthopaedic surgeon for treatment. During the school year, children's fractures are usually the result of low-energy trauma, including playground falls and sports-related injuries. High-energy trauma, such as motor vehicle accidents, is less common but generally results in more severe injuries. Fractures are more often seen in boys than in girls, and the occurrence

tends to increase with age, peaking at about thirteen years of age. Most children's fractures occur in the upper extremities, including the forearm, the hand and the elbow; less often but equally important are fractures to the leg and ankle. In general, fractures are considered closed if the bone is broken without significant damage to the surrounding soft tissue and skin, or open if a part of the bone pierces through the skin and is exposed to the environment. Children's bones differ from adult bones in many ways, including that their bones heal much faster than adult bones. Also, young children's bones are softer and prone to incomplete fractures. Sometimes, only one side of the bone is broken and the other side is bent, creating what is called a "greenstick fracture." In other cases, one side of the bone might buckle upon itself without disrupting the other side which is called a "torus" fracture. What makes children's bones unique is the presence of physes, or centers of growth. These highly specialized areas are responsible for the normal growth of the bones. Fractures through the centers of growth might carry long-term consequences if left untreated, or if the treatment is not appropriate. For example, an untreated or poorly treated displaced fracture through a very active center of growth, like the one present in the lower part of the femur (thigh bone) or the upper part of the tibia (leg bone), can result in significant shortening and/or angulation of the bone. In time, this can result in a limb that is deformed or with an unequal length, contributing to functional limitations. Fractures through the centers of growth that have minimal displacement, especially in youth who are near the end of growth, are rarely associated with complications. Thus a timely, careful evaluation by an experienced pediatric orthopaedic surgeon will help determine the severity of the injury to the center of growth, the necessity for treatment, and the different options available for treatment. The presence of pain, limitation for motion, swelling, bruising, and deformity can suggest the existence of a bone fracture. If a fracture is suspected, the injured limb should be kept as still as possible to minimize further damage to the bone and the surrounding tissues. Ideally, a provisional splint should be applied in a position that is comfortable for the child, until specialized care is obtained. With a careful physical examination, a pediatric orthopedist can usually locate the fracture site and can rule out the presence of associated injuries to the surrounding tissues, including nerves and blood vessels. Simple x-rays of the involved limb are usually all that is required to

determine the type and severity of the fracture. In instances where the surface of the joint is involved in the fracture, more specialized radiological tests are required to assess the need for further treatment. Not all children's fractures are treated in the same way. When treating a child with a fracture, the goal is to control the pain, promote healing, avoid deformities, prevent complications and restore the normal use of the affected limb. The specific treatment for a fracture will be determined based on the type and severity of the fracture, and the age and overall health of the child. Open fractures, where the broken bone has torn the skin leaving a bleeding wound, require immediate medical attention. Since the bone has been exposed to contaminant environmental particles, the risk of infection is increased. Therefore, surgery is usually required to thoroughly wash the bone ends and the surrounding tissues. The treatment of closed fractures varies depending upon the location of the fracture and the amount of bone angulation. Some fractures, like most clavicle fractures, will only require the use of a protective device such as an arm sling. For fractures where the bones have displaced minimally, maintaining an overall good alignment, a cast in-situ (without further manipulation) will most likely be applied. Fractures with severe angulations usually require a manipulation aimed to restore the correct alignment. Some fractures can be manipulated without the need for surgery in a procedure known as a closed reduction. If a closed reduction is successful, the fractured limb can be placed in a cast to maintain the alignment. Most closed reductions are performed at the Emergency Department under local anesthesia. A strict follow-up is usually recommended to ensure that the fracture will not re-displace inside the cast. More serious fractures usually require surgery. But surgery does not always mean a large incision will be required. Some fractures can be treated with a closed reduction, but will require the placement of a metallic device (namely a pin or a screw) to ensure adequate stability. This surgical procedure is done at a hospital under general anesthesia. In other cases, an open reduction may be required where the fractured bones are exposed through an incision on the skin and the surrounding tissues. Once exposed, the bones can be directly manipulated and realigned. After an open reduction, it is very common to use a metallic device (usually a pin, a nail, or a plate with screws) to maintain the alignment of the bones. Examples of fractures that require surgery include those involving the articulations, those with severe displacements that cannot be corrected with a closed reduction, and some fractures involving the centers of growth. After a fracture is realigned with or without surgery, immobilization in a cast is usually needed. The time required to heal the fracture varies depending upon the age of the patient, and the type and location of the fracture. Most fractures will take between four and eight weeks to fully heal. Two very common types of fractures observed in children are those involving the forearm and the elbow. The forearm is composed of two bones: the radius and the ulna. About one half of all children's fractures affect the forearm and they are usually the result of a fall onto an outstretched arm. Commonly, the use of skateboards, scooters, or rollerblades has been involved in the mechanism of trauma. More than half of forearm fractures involve the distal part of the radius. In young children, most types of forearm fractures can be treated with closed reduction and casting. Older children, those with severely displaced or unstable fractures, and those in which the fractures are associated with a dislocation of the bones at the wrist or at the elbow, will likely require surgical correction. Fractures of the lower part of the humerus (arm bone) account for about 60 percent of all elbow fractures in children. These fractures are usually the result of a fall onto an outstretched arm, commonly associated with falls from playground equipment, especially monkey bars. If the lower part of the humerus is broken, the child will refuse to move the limb and complain of elbow pain. The severity of the injury will be determined by the amount of displacement between the bone fragments. Fractures with minimal displacement will carry minimal risks and can be treated with manipulation and casting. However, severely displaced fractures

can result in nerve damage and impaired circulation. Immediate evaluation by an orthopaedic surgeon is required in order to determine the need for prompt surgical management. Parents, teachers and guardians need to know what to look for and when and where to seek appropriate treatment for all types of children's fracture injuries. While broken bones do occur, children's after school, sports and play activities should have adult supervision and youngsters should be encouraged to use properly fitted safety gear. In addition, children should have a nutritious diet, rich in calcium to build and maintain strong, healthy bones to prevent sports-related injuries. For more information on pediatric fractures and other children's orthopaedic conditions, contact Los Angeles Orthopaedic Hospital: visit the web site at www.orthohospital.org/medical.php. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7.

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Guest Columnist

Back To School Preparedness

By

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(HealthNewsDigest.com) - There are many things that start racing through a family's mind once the children need to prepare for the start of the school year. There is always that endless list of things to do including supplies, clothes, medical physicals, immunizations, and preparing for the unexpected. The best thing to do is take a deep breath and take one task at a time, never forgetting you are not alone in the rush. Whenever possible, make appointments ahead of time and enlist the help of all members of the household. Divide the work amongst each of you to lighten the burden from just one person. Safety and prevention are key concerns not only at the beginning but also throughout the entire school year. Common causes for school absences include headache, back pain, fatigue, fever, illness, or difficulty with a class. Let's tackle some of these common concerns by going over some basic tips to help prevent problems before they happen. Backpack safety: Common culprit for back pain and even headaches When choosing the right backpack look for the following: 1. Wide, padded shoulder straps 2. Two shoulder straps instead of only one 3. Padded back support to the backpack 4. Waist strap to help distribute weight if possible 5. Lightweight backpack to avoid adding to total weight 6. Rolling backpack if no school restrictions Preventing injury when using a backpack: 1. Always use both shoulder straps. 2. Tighten the straps so that the backpack is close to the body and about two inches above the waist. 3. Pack light. It should never weigh more than 10-20% of the child's total body weight. 4. Organize the backpack to use all of its compartments packing heavier items closest to the center of the back. 5. Stop often at school lockers, if possible. Do not carry all of the books needed for the day. 6. Bend down using both knees. Do not bend over at the waist when wearing or lifting a heavy backpack. Preventive Measures for the Cold, Flu, and Pink Eye: 1. Cover nose and mouth with tissues or shirt sleeve to cough or sneeze 2. Wash hands with soap and water or an alcohol based hand sanitizer, especially before and after lunch 3. Don't touch eyes, nose, or mouth 4. Try to avoid exposing yourself or others to people coughing/sneezing 5. Always schedule visit with your primary physician for evaluation Medications at school: Provide detailed information for teacher/principal including 1. Parent Emergency Contact Info and Physician Info 2. Name of Medication 3. Reason medication is needed 4. Signs and Symptoms that should preclude administration 5. Permission to treat child or for child to self administer medication 6. Log for signs/symptoms and administration date/time/amount Lice: 1. Head lice is spread by direct contact 2. It does not cause disease but may cause profuse itching 3. Treatments: Available over-the-counter or prescription shampoo or lotions, manually remove lice with fine comb, and vinegar solutions can help kill lice. 4. Prevention: Avoid direct contact and sharing combs, brushes or hats 5. Children may remain in school if only few live ones found with insuring contact precautions for classmates 6. Children may return to school after treatment and visible improvement Sleep habits: 1. Set a regular bedtime for everyone each night and stick to it. 2. Establish a relaxing bedtime routine, such as giving your child a warm bath or reading them a story. 3. Let your child

pick a doll, blanket, stuffed animal, or other soft object as a bedtime companion. 4. Do not allow a TV or computer in your child's bedroom. 5. Avoid giving children anything with caffeine within six hours of bedtime, and limit the amount of caffeine children consume in a day. 6. Keep noise levels low, dark room, and indoor temperatures slightly cool. Study Habits: 1. Create an environment that is conducive to doing homework. Children need a permanent work space in their bedroom or another part of the home that offers privacy. 2. Set aside ample time for homework. 3. Establish a household rule that the TV stays off during homework time. 4. Try to be available to answer questions and offer assistance, but never doing the child's homework for them. 5. Take steps to help alleviate eye, neck and brain fatigue while studying. It may be helpful to close the books for a few minutes, stretch, and take a break periodically when it will not be too disruptive. 6. If your child is struggling with a particular subject, and you are not able to help them yourself, a tutor can be a good solution. Talk it over with your child's teacher first. Dr. Doris Aguilar is a Pediatrician in Miami Lakes and affiliated with Palmetto General Hospital. She completed her Medical School at Meharry Medical College in Nashville, Tennessee and her Pediatric Training at Miami Children's Hospital in Miami, Florida. In addition to primary care, her practice focuses on individualized programs targeting Childhood Obesity. <http://www.palmettogeneral.com/en-US/aboutUs/Pages/Meet%20Pediatrician%20Dr.%20Aguilar.aspx> Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

Medical Travel: Helpful Tips and Advice for U.S. Consumers

By

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(HealthNewsDigest.com) - During a time of economic downturn, massive layoffs and substantial cutbacks in employee benefits, more and more individuals are turning to their HR managers and benefit advisors to find ways to reduce their healthcare expenses without eliminating choice or quality. According to a 2008 annual employee health benefits survey conducted by The Henry J. Kaiser Family Foundation, in 2008 employer health insurance premiums increased by 5.0 percent - two times the rate of inflation. The annual premium for an employer health plan covering a family of four averaged nearly \$12,700, and the annual premium for single coverage averaged over \$4,700. The survey also showed that workers contributed nearly \$3,400 or 12 percent more than they did in 2007 to their own healthcare premiums. The vital need for high-quality and affordable healthcare is driving more and more American consumers to seek treatment outside of the U.S. in order to eliminate their out-of-pocket medical expenses on high-cost surgical procedures. This concept, most commonly referred to as medical travel or global healthcare, is becoming an attractive option for not only uninsured patients, but many individuals with health insurance who are in need of common, cost-prohibitive surgical procedures, but find their out-of-pocket expenses are just too high. Industry data shows that U.S. employees, on average, are now responsible for contributing over 120 percent more to their own employer-funded health insurance plan since 2000. Average out-of-pocket costs for deductibles, co-payments for medications, and co-insurance for physician and hospital visits, as well, rose 115 percent during the same period. As an example, in the U.S., a heart-valve replacement can cost anywhere from \$80,000-100,000. Meanwhile, in the best-case scenario, even patients with a substantial medical insurance policy can expect to pay as much as \$3,500 to \$5,000 out of their own pocket in deductibles, hospitalization fees, co-pays, etc. For an individual earning \$50,000 a year that could mean the difference between paying your medical bills and making next month's mortgage payment. A June 2009 Harvard study reported that of all the bankruptcies filed in the U.S. in 2007, 62 percent of those filings had medical debt. What is even more interesting was that 78 percent of that 62 percent (those who filed for bankruptcy) had some type of medical insurance. In turn, when patients are unable to cover the costs of an important medical procedure, treatment is often delayed or even avoided entirely. In addition to the interest in medical travel among U.S. consumers, there is also a growing interest among the nation's employers seeking innovative ways to reduce their escalating employee healthcare costs. Individuals going outside the U.S. for surgical procedures can save an average of 40-80 percent when compared to the same procedure performed in the U.S., equating to lower claims cost for the employer and no out-of-pocket expenses for the individual receiving care. Now there are companies that are taking it one step further by sharing thousands of dollars with their employees who elect to travel internationally for care. One such company, McGregor & Associates, an employee benefits firm in San Diego, will share anywhere between \$5,000-\$7,000 with their employees that go outside the

U.S. for certain covered surgical procedures. McGregor & Associates has added Satori World Medical's global healthcare network to its available benefit options for clients and employers. Through this program, when participating patients undergo a surgical procedure internationally via the Satori Global Network™, the plan sponsor actually shares a portion of the savings with their employees via a tax-advantaged Health Reimbursement Account. Those savings are then used to fund the employee's future medical expenses for the next several years. "In this economic environment, we have to be mindful of company resources, but we cannot ignore our employees' concerns over coverage and cost," said George McGregor, President & CEO of McGregor & Associates. "By adding a global healthcare component to our existing coverage, not only are we able to save significant dollars on our company healthcare expense, but we can pass along a portion of that savings to our employees, which makes a real difference in their financial well-being." For many individuals, having a medical travel benefit plan may seem like an appealing and cost-effective option to receiving care. But what items should consumers look for when considering a medical travel program? Quality Assurance: While high-quality care is available at many hospitals around the world, not all medical travel programs offer the same level of quality. Therefore, it is important to ensure that the medical travel company you choose has a robust quality assurance program. For instance, as a baseline, select a medical travel company that only contracts with international hospitals accredited by the Joint Commission International (JCI), an arm of the U.S. hospital-accrediting body, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). JCI sets over 350 standards of excellence for international hospitals to meet that ensure the quality and safety of patient care. Out-of-Pocket Costs: Not every medical travel program is all-inclusive. Therefore, it is essential to understand what is included in the cost of your care. For example, does the cost include roundtrip airfare and hotel accommodations? What about travel costs for a companion? Are there any out-of-pocket costs, such as deductibles or co-pays that you may incur? Current Coverage: There are now medical travel programs available to U.S. employers, which can easily be added as a benefit option to their employees' existing health plan. Many programs can be added without any recurring cost or network access fee to the employer. Ask your HR manager or benefits advisor if this is a covered benefit. If you don't already have a medical travel/global benefit option, ask about adding one to your company's benefit plan design. Patient Support Systems: Making the decision to receive surgery outside of the U.S. can be a challenging decision. Therefore, it is important to work with a medical travel company that has a strong patient advocacy and support program in place. Specific attributes to look for include access to registered nurses who can guide you through the process in coordinating your care, facilitating your medical records transfer and scheduling your follow-up care with your U.S. physician. Industry experts agree that medical travel will continue to grow over the next several years. This is particularly true as more U.S. employees become eligible through their employer to receive a meaningful financial reimbursement for electing to go outside the US for their medical care. However, like any healthcare matter, being informed and selective is essential to ensuring your success as a medical traveler. <http://www.satoriworldmedical.com> Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

Guest Columnist

Back-to-School: What it Means When You're in a Wheelchair

By

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(HealthNewsDigest.com) - Back-to-school supplies include books, pencils, new clothes and for some, wheelchairs. Here are some insights from professionals, parents, and students of all ages who will be hearing the school bell ring this coming fall. K - 8th grade adjustments The implicit assumption would be that everyone would make a student's experience in school as easy and comfortable as possible. In order to ensure that happens, Melissa Pitts, mother of nine-year-old twin boys, Ryan and Alex, (Alex was born a quadriplegic,) emphasizes communication. "Set up a full team meeting in the classroom," suggests Pitts, "with the parents, teacher, principle, nurse, and student. The communication is key to make sure everything is set up ahead of time." "Have one

person you feel comfortable with," says Pitts, "whether it be the nurse, a teacher, or a guidance counselor. That can be your go-to person; someone responsible for coordination." In addition to a meeting before the school year begins, Pitts also suggests a meeting at the end of the school year to discuss and prepare the following year. Soon-to-be third grader, Alex Pitts Aside from communication between authorities and parents, communication within the classroom is also important. "We have Alex and Ryan in different classes," says Pitts. "We split them more so for Ryan than Alex, so Ryan doesn't have to feel responsible for Alex. We also don't want Alex to depend on Ryan. We're trying to make Alex as independent as possible. He knows if he needs help to ask." Transportation to and from school for students in wheelchairs is a decision parents have to make. Is it easier for the student to take a bus or be driven by the parent? The school in Pennsylvania, in which Pitts' sons attend, is responsible for bussing. "Alex is picked up, and someone meets him outside school when he gets there, and helps him pack up at the end of the day," explains Pitts. In order to ease the experience in the classroom, Pitts recommends buying functional school supplies. "Any pencils, markers, erasers, scissors that have a bigger grip work well," explains Pitts. "Or even the spongey grips for a pencil. I take Alex with me so he can try the things out before we buy them." Antonia Sinibaldi will be entering the 6th grade come fall 2009 Antonia Sinibaldi, age 12, entering 6th grade in northern New Jersey, is "excited for school to start, but angry I can't sleep late anymore." says Sinibaldi, 12. Sinibaldi, who suffered a C2 – C5 spinal cord injury in a car accident when she was 2, was absent only once from school in 5th grade. She considers herself to be a "normal preteen girl" and says teachers shouldn't worry about her wheelchair. "Do your normal boring teacher stuff," laughs Sinibaldi, whose favorite subjects are music, science, and French. "I just go with the flow and chillax!" Arielle Rausin – Rolling into her sophomore year Transitioning into high school comes with unknown questions and answers for everyone. Krista Rausin, mother of Arielle, who suffered a T11 spinal cord injury in a car accident at 10-years-old, describes it as a challenge. "No one knows her history," says Rausin. "They are all wondering why she's in the chair. She goes through a transition time where kids and teachers eventually see her and not the wheelchair." "I've made a joke out of it by coming up with some exciting and elaborate story about how I broke my spinal cord," laughs

Arielle, entering her sophomore of high school in Florida. "Rather than just a boring car crash, I've said ski accidents, or attacked by a bear on a camping trip. It's crazy what people will believe." Arielle Rausin at Homecoming. For Arielle, going to school in a wheelchair isn't much different than prior to her injury. "There are certainly more challenges," says Arielle, "like reaching for trays and silverware in the lunch line. Or finding time to go to the bathroom in between classes, or just getting to class on time! I go to a big school with only one elevator." Arielle doesn't let her wheelchair stop her from being active. "I am involved in track, which I love," explains Arielle. "And this year, I am in marching band. The wheelchair gives me a unique edge when I have to audition or try out for anything. The downside is sometimes people are afraid of change. So they will not let me participate in certain activities." Often times, Arielle's wheelchair is a helpful conversation starter. "They see me do a wheelie, for example, and think it's cool," says Arielle. "They want to know how I do it. Or sometimes, if I'm going up a hill, a complete stranger will give me a little push to the top. A friendship begins from that." "I just try to make the best of it," says Arielle. "And be like everyone else in high school. I just go with the flow. I'm always more excited than scared to start a new class."

Mackenzie Clare with her parents on vacation
Mackenzie Clare – Fresh start in freshman year
When Mackenzie Clare, now 14, was injured in a car accident in April 2005, she spent almost 3 months in the hospital. In order to finish 4th grade, teachers would come to the hospital and her home during the summer after Mackenzie was released. "When I went into 5th grade, all of my classmates had known me before I was in a wheelchair," explains Clare. "So they treated me the same. I didn't have to explain what had happened and why." The Clare family moved into a more accessible home after the accident, but it was outside their old school district. Mackenzie's mother, Lisa, sought and received special permission from the school districts in Virginia to keep Mackenzie with her classmates. "Staying with the same group of kids makes the transition much easier for her," says Lisa of Mackenzie entering her freshman year at a high school of approximately 2,200 students in fall 2009. "For the four years I have been at school in a wheelchair, the teachers and staff have been wonderful," says Mackenzie. "They bring in a desk that I can fit under and they make my locker accessible. The nurses are great with helping me when I need it, and my teachers have been friendly and accepting of any needs I might ask for." Making her school days a bit easier, Mackenzie has hard copies of all her textbooks both at home and in school so she doesn't have to constantly carry them. Academically, Mackenzie says, "I can't wait to go to college. I would consider myself smart. I am no brain surgeon, but I have a good memory and am a good listener." College senior, Corey Mineo encourages visiting potential college choices
Big wheelchair on campus
Corey Mineo, a 21-year-old senior psychology major at the University of Colorado Denver (UC Denver), knows about living a college life in a wheelchair firsthand. Diagnosed at age one-and-a-half with Muscular Dystrophy and Charcot Marie Tooth, Mineo urges that preparation is the most important aspect of getting ready for college. Before attending UC Denver, Mineo studied at a local college. "I decided to go to a two- year community college (Colorado Mountain College)," explains Mineo, "It is much more personal and really helped me to transition. I didn't feel it was best to go right into a big university. It was a big step, it helped build a drive to go to the next level." Accommodations for students at UC Denver can be made at any time throughout the year, according to Lisa McGill, Director of Disability Resources and Services (DRS). In order to receive accommodations, the student in need of help must go through a two-step process. "We interview them first and take a look at their medical history," explains McGill, "and then we collaborate and determine how to give the student a proper and equal education. But it is up to them to do the work." "The university provides assistance with aides, alternate forms of textbooks or testing procedures, assistive technology, note taking services, and

special furniture. Living arrangements, if living on campus, can also be arranged to fit the needs of a student in a wheelchair. "We have integrated residence halls for all students," says McGill. "We can modify a room to a person if they are paraplegic for example. Someone might need a refrigerator where the freezer is on the bottom instead of the top." Wheelchair users are active participants in the process of working with the university to meet their specified living needs. Mineo encourages not being afraid to ask for help. When moving on campus, the university was "obligated" to put wooden flooring and other arrangements in Mineo's dorm. "It was a collaborative process," says Mineo. "It was as much me as it was them." "The campus itself is accommodating in terms of attitude and accessibility," says McGill. "It depends more on the person than the wheelchair." Carmen Sutherland of the University of Illinois is a graduate student intern at the university's Disability Resources and Educational Services. "Planning ahead for whatever you want to be included in your life is imperative," explains Sutherland, born with cerebral palsy, "as is making a conscious decision to include various activities in your day, such as, academic, extracurricular and personal activities. This also means that is important to be creative and flexible on a daily basis." From a student's perspective, Sutherland believes living away at school is a better option than commuting, if possible. "Many students with physical disabilities get an extra boost in terms of independence," she says. An accessible campus Whether living on campus or commuting, accessibility of the campus is most important. Kevin Shields, director of the Disabled Students' Residence Program (DSRP) at The University of California at Berkeley, suggests being aware of anything that might present a challenge. "Make sure you plan for all your needs, such as attendant care, restroom needs and meal assistance," says Shields. "Be prepared for difficulties with professors when you want special accommodation," suggests Shields. "Go up to the professor the first day, or earlier if possible, to explain your disability and come to an agreement of any accommodations you will need." "Visit colleges," stresses UC Denver's Mineo on the importance of accessibility. "Get a feel for the people. Don't be afraid to ask questions. Ask what you want, even is it's weird like, 'How do I get my books to class?' Make them show you everything." Touring a college and its environment will allow you to see what will make it work. Wheelchair users should find the most accessible routes to all of their classes. Taking a few days before class to learn the routes will "provide the opportunity to have classes moved if they are not in an accessible location," says Shields. "If the school does not have something you need, such as: a ramp, a map of accessible routes, a disabled students union, or an attendant referral service, use the school's resources to make one." If living away at school, Shield's suggests finding the nearest wheelchair repair shop within the area. "Call them up or stop by," explains Shields, "to find out if they take your insurance and carry your brand of equipment and parts." DSRP students living on campus are housed amongst six buildings with the general student population. "We do not want the students segregated into a 'cripple' ward," says Shields. If commuting to school, transportation has to be arranged. "Contact the para-transit services in your area," suggests Shields. Inquire how far you can be taken, rates, and in which locations on and off campus they are available to pick you up. "College is more than a set of classes with a degree waiting at the end of the tunnel," says Shields. "Our program levels the academic playing field as much as possible so that students can use this time of their lives to the fullest." Learn More www.christopherreeve.org Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7.

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Guest Columnist

Quenching Your Skin from the Inside Out

By

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(HealthNewsDigest.com) - We all know that scheduling regular facials, investing in the right skin care products and eating healthy foods are the keys to warding off prematurely aging skin. But, did you know that there are skin-healthy beverages? There are many products on the market that tout time-reversing miracles. However, there are a couple of inexpensive DIY drinks that I recommend you try at home. This is a delicious nutritious summer drink I make for myself. I freeze yogurt (my favorite is Yoplait YO PLUS probiotic with Vitamins A & D. Then I put one in a blender with some ice cubes and fruit (strawberries or raspberries are great). Add some fruit juice (I like pomegranate) and a scoop of vanilla protein powder. I like Fiber 35 by Fit Smart. This blends up to a delicious thick creamy and very nutritious health drink. It's packed with vitamins, fiber and anti-oxidants. As most skin problems and a lot of other health problems are caused by inflammation I love the wisdom of Dr Nicholas Perricone, a dermatologist who has written many books on the subject. He advocates anti-inflammatory foods particularly those rich in Omega 3 like wild salmon. I wanted to learn more so I bought a great book called The Inflammation Free Diet Plan by Monica Reinagel. There are lots of recipes and information about anti-inflammatory foods. A beauty drink I love is Japanese Green Tea, in particular organic Kyoto Karigane tea grown in Japan. It is rich in catechins which are antioxidants and function to protect the skin from environmental damage such as pollution and effects of the sun. Also it has anti-inflammatory and anti-cancer benefits. Since most skin problems are inflammatory this is great news. High levels of theanine calms and soothes the mind. A great beauty tip is to brew a little extra tea and put some in a little spritzer bottle, use to refresh and soothe like a toner. It has gentle anti-bacterial and anti-oxidant benefits. You can make a face mask by soaking gauze or muslin in tea, cut out holes for eyes/mouth, and make a little tea bag for your bath also. Listening to soft music and drinking tea feels good for the soul and feels good for the body. You just know you are doing something right. I get my tea from www.chadoen.com a charming Japanese gentleman and his daughter in Bodega Bay, California who have a wonderful philosophy on life. They donate profits to Wellness Gardens, a non-profit dedicated to prevention of cancer and degenerative disease through awareness and lifestyle choices. They sell tea and little kits for making masks and bags. I find these easy and affordable drinks provide skin-quenching properties that I love and offer just one more way to give my skin a youthful glow. About Susan Perry Originally from England, Susan completed her training in Applied Aesthetics and Physiatics in London. She has been working with plastic surgeon, Dr. Donald Brown, since 1993. Together, she and Dr. Brown created one of the first medical skin care programs in the United States. Throughout her career, Susan Perry has been dedicated to continuing education and has attended many advanced training schools and seminars. She is devoted to exploring the latest, most advanced skin care techniques and products available, eagerly integrating the most effective and promising of these into the practice. Susan Perry is an active member of Associated Skin Care Professionals, a prestigious

organization that is committed to excellence. She has extensive experience in the latest products and technologies, including microdermabrasion, alphahydroxy peels, beta hydroxy peels, Obagi® skin care, and acne treatments. All products and treatments are personally tested for their efficacy and approved by Susan Perry before they are offered to our patients. More information can be found at: www.susanperry.com Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

Adults With ADHD Don't Have to Suffer Alone

By

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(HealthNewsDigest.com) - Augusta, GA — What could be dismissed as hyperactivity and misbehavior in a child could cause big problems in both relationships and career when that child grows into an adult. And the possible cause? Adult ADHD, or attention-deficit hyperactivity disorder. As an adult syndrome, it's not very commonly discussed, and with almost 10 percent of children in the U.S. believed to have ADHD, it's no wonder that most consider it a pediatric disorder. While ADHD tends to be overdiagnosed in children, still, about 60 percent of children who had ADHD will continue to have symptoms into adulthood, and adult ADHD could be more prevalent since some adults may never have been diagnosed as children. In children, symptoms of ADHD typically include attention difficulties, hyperactivity and impulsivity. These can manifest a little differently in adults. While attention difficulties remain, adults tend to be less physically hyperactive and more mentally restless. For example, a child with ADHD might run around a classroom, unable to sit, while an adult might be able to sit in a meeting, but his mind might be running endlessly. Impulsivity continues too, but the consequences are more severe. Where a child might get into trouble for talking back to a teacher, an adult could be fired from a job or be unable to maintain a relationship. Other symptoms include rapid mood shifts (for example, an adult with ADHD tends to be bored quickly or have an explosive temper) and higher levels of anxiety and depression due to the stress of living with ADHD. Substance abuse prevalence also tends to be higher in adults with ADHD. While everyone may have some of these traits to some degree, these alone don't confirm a diagnosis. The defining characteristic of ADHD is that the grouping of symptoms impairs how a person functions in society. Studies have shown that high percentages of adults with ADHD report problems with memory and organization, are easily distracted and have trouble thinking through challenges. These problems could have a huge impact on maintaining a job, managing children's schedules, even paying attention while driving. The good news is that help is available. However, many adults aren't aware they may have ADHD until their child's symptoms are diagnosed and they think, "Hey, that's me, too." If you have never been diagnosed, but suspect you might have ADHD, consider visiting a neuropsychologist, who can use assessment tools to check different functional areas of the brain and look for patterns that will provide a definitive diagnosis of ADHD. Once you've been diagnosed, a team approach to treatment is recommended for optimum results. This team may include a neuropsychologist, a psychologist, a primary care provider as well as the patient and family. Similar to executive coaching, a neuropsychologist can help families develop a structured plan to help a patient become more organized, learn how to pay attention and, ultimately, succeed. This can be as simple as developing a calendar system or as comprehensive as finding a new, more interactive job that's a better fit. A psychologist can help counsel families through issues that arise as a result of the ADHD, while the primary care provider can help with medications, if needed, that can provide extra support to patients. Finally, it's important

that the patient and family understands what the diagnosis means and what they need to do to work together and learn to live with ADHD. For the adult with ADHD, every day can be a challenge. If these symptoms sound familiar, visit your doctor for a referral to a specialist who can help diagnose your symptoms and provide treatment. Remember, you don't have to suffer alone. Walton Rehabilitation Health System restores ability, hope and independence to people who need medical rehabilitation and/or community support following temporary illness, injury or a life-changing disability. WRHS is comprised of Walton Rehabilitation Hospital, a specialty not-for-profit hospital located in downtown Augusta; Walton outpatient therapy centers; Walton Pain and Headache Center; Walton Community Services, which provide independent living settings throughout the CSRA for families with disabilities and for seniors; Walton Options for Independent Living, which provide employment assistance and other services for those with disabilities; and Walton Foundation for Independence. For more information, visit www.wrh.org. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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Guest Columnist

Hospital Readmissions: What Patients, Doctors, and Health Plans Should Know

By

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(HealthNewsDigest.com) - The costs of preventable hospital readmissions are significant, both in hard dollars – PricewaterhouseCoopers estimates these costs at \$25 billion per year – and in patient health. Recent studies show that the problem is also pervasive, with the New England Journal of Medicine reporting that approximately 20% of patients being discharged from the hospital are readmitted within 30 days. And yet, this issue is perhaps one of the most straightforward problems to solve when patients, healthcare providers and health plans all do their part to help. As such, the issue of preventable hospital readmissions is gaining interest in Washington and has now become an integral part of the reform discussion.

There are 14 demonstration projects currently in place with CMS (the Centers for Medicaid and Medicare Services) regarding patient re-hospitalization, pointing to the need for better communication and coordination of care between patients and their healthcare providers within the healthcare system. Reasons for hospital readmissions and the importance of communications are highlighted in two recent studies. A 2008 Mayo Clinic study cites “Health information received by patients at discharge is critical to the success of their outpatient care plan because it guides them when they are no longer under a physician’s supervision and so more likely to make an error.” Furthermore, a recent Silverlink Communications study identifies patients’ requirements for transitional care once they leave the hospital. The data indicates that almost 30% of patients are lacking at least one critical care component during post-hospitalization. Of that group, patients need support in the following areas: · 31% need prescriptions · 19% need help around the house · 15% have financial barriers to care · 13% need same day follow-up with a care manager · 11% had no follow-up with provider · 11% need transportation To reduce hospital readmissions, everyone has to do their part. Patients must be responsible for their own care and healthcare providers and health plans must provide effective support and communications. What Patients Can Do Hospital discharge can be a time of confusion for the patient and their caregiver and both are often overwhelmed physically and emotionally. There are simple actions that patients and their caregivers can take to keep from having a lapse in care and from being readmitted to the hospital. Communicate. Ask questions or ask the doctors or nurses to repeat something if it is not clear. Four ears are better than two. Have a family member or friend present when talking with the doctors and nurses. Make sure to follow up. Make a follow-up doctor visit before leaving the hospital. Medications. Don't leave the hospital without first calling in prescribed medications. Nurses at the hospital can call the prescription into the local pharmacy so they can be picked up on the way home. Make a check list and understand the plan. Put this plan in writing and have the doctors and nurses check the list before leaving the hospital. Get family and friends to help. Caregivers should help with driving the patient to follow-up doctor visits, making meals, picking up medications, etc. Don't let your pride get in the way of your health. Care can be expensive, so inquire with the doctors or nurses if there is an issue paying for care.

Progress report. Call the doctor if there are issues or if there are questions. Find a doctor you can trust. It is important that the doctor can be reached when needed, and all issues can be discussed in a comfortable manner. Compare notes and share. It is important that all doctors involved in care talk to one another. This includes doctors providing care in the hospital and outside of the hospital. Key information that needs to be shared includes prescribed medicines, vitamins, minerals and over the counter medicines. Have one doctor be the leader of care. This person can help gather all of the relevant information and make sure that the doctors are communicating with one another. What Healthcare Providers and Health Plans Can Do Patients aren't the only ones responsible for reducing hospital readmissions. Healthcare providers and health plans are responsible for making sure there is coordination of care, communication, and follow up to a hospital visit. While still at the hospital, healthcare providers should make sure they are communicating properly to patients about their diagnosis, medication, and side effects of medication. This can be done by creating a plan of care, writing it down and asking patients to repeat back what they have heard to make sure they are retaining the information. Shortly after discharge, healthcare providers and health plans alike should put a best practice communications strategy into place. There are many technologies that allow for scalable outreach to recently discharged patients that can collect information, understand lapses in care and connect patients with a care manager should the patient's condition be at risk for complications. Reducing hospital readmissions rates is an important task. When everyone does their part, it can be accomplished. With over 25 years of clinical expertise and extensive experience in lifestyle management, disease management and preventive health issues, Dr. Jan Berger is considered a national healthcare thought leader. She is currently the Chief Medical Officer at Silverlink Communications. Previously, Jan was the Senior Vice President and Chief Clinical Officer for CVS Caremark. Jan is actively involved in national population health initiatives, participating in numerous committees for NCQA, NQF, DMAA and the Center for Health Value Innovation. Additionally, she is the Editor in Chief of American Journal of Pharmacy Benefit and has published over 100 articles. Subscribe to our FREE Ezine and be eligible for Health News, discounted products/services and coupons related to your Health. We publish 24/7. HealthNewsDigest.com We also create, produce and distribute tv/cable public service campaigns: HealthyTelevisionProductions

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