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Rx briefs

Nursing

Madonna University in Livonia will offer "Transcultural Nursing Concepts: Theories and Research" on Monday, May 19, through Friday, May 23. Designed for nurses who want advanced graduate study in transcultural nursing, this seminar will pursue in-depth knowledge about transcultural nursing trends, concepts, issues, teaching and clinical practices. Dr. Madeleine Leininger, founder and leader of transcultural nursing and professor emeritus of nursing, will teach the seminar.

Students with graduate academic status (master's, post-master's and doctoral) are eligible to take the five-day intensive seminar or enroll for non-credit continuing education units. The fee for graduate credit (two semester hours) is $650, or participants may earn up to 30 nursing contact hours at $300.

To register, contact the College of Continuing and Professional Studies at (734) 432-5731.

Vascular screening

The University of Michigan Health System will conduct a free screening for people at risk for vascular diseases, serious non-cardiac conditions of the blood vessels that affect nearly eight million Americans. The noninvasive screening will take place 8 a.m. to 2:30 p.m. Saturday, May 17, at the U-M Hospital in the Diagnostic Vascular Unit, room 2B242.

People 60 years old with a history of hypertension, diabetes, smoking, high cholesterol or known cardiovascular disease are invited to make an appointment for the screening by calling (800) 342-3200, ext. 6350.

With adequate screening:

- The risk for disabling strokes and heart attacks decreases
- Fewer people will be at risk to lose a leg
- There is less chance that a person will experience the rupture of an undiagnosed abdominal aortic aneurysm

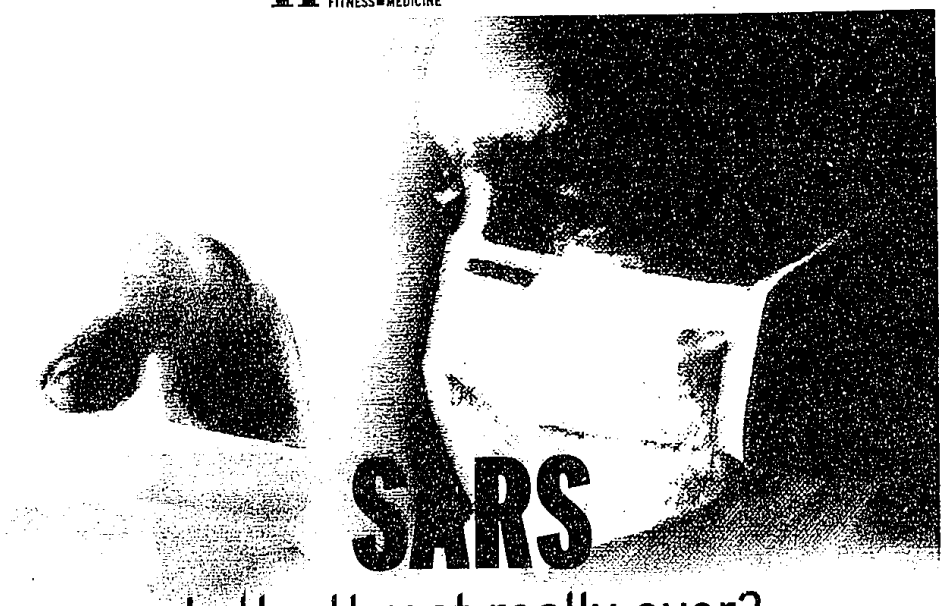
The program is sponsored by the American Vascular Association, a public health advocacy organization, and by the U-M Section of Vascular Surgery.

Women with asthma

Women's Health Services of Saint Joseph Mercy Health System, Ann Arbor, will present a free seminar, "Women and Asthma: Dealing with the Symptoms that Interrupt Your Life," 7-9 p.m.Tuesday, May 6, at the Ellen Thompson Women's Health Center on the campus of St. Joseph Mercy Hospital, 5301 East Huron River Drive, Superior Township. It is co-sponsored by the Michigan Department of Community Health and the Washtenaw Asthma Coalition.

Allergist and keynote speaker Dr. Deborah Oberdoerster, in partnership with other local medical and health professionals, will discuss tips for dealing with symptoms, common medications, and concerns for asthmatic children in school and sports. She will also teach participants how to develop their own personalized plan for coping.

The presentation is free but registration is required by calling (734) 712-5800. Transportation assistance, if needed, can be arranged at the time of registration.



SARS

Is the threat really over?

BY RENEE SKOGLUND
STAFF WRITER

Although the public may believe that the worldwide SARS (severe acute respiratory syndrome) threat has peaked, local infectious disease specialists are tentative about making such a declaration.

"It still may be a little early to predict," said Dr. Mujahed Abbas, medical director of Infection Control and Epidemiology at Henry Ford Hospital.

"The World Health Organization and the Centers for Disease Control still feel it's a significant threat ... We may have a waning of this outbreak, but we can't assume we've conquered it," said Dr. Charles Craig, medical director for Infection Control, Saint Joseph Mercy Health System.

And then there's the question of whether the virus will mutate, or is seasonal, and will make another lethal curtain call next winter and early spring. Research has pointed to chickens, ducks and perhaps wild birds as the initial incubators of SARS. In such animals, two strains of the virus can co-exist, "exchange bits and pieces of each other and come up with a synthesis," said Craig. This is what happens with the influenza virus.

In principle, SARS is not much different than influenza, said Abbas. However, there is a vaccine for influenza; to date, there's no vaccine for SARS. An infected health care worker can easily pass the virus on to friends, family ... and patients. According to the Geneva-based World Health Organization, "the majority of cases have occurred in hospital workers who have cared for SARS patients and the close family members of these patients."

"SARS has the potential to really paralyze the health care system," said Abbas.

Dr. Abbas

IDENTIFICATION

Research from the World Health Organization and the Centers for Disease Control indicates the culprit is from a family of coronaviruses, named for the crownlike shape of the organisms that are better known for causing the common cold. This may or may not be correct.

"The Chinese have found evidence of a chlamydia-like organism," said Craig. "We don't know how much confidence to place in information."

Unlike the common cold, the SARS virus is potentially deadly.

As of April 30, there were 5,663 cases reported worldwide with 372 deaths. China continues to lead the world in number of cases reported at 3,460 with 159 deaths. Canada, our nearest neighbor, has reported 148 cases with 20 deaths, a death-to-case ratio significantly higher than China's.

Ratios can be misleading, said Craig. People have been found who are not ill but who have the SARS virus. And the degree to which people manifest symptoms may depend on their environment, sanitary conditions, nutrition, age, ethnicity. Also, the very young may not manifest many symptoms.

SARS appears to be less infectious than influenza, which kills tens of thousands of people each year. Close contact is needed for the infective agent to spread from one person to another. This is usually accomplished through inhaling exhaled droplets or contact with bodily secretions from an infected person.

Masks for the general public traveling through a city with a populace infected with SARS are not practical, said Craig.

"The airborne spread is a relatively short distance. Someone would have to inhale droplets from a distance of about 2 1/2 feet from the mouth and nose of a person with SARS. Even on a plane, a person is more likely to contact SARS from a infected person sitting next to him than from a person two aisles over."

Still, SARS has some lethal attributes, said Abbas:

- It is transmitted through the air as well as through droplets;
- It lives on surfaces up to 24 hours, while the influenza virus lives three-four hours;
- There is no vaccination or antibiotic available at this time.

SARS WEB SITES

For additional information on SARS, visit the following Web sites:

- Centers for Disease Control, www.cdc.gov/ncidod/sars/
- World Health Organization, www.who.int/csr/sars/en/
- MEDLINEplus: Severe Acute Respiratory Syndrome

www.nlm.nih.gov/medlineplus/severeacuterespiratorysyndrome.html

MANAGEMENT

According to the World Health Organization, the main symptoms of SARS are high fever, dry cough, shortness of breath or breathing difficulties. A chest X-ray may show pneumonia. SARS also may present other symptoms, including headache, muscular stiffness, loss of appetite, malaise, confusion, rash and diarrhea.

The Centers for Disease Control, based in Atlanta, and the World Health Organization have two recommendations for curbing the spread of SARS: isolation for people who are ill and quarantine for people who have been exposed to the virus but are not ill.

Analysis of SARS by the Centers for Disease Control and the World Health Organization is changing daily. More people may be moved from the "probable" category to the "confirmed" category as tests show the presence of SARS without an obvious presentation of symptoms.

In Michigan, there has been some public speculation that SARS may be imported from Canada through trucks carrying Canadian garbage. Not so, says Craig. Although the coronavirus may appear in stool waste, garbage does not usually contain fecal material. In addition, SARS is a lipid, or fatty-enclosed, virus that does not live longer than 24 hours.

As with other infectious illnesses, one of the most important preventive practices is careful and frequent hand hygiene, say infectious disease experts. Thoroughly wet the hands from the wrist down, apply soap, and vigorously cleanse for one minute. Or, use a waterless alcohol-based hand sanitizer.

The Centers for Disease Control does not recommend the routine use of personal protective equipment, such as respirators, gloves, or use of surgical masks for protection against SARS exposure outside a health-care setting.

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New rules protect privacy of hospital patients

BY RENEE SKOGLUND
STAFF WRITER

When it comes to a patient's privacy, Michigan hospitals and other health care providers have been operating under a different set of rules since April 14.

In other words, hospital staff members are not responding to public inquiries concerning a patient's status – at least not without the patient's specific permission.

Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. Under the umbrella of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), these new standards protect the security and confidentiality of health information.

According to HIPAA guidelines, hospitals may release a one-word condition report (undetermined, good, fair, serious, critical, treated and released, or treated and transferred) on patients who are admitted and who opt to have their names placed in the hospital's directory. This information will be released only to individuals, including media, who ask for that patient by first and last name. No information will be given if a patient objects or opts out of the hospital directory. A patient may limit who he or she wants to receive information.

MORE WORK

"If you can get a patient to release information, I can release any information you want," said Terry Chartier, director of safety and security at St. Mary Mercy Hospital in Livonia. "I can always go back to that patient (and ask permission to release additional information). It's just another layer for hospitals. At any time the patient can rescind the release."

Also, patients may opt in and out of the directory at any time.

Most patients, if conscious, elect to have their names placed in the hospital directory, said Chartier. If a patient arrives at the hospital unconscious or incapacitated, a covered health care provider may place the patient's name in the hospital's directory if the use or disclosure of such information is:

- consistent with a prior expressed preference of the individual to the covered health care provider
- in the individual's best interest as determined by the covered health care provider, in the exercise of professional judgment.

Friends and family members calling a hospital for information on a patient who has been transported unconscious to a local hospital – and who has not been a patient at the hospital before – or who has opted out of the directory should brace themselves for some frustration, said Chartier.

"Try being a loved one trying to get information about a loved one. It's going to be even harder."

Circumventing the new system will be difficult, if not impossible, added Charter.

Say a patient's name is placed in the directory and a loved one calls, asking for the patient by full name. The caller is given the patient's location within the health care facility and told of the patient's condition. If the caller is familiar with the hospital, he or she may then ask to speak to the floor nurse of a specific area.

"If you call a nursing station, bypassing the directory, and someone gives you information, they'll be fired. It's considered a breach of confidentiality," said Chartier.

Hospitals and employees that do not comply with the HIPAA standards are sub-

PLEASE SEE HIPAA, C8