

Partners in Care

Dunes Family Health Care ~ Reedsport Medical Clinic ~ Lower Umpqua Hospital

Summer 2009



• Issue 21 •

Dr. Haight seeing patients at RMC

Dr. Eugenie Haight is now available full-time, and accepting new patients at Reedsport Medical Clinic. She looks forward to caring for internal medicine cases. Appointments can be made by calling 271-2119.

In her free time, Dr. Haight enjoys listening to classical music, gardening, and hiking the beautiful trails in the area surrounding Reedsport.

Before coming to Reedsport, Dr. Haight earned her undergraduate degree in biochemistry at University of California-Berkeley and her medical degree from the Medical Col-

lege of Wisconsin, Milwaukee.

She completed her Internal Medicine residency at Fresno/San Joaquin Valley Medical Education Program. She is Board Certified in Internal Medicine.

Most recently, she earned a masters degree at the School of Public Health, University of California-Berkeley. Her degree is in public health with an emphasis in infectious diseases.

Eugenie Haight, M.D.



DFHC welcomes Dr. Lion in Sept.

Dr. Rio Lion is the newest member of the team at Dunes Family Health Clinic. He will begin seeing patients in September. As a Doctor of Osteopathy (D.O.), Dr. Lion specializes in seeing patients with pain issues, but will also be part of family practice.

Dr. Lion graduated from the University of California at Santa Cruz in 1998 with a Bachelor of Arts degree in Psychology and received his Doctor of Osteopathy degree from Western University of Health Sciences

Rio Lion, D.O.

in Pomona, California in 2006. He completed his family medicine training at the Cascades East Family Practice Center in Klamath Falls.

Before attending medical school, Dr. Lion was a yoga instructor and especially enjoyed teaching children. He continues to practice yoga and also enjoys hiking, kayaking, surfing and snow boarding. He moved to Reedsport with his wife Loleta, son Luke, and a family dog. The foursome are looking forward to exploring the beaches in the area.

What exactly does “Doctor of Osteopathy” mean?

Dr. Rio Lion is exactly what his title says - a doctor. Instead of the usual “M.D.” after his name, you’ll see “D.O.” which stands for Doctor of Osteopathy. A D.O. is a physician licensed to practice medicine, perform surgery and prescribe medications. Osteopathic physicians complete four years of medical school, and choose to practice in this specialty of medicine. Osteopathic physicians receive an additional 300 to 500 hours in study by means of hands-on medicine and intense

study of the body’s musculoskeletal system.

Osteopathic medicine is a specialty that is dedicated to treating and healing the body as a whole, rather than focusing on one system or body part. Osteopathic physicians hold to the principle that a patient’s history of illness and physical trauma are written into the body’s structure. The D.O.’s elevated sense of touch allows him to feel the patient’s living anatomy, meaning the flow of fluids, motion, and texture of tissues and

structural makeup. To do this, the physician will often use a treatment method called osteopathic manipulative treatment, also called OMT, a hands-on approach to make sure that the body is moving freely. This free motion ensures that all of the body’s natural healing systems are able to work unhindered.

Osteopathic physicians are licensed at the state level. They become “board certified” by completing a two to six year residency within the specialty area and passing the board certification exams.

Quality is in the staff of small rural hospitals

According to the Medical Post, a publication geared toward medical professionals that often includes survey results regarding topics such as large hospitals vs. small rural hospitals, the real difference at hospitals is the staff. Most small hospitals, including LUH have found ways to provide state-of-the-art equipment, even if it means sharing with other hospitals or bringing in the equipment part-time. This is the case with the MRI Imaging truck which comes in on Tuesdays and with the special ultrasound machine and the technician who comes with it from Roseburg. So, the difference isn't in the quality of technology, except in the case of complicated or experimental surgeries or those that require a team of specialists. The real difference is in the quality of doctors and support staff.

Now one might think the smaller hospitals get the less qualified or less desirable doctors and nurses but nothing could be further from the truth. Recruiting efforts are underway year round, searching for doctors and staff who are the perfect fit for our community. The ones who choose to come here come for their strong commitment to family medicine and the life-style a small town offers.

The result? According to surveys, it means happy doctors and caretakers, who are doing jobs they are happy with. Many believe this translates into less mistakes and more detailed care.

In an article written by Marcella Bombardieri that appeared in the Boston Globe, Dec. 28, 2008, she asks: Are the

"If I needed something simple, I would tend to choose a great community hospital over a great academic hospital."

Dr. Donald Berwick

A leader in the movement to improve the quality of healthcare.

elite academic hospitals always a patient's best choice? Her headline is answered some paragraphs later with a resounding "No" as she interviews Dr. Donald M. Berwick, who she refers to as "possibly the most influential figure in a global movement to improve the quality of healthcare. His organization enlisted 4,000 American hospitals in a campaign to dramatically drive down medical mistakes that kill tens of thousands of people a year."

So, where would he go if he had pneumonia?

"Right now if I needed something simple, I would tend to choose a great community hospital over a great academic hospital," said Berwick. "There's a lot of reasons to suspect that for relatively routine things you need, you would be better off at a caring, smaller community hospital that's taking quality seriously, than in a massive teaching complex that's taking quality seriously."

It is noted that the good doctor has raised furor among his peers in the great academic halls of the teaching hospitals, for his outspoken opinions and research results that lift small hospitals to levels never before dreamed.

Ms. Bombardieri continues: Yet Berwick's point of view is gaining currency among other prominent doctors and researchers, who believe that teaching hospitals can be too busy handling all manner of complex care to always get the basics right, or that community hospitals have worked harder to improve quality in recent years.

Berwick does believe that teaching hospitals are best for some illnesses.

For a triple-vessel bypass or esophageal surgery, for example, he would choose a teaching hospital, where doctors are generally more experienced at performing rare operations.

But when it comes to routine medicine, he and other healthcare specialists said, teaching hospitals, despite their many areas of excellence, can have a downside. They are enormous places with layers of doctors and nurses juggling a lot of very sick patients. Miscommunications occasionally happen. Emergencies can distract from other priorities.

Avery Comarow, editor of the U.S. News & World Report ranking of "America's Best Hospitals," said teaching hospitals are best for patients who need complex care and have few alternatives. Others should feel safe looking more locally

Providers & Specialty Clinics

Dunes Family Health Care
271-2163, 620 Ranch Rd.

Family Practice
Michelle Petrofes, M.D.
Dale Harris, M.D.
Robert Law, M.D.
Janet Patin, M.D.
Jianming Song, M.D.
Kathy Moon, RN, FNP
Lucas Stang, PA
Rio Lion, DO

Visiting Specialists
LUH Specialist Clinic

Annex, 271-2119,
385 Ranch Rd.
Ophthalmology: Jon Kintner, M.D.
Podiatry: William Bennett, DPM
Ear, Nose & Throat:
Charles Hurbis M.D.
Radiology:
Tinko Zlatev, M.D.
Jed Orcutt, M.D.

Reedsport Medical Clinic
271-2119, 385 Ranch Rd.

Family Practice
Susan Sparling, M.D.
Internal Medicine
Eva Pradhan, M.D.
Yiyakchu Thapa, M.D.
Eugenie Haight, M.D., MPH
Surgery
Rodney Courson, M.D.
Kenneth Lawson, M.D.
Gynecology
William Cely, M.D.

Lower Umpqua Hospital Orthopedic Clinic, 271-6377, 600 Ranch Rd.
Orthopedic Surgery: Michael Ivanitsky, M.D. Casey Maul, P.A.-C

Health of community relies on vaccinations

By Kathy Moon FNP,
Dunes Family Health Care

You may not remember this, but in late fall 2004, there was a pertussis (whooping cough) epidemic in Reedsport. How could such a thing have happened here? It's all too easy; an unvaccinated child was exposed to another unvaccinated child who had pertussis and brought it home. The child gave it to adults, whose last shots were years ago and whose immunity was waning, and the adults passed it around to other adults and unvaccinated children. That's the stuff epidemics are made of.

Have you ever heard the term "herd immunity"? That's when you can take your infant, who is too young for, say, a measles shot, to the store, and because all the other kids in the store have been vaccinated for measles, no one has the measles. Your child is safe. If we can get enough kids

vaccinated, the incidence of disease drops. Remember smallpox? Because people worldwide were vaccinated, we were able to eradicate it completely.

Dunes Family Health Care is committed to improving the health of our community. We recently had a visit by the Vaccines For Children health specialists to look for ways to improve child immunization rates. For that reason, we are now going to request that parents bring their children's shot records to all clinic visits. This is an important way to ensure that your children are up-to-date on their immunizations, be sure our records and yours are accurate, and to help us get kids caught-up if they are falling behind.

While it is very important to vaccinate your younger children, older kids need their shots, too. For example, your 11-12 year-olds need a tetanus, pertussis and diphtheria booster. This booster is often forgotten. And you adults out there (and you know who you are) should have a tetanus and diphtheria booster, too, every 10 years. In fact, because of pertussis outbreaks, the Centers for Disease Control recommends that your next tetanus booster should include pertussis, too. I've had mine!

So the next time you call to make an appointment for your child, we're going to ask for their shot record. Please look for it and keep it where you can easily find it. Our community's health could depend on it.

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lower level back parking lot**

LUH Lab expands hours

The LUH Lab is expanding its outpatient hours to open Monday through Friday, 7 a.m. to 6 p.m. and Saturday, 8 a.m. to noon.

Sign-up for LUH Alerts

If you'd like to receive occasional e-mail updates about Lower Umpqua Hospital and healthcare services provided in coastal Douglas County, send an e-mail message to info@luhonline.com. It would be nice to have your name and address to go with your e-mail, to make updating the list in the future easier.

LUH Alerts will be newsy, brief, and infrequent. You'll be notified of new physicians, new services, important changes at LUH, and hospital events you won't want to miss. We'll also send you a link to the latest issue of Partners in Care newsletter.

Remember, send an e-mail to info@luhonline.com. For more information, contact Delaine at 271-9700.

Man survives to tell his story and thank LUH paramedic “true heroes”



Terry Clevenger is grateful for the lifesaving care he received from local paramedics.

A man from Sheridan Oregon jokes that he almost left his heart in Winchester Bay, but what happened to him on the dunes three years ago really isn't very funny. Terry Clevenger was enjoying a family vacation, riding quads all day long with his adult sons when suddenly he went into full cardiac arrest.

The sons, one a volunteer fireman / EMT, and the other trained in first aid including CPR, kept their dad alive for 20 minutes, until Lower Umpqua Hospital EMTs arrived on the scene in the middle of the dunes with a defibrillator. Clevenger was transported from the dunes to LUH, where he spent the night in intensive care being treated for cardiac arrest and fluid in the lungs. He was life-flighted to Sacred Heart the next day where he remained on life support for three days.

“No one was sure if I would wake up at all, or if I would be brain damaged.” Clevenger says, still marveling at his good fortune. But he did wake up with a new bicuspid heart valve and walk out two months later - and he kept walking, speed walking 341 miles and losing 38 lbs. Now he is back at work at his job at ADEC Dental Equipment where he is Head Carpenter, and back to being dad and grandpa in his family. And yes, that means family vacations that include riding the dunes.

As a former volunteer fireman, Clevenger said he knows the EMTs hardly ever know what becomes of their patients after they are delivered to the hospital. “I thought to myself, well this time they are going to know, and they are going to know how grateful I am. These people are true heroes. They saved my life.”

Congratulations!

Lower Umpqua Hospital Service Awards 235 years of loyal service!

25 years

Terry Thomas

20 years

Karen Gehrke

15 years

Bart Bryan, Jackquelyn Girard, Cheryl Trozelle, Mindy Wilson

10 years

Ellene Barrone, Ralph Bruce, Della Burget, Ernie Fegles, Deborah Howard, Jacquelyn Sabblut, Esther Siderman, Jerry Wilson,

5 years

Cherrie Colvin, Ronald Eberlein, Lynda Garner, Linda Harris, Barbara Howze, Jolee Lloyd, Christa-Lee Middendorff-Walker, June Montgomery, Sandra Reese, Christian Walker.

**Check us out
online at:**

www.lowerumpquahospital.org