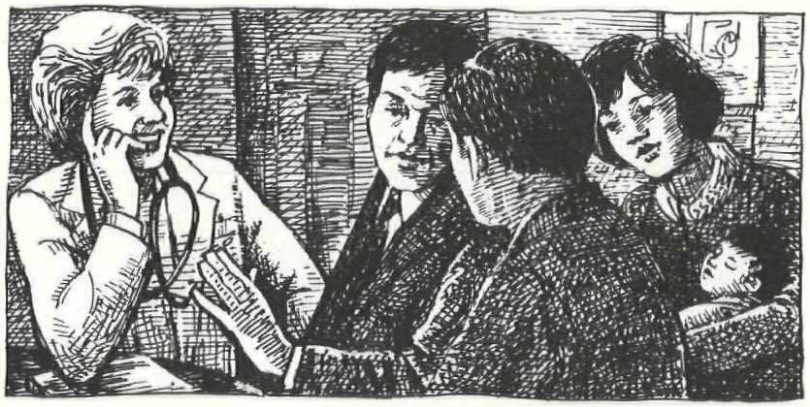
TRENDS & Ideas

COMMUNITY OUTREACH

Hospital Saves a Discontinued Government Program

Mercy Hospital, Springfield, MA, has not only rescued a discontinued federal program aimed at helping pregnant Vietnamese women living in its service area; the hospital has even expanded the program to include pediatric and primary care, increasing services for the area's Vietnamese population.



According to *Physicians' Update*, a Mercy Hospital publication, the program has hired two of the defunct federal program's case managers. Because they speak Vietnamese, the case managers can help care givers and patients overcome the language barrier. These case managers take clients to physician appointments and hospital visits. They are "well-known throughout the Vietnamese community, and their interaction has helped bridge the gap between patients and the care they need," says Karen Rotondo, RN, director of the hospital's Community Health Department. Rotondo facilitates Mercy's services to the Vietnamese population.

The case managers also make home visits and help provide education for Vietnamese families. "The most important part of the program has been the building of awareness among the Vietnamese that health care services are available for them," notes Rotondo.

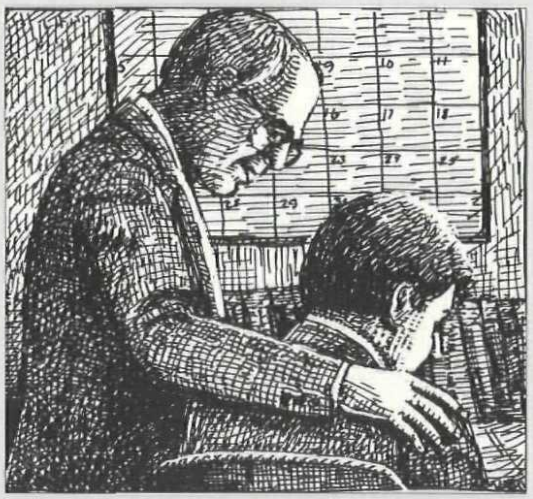
Resettlement agencies in Springfield and West Springfield provide the Mercy program with the names and telephone numbers of Vietnamese families as they arrive in the area. Case managers visit the families to explain the healthcare system and how to receive needed services.

"As part of the Sisters of Providence Health System, our mission is to provide compassionate health care for all the people of the communities we serve . . . and that includes new residents, as well as those who have been here for generations," said Vincent J. McCorkle, president and chief executive officer of Mercy Hospital and Providence Hospital, Holyoke, MA.

Mercy Hospital plans to enhance its program to Vietnamese persons in its service area by developing medical translation skills among a group of area interpreters.

EMPLOYMENT

Helping Employees Cope With Stress of Downsizing



Sim Gellman

Many companies are helping employees—those laid off and those who remain—cope with downsizing. About one-third of 471 U.S. companies polled by the Human Resource Advisory Group of Coopers & Lybrand, LLP, said they had laid off workers in 1994.

Laid-off employees are not the only ones who suffer the effects of downsizing. Employees who remain experience anxiety as well. Of the companies who indicated that they had downsized in 1994, more than two-thirds said employees who remained had lower morale and an increased stress level.

But relief is available. Findings of the Coopers & Lybrand study indicate that more than two-thirds of these companies offered formal stress-management training. Of those companies, 85 percent said they offer stress-management training to middle managers and exempt personnel, 75 percent offer it to nonexempt employees, and 65 percent offer it to executives.

Stress-management training helps downsizing survivors "cope with the loss of their co-workers and job insecurity," reports Janet Fuersich, national director of compensation consulting, Coopers & Lybrand. "Companies have found that coping with stress makes the difference between successful and unsuccessful job performance in the future," she adds.

HEALTHCARE

Trauma Systems Show Slow Growth

Studies indicate that the chances of survival of severely injured patients improve when they are treated at specialized trauma centers within regionalized trauma systems. Yet the growth of such systems has not been rapid, write Gloria J. Bazzoli, PhD, et al., in the *Journal of the American Medical Association.*

In the early 1970s a number of state agencies launched trauma systems with the help of federal funds. This development waned during the fiscal crises of the 1980s, however. Indeed, the closing of trauma centers became common. A 1987 study revealed that only two of the 50 states had complete trauma systems.

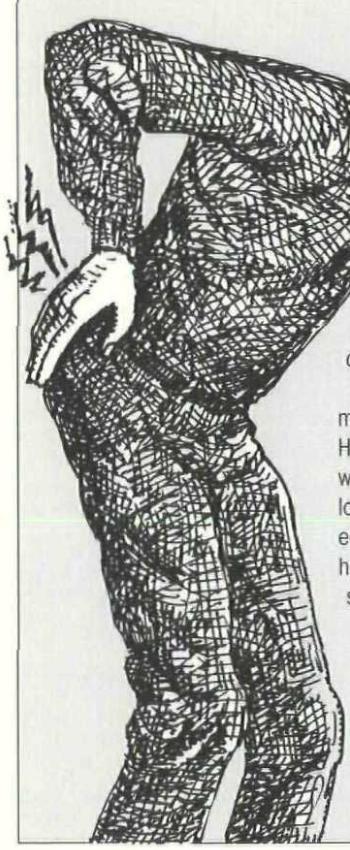
Federal aid was resumed through the Trauma Care Systems Planning and Development Act of 1990. As of 1992, 41 regional and state organizations were legally authorized to organize trauma systems. The present study, completed a year later, showed that the number of systems had increased from two to five.

Eight criteria were established as essential trauma-system characteristics. One criterion requires that a state limit the number of trauma centers in a given community, based on an assessment of population need. This is to ensure that surgeons and staff receive a sufficient number of patients and variety of traumas to enable them to maintain their proficiency. Limitation of centers may also reduce expenses through economy of scale.

The study showed that, though they often met the other seven criteria, states have apparently been reluctant to limit trauma centers. As of 1993 only Florida, Maryland, Nevada, New York, and Oregon met the criteria for trauma systems.

THERAPY

Normal Activity Best for Back Pain



Which treatment, bed rest or prescribed exercises, is best for acute low back pain? The answer may be neither, according to a study conducted by Antti Malmivaara, MD, et al., in Helsinki, Finland, and reported in the *New England Journal of Medicine.*

The subjects of the study were 186 municipal employees who had come to Helsinki's occupational health centers with complaints of acute, nonspecific low back pain. They were randomly divided into three groups, the first being sent home for two days of bed rest and the second given back-extension and lateral bending exercises to perform. Members of the third group, the control group, were told to continue their usual routines as actively as possible. Each of the patients answered a questionnaire after three and 12 weeks.

The physicians, nurses, and physiotherapists generally expected exercise to be the best treatment. They thought bed rest and continuing normal activity would be about equally effective. But the results showed that the members of the control group had better recovery than those who were given bed rest or exercises to do. Compared to the first two groups, patients who had immediately resumed normal activity had fewer complaints about the intensity and duration of their back pain. They also lost fewer days from work because of it. Those patients who were prescribed bed rest were the slowest to recover from their pain.

The Helsinki study may be significant because, in industrialized countries, acute low back pain is a common complaint. Since acute back problems are often the cause of absenteeism, they mean lost production and are costly for employee and employer alike. The Helsinki study, which suggests that therapy based on normal activity sends patients back to work more quickly than bed rest or exercise, seems to be the most economical approach.