Winter Holidays Can Be Time for Healthy Gifts
Linda Bell, MS, RD, CD/N
YHP nutritionist

The winter holidays are rolling around again and many of you are firing up your ovens to bake favorite holiday treats. Perhaps some friends and family are trying to avoid high fat or high sugar foods, and you’re wondering if you can give a gift that is personalized, while at the same time respecting the health needs of those close to you.

One way to accommodate lower fat or sugar preferences is to give the person a small portion of home-baked goodies, combined with a non-edible treat. For example, instead of a whole tin of cookies, make a gift basket arranged with other items like stationery, candles, or a book or CD, and add just a few cookies.

Also, many baked items, such as muffins and fruit bars, can be made into lower fat versions by recipe modification. Substituting plain yogurt for sour cream, skim milk for whole milk and fat free cream cheese for cream cheese can reduce the fat content of favorite items.

Communication Central to Safety
Ellen Budris, RN, MSN
Assistant Director, Clinical Administration

Assuring safety is an ongoing activity at Yale University Health Services. Safety is a right; it is also everyone’s responsibility and it comes first in developing and implementing any procedure or system.

Accurate and timely communication has been identified as the number one challenge to safety in health care. Here are some steps you can take to maintain clear communication with your health care team:

Medications
- Carry a list of your current medications. YUHS will soon provide a small form which you can use and carry with you to assist in this process.
- Know the doses and why you are taking these medications. This information will assist you in taking it at the proper time (the most common error in taking medication) and in the proper fashion (e.g. with or without food).
Some baked goods can be made substituting apple sauce or pureed white beans for some of the shortening, with no loss of flavor or texture. Many recipes for sweet items can be just as tasty if you reduce the amount of sugar called for by a quarter or a third. Recipes for lower fat and low-sugar alternatives can be found in a variety of cookbooks, many of which are available at your public library. You can also check the web sites below.

Make up your own gift baskets with items tailored to each recipient’s personality. Some examples are a variety of herbal teas, a small teapot, and a scented mug rug; gourmet mustard and salsa with pita and tortilla chips; small bags of gourmet coffees and a mug with an electric warmer; an air popcorn popper, a bag of gourmet popcorn kernels, some small bottles of flavored seltzer, and a video. Be creative by making your own bags of soup mix with beans, rice and spices or making your own granola and wrapping it up with a small festive mug or bowl.

Of course, fruit baskets always make wonderful gifts, and again you can add a small portion of a sweet treat, like one or two muffins or a few pieces of good chocolate.

Many non-food gifts can promote a healthy lifestyle. A yoga mat and an introductory pilates or yoga video can be a great gift for someone looking to add to their fitness programs. Or consider fitness gadgets such as a pedometer; a well-made, reusable water bottle; lightweight dumbbells; or a walking or dance video. Other possibilities are gift subscriptions to health newsletters, such as the Tufts University Diet and Nutrition Letter (call 1-800-274-7581) or gift certificates for a few sessions at a fitness center, for a local health food store, or for a sporting goods store.

Don’t forget to include yourself in your health promotion efforts. Take the time to eat well and exercise during the busy holiday season, even if you can’t devote as much time as usual to these activities.

If you have been trying to lose weight, set weight maintenance rather than loss as your goal for the holiday season. Be selective with holiday goodies and allow yourself smaller portions of your favorite treats. Greet the new year with a positive attitude towards healthy choices, and your efforts will be well rewarded.

Some good web sites for healthy recipes and nutrition information:

- foodfit.com
- cookinglight.com
- prevention.com

Flu clinics

As of this writing, flu clinic dates are being finalized. Please check the YUHS website (www.yale.edu/uhp) or call our flu vaccine hotline (203-432-4094) for up to date information on clinic scheduling and vaccine availability.

Winter recess hours

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<th>Day</th>
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<tr>
<td>Friday, December 23</td>
<td>Clinics and offices open 8:30–12:30</td>
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<td>Saturday, December 24</td>
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<td>Tuesday, December 27</td>
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Thursdays, December 29

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Please call specialty clinics directly to get information on winter recess hours. Care for urgent medical problems is available 24/7 through the Urgent Care Department.
Starting in the 1970s, each information system enhancement at YHP has featured safeguards to minimize the risk of breaches of privacy. This is especially crucial as we move into the era of the electronic medical record (EMR).

The Allscripts Electronic Medical Record (EMR), which we are implementing throughout YUHS, has numerous features built in to ensure patient privacy and confidentiality:

- Our EMR is fully compliant with federal standards mandated by HIPAA (Health Insurance Portability and Accountability Act of 1996). The system has a dedicated server with firewalls and 128-bit encryption built in to prevent access from the outside.
- Unlike regular email, Yale Health Online, our electronic clinical communications system, features encrypted secure messaging for transmission of information between members and clinicians.
- Viewing the EMR is restricted to need-to-know access as determined by professional licensure and specific job tasks. The EMR system maintains an audit trail of who has accessed information within the record.
- We have carefully developed workplace policies, procedures and trainings to assure that the highest level of confidentiality is maintained by all YUHS staff and consultants.
- The system makes full use of common security and privacy protection methods such as changing passwords, time-out locking of inactive workstations, and privacy screens.

The purpose of any medical record is to preserve clinical information so that it will be easily retrievable by any clinicians involved in your care. While a paper medical record can be in only one place at a time, and items such as lab results can be added only manually, the EMR receives data from multiple sources in real time and can be reviewed by any clinicians involved in a patient’s care; its quality and accuracy can be continuously audited. The EMR is at least as confidential as a paper record and it facilitates higher quality care because of its legibility, searchability and its capacity to automatically trigger reminders and send results to patients.

As patients’ lists of health problems and medications grow, the EMR ensures a higher level of patient safety by keeping updated and accurate lists of medication, drug allergies and interactions, immunization histories and other vital elements of the medical history. For patients with conditions for which the clinician tracks results or response to therapy over time (for example, diabetes, hypertension, elevated cholesterol), the EMR allows much faster and more accurate information display and reminders about treatments or examinations as they become due. As a tool for improving the quality and safety of health care, the EMR is widely regarded as one of medicine’s most important recent technical advances. At YUHS we are looking forward to the enhancements to clinical care and service that our EMR will bring.
Q. What is care coordination?
A. Care coordination focuses on ensuring that you receive the right care in the right place at the right time. Any YHP member hospitalized at Yale New Haven Hospital (YNHH) will have a care coordinator who works with the physicians, nursing staff and other members of the health care team. The care coordinator serves as the patient’s advocate.

Q. What does the care coordinator do?
A. The care coordinator will review your plan of care and expected outcomes of treatment. In addition, your care coordinator is available to answer questions you or your family may have regarding your care. Once your health care team determines that a hospital setting is no longer needed to treat you, the care coordinator will implement the discharge plan.

Q. What is discharge planning?
A. Discharge planning actually begins as soon as you are admitted to the hospital so that we may develop the best plan for you. When your physician decides that you are ready to leave the hospital, you may receive further care in another facility such as YHP’s Inpatient Care Facility or a rehabilitation center or at home with support of a home care agency and family. Your care coordinator will speak with you, your family, and your doctors and nurses to identify your needs and evaluate your care options.

Q. What options are available after I leave the hospital?
A. Home health care, skilled care, durable medical equipment for the home, skilled nursing facilities and rehabilitation hospitals are some of the examples of services that may be considered for you. As part of the planning process, payment method will be established, if needed, before you agree to the service.

Q. How can I or my family contact my care coordinator?
A. The care coordinator will contact you before or soon after your admission to the hospital. Or you may contact the care coordinator directly at 203-432-5266 or 203-432-4824. The department number is 203-432-7397.

Q. What can I expect from my care coordinator?
A. • A visit soon after admission and daily thereafter on weekdays.
   • Close collaboration with your health care team so that your treatment plan is clear to you.
   • Coordination of your discharge plan according to your preferences and your coverage.
   • Answers to your questions about your hospitalization.
   • Communication with your primary care clinician (PCC) so that the clinician is aware of your hospitalization and treatment plan.
   • Arranging of follow-up appointments with your PCC.
   • Phone call (s) post discharge to evaluate the effectiveness of the discharge plan.
Clear Communication  
continued from page 1

- Know which non-prescribed or over the counter (OTC) preparation you are taking. Taking multiple medications—whether prescribed, OTC or both—can lead to adverse reactions. So make sure your clinician knows at each visit your entire list.

At your office visit
- Do not be offended when asked for your name and date of birth at each visit. YHP uses these identifiers to assure we have the correct patient at all times.
- Write your list of questions for your clinician before your office visit. Try asking the most pressing ones first.
- Appointment times are not the only times to communicate with your clinician. Use Yale Health Online to communicate your questions before or after an appointment.

- Make sure you understand the preventive measures to take to keep yourself safe and healthy with a particular diagnosis.
- Identify a health goal each year for yourself and ask your clinician at your next visit how you can achieve it. Then reward yourself for reaching it!

Some of YUHS’s many ongoing safety initiatives include:
- Creation of an electronic medical record (EMR). Although we still use the paper chart for notes, we are moving towards a totally electronic system. Phone messages are kept within the record electronically so any clinician can access your previous calls. Lab results are received into the EMR, reducing the paper chase for results.
- Medications are ordered electronically to reduce errors in reading and transcribing handwriting. All your ordered medications are listed in your electronic chart.
- Creation of clinical practice guidelines based on research evidence, which assist staff across departments in providing safe, advanced care, especially in the area of prevention of disease.
- Regular department staff meetings are held to discuss trends in care as well as to communicate quality reports and activities. Staff share educational resources at monthly medical staff meetings.

Websites for more information:
- healthgrades.com
- jcipatientsafety.org
- healthcompass.org
- leapfroggroup.org
- yalehealthonline.yale.edu

From left to right: May Habboosh, MD  
Michelle Brei, PNP, APRN  
Jeanine May, MPH, MSN

YHP staff

New physician in Student Medicine  
May S. Habboosh, MD, has joined the YHP staff as a physician in Student Medicine. Habboosh received her medical degree from the University of Baghdad College of Medicine and had a post-doctoral research fellowship in obstetrics/gynecology at the Yale University School of Medicine. She has been in private practice, in family medicine and, most recently she has worked as a hospitalist at Middlesex Hospital. During an earlier family practice residency at Middlesex, she acted as a preceptor for medical students and was involved with a community project aimed at building a relationship between area public schools and the Middlesex health care system.

Advance practice nurse joins Pediatrics  
Michelle N. Brei, PNP, APRN, who came to YHP this past June is the newest member of YHP’s Pediatrics Department. A 2001 graduate of the University of Massachusetts-Amherst (BS in nursing), Brei received her Master’s degree in nursing and her certification as a pediatric nurse practitioner (PNP) from Yale. Brei has worked as a pediatric nurse in New Haven and in Yale New Haven Hospital’s pediatric intensive care unit, and has done research on pain management and on working with parents of children diagnosed with cancer.

Care coordinator on staff  
Jeanine May, MPH, MSN joined YHP’s Care Coordination Department in September. She will see all YHP members when they are hospitalized at Yale New Haven Hospital, will also visit patients in our Inpatient Care Facility, and will follow up on patients after discharge. In addition, she will participate in disease management programs offered at YHP. May received her Master’s degree in Public Health from Southern CT State University, with a specialty in community education, and her Master’s degree in nursing, as an acute care nurse practitioner, from Yale University School of Nursing. Prior to coming to YHP, May worked at the Hospital of St. Raphael as a continuing care nurse case manager and as a clinical research nurse project manager.
In 2004 there were an estimated 395,000 reported home structure fires and 3,190 associated civilian deaths in the United States. Yet only about 23% of households have developed and practiced plans to escape from fires quickly and safely. Don’t depend on luck; preparation can make the difference between safety and catastrophe.

Fire safety experts, including the National Fire Protection Association (NFPA), recommend developing an escape plan that includes all family members and practicing it often. Most home fires occur when people are asleep. If you wake up in a fire you want to be able to escape fast. A small flame can go out of control in less than 30 seconds.

As part of your escape plans:
- Know two ways to exit every room.
- Have family members practice crawling low (as if crawling under the smoke) with eyes closed, feeling the way. Teach family members to feel doors before opening. If a door is hot, use another exit.
- Have a place to meet outside and never re-enter a burning building.
- Teach everyone emergency numbers. But escape first, and then call for help. Seconds count in a fire.

Smoke alarms save lives
Have working smoke alarms on each level of your home and outside of bedrooms. Test alarms at least monthly and change batteries at least once a year. Install alarms on ceilings or on walls at least 4 inches from the corners and away from air vents. When alarms are on walls they should be between 4 and 12 inches from the ceiling to more readily detect rising smoke.

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Fire safety during the winter holidays

According to the US Fire Administration (USFA) fires during the U.S. holiday season injure 2600 people and cause over $930 million in damage. Reduce the risks by following these tips:

A live tree in the house
- A tree should be fresh and green with needles that are hard to pull from the branches. The trunk should be sticky to the touch. If you bounce the tree trunk and many needles fall off, it has probably been cut too long and is dried out and therefore a greater fire hazard.
- Once you have your tree in the house, keep the stand filled with water at all times. Make sure the tree is not near heat sources such as vents and fireplaces.
- Keep trees for no longer than two weeks. When discarding a tree, recycle it; do not place needles or branches in the fireplace or wood burning stove.

Winter lights
- Inspect your lights each year to insure that they are not frayed or cracked, that there are no gaps in the insulation, and that the sockets are intact.
- Use only lights approved by a testing laboratory such as UL. Do not link more than three strands of lights unless the directions specify that doing so is safe.
- Do not leave lights on unattended.

Candles
- The USFA recommends against using candles. If you do use them, make sure they are in stable holders, preferably glass, and place them where they cannot be knocked down.
- Holders should be large enough to catch hot dripping wax and made of material that will not burn.
- Keep candles away from curtains, clothing, books or other items that can easily catch on fire.
- Never leave children in a room with candles. Extinguish candles when going to sleep or leaving a room, and never leave the house with candles burning.

Decorations
- Use only decorations that are nonflammable or fire retardant and keep away from heat vents, fireplaces and stoves.
- Wrapping paper should not be burned in the fireplace; it can throw off sparks and produce a chemical build up that could result in an explosion.
Common-sense measures to reduce fire risk

- Never leave cooking unattended. Unattended cooking is the leading cause of household fires.
- Enforce a “kid-free zone” of three feet (1 meter) around cooking areas.
- Keep pets from underfoot so you do not trip while cooking. Also, keep pets off cooking surfaces and nearby countertops to prevent them from knocking things onto burners.
- Turn off stove and small appliances before you go to bed or leave the house.
- Check electrical appliances regularly for frayed wires.
- Do not run wires under rugs or furniture.
- Never overload electrical sockets.
- Keep lighters and matches out of reach of children.
- If you smoke (a health hazard as well as fire hazard!), never smoke in bed or anywhere else where you tend to fall asleep (such as a favorite chair), and never leave smoking materials unattended.
- Have chimneys professionally cleaned and inspected annually.
- Keep the area around the hearth free of flammable and decorative materials. Keep the fire in the fireplace by using a metal screen and leaving glass doors open.
- Have your dryer installed and maintained by a professional. Lack of proper maintenance is the leading cause of home dryer fires. Clean dryer lint filter before or after each use.
- If you use portable heaters make sure that clothes, blankets, curtains or other combustibles are several feet away; keep them where they will not be easily tipped over.
- Do not use candles during power outages. Always have flashlights and batteries on hand.

For additional information on fire safety:
usfa.fema.gov
nfpa.org

Thanks to Gerry Remer, Manager of Building Services/Safety Officer, for researching the information in this article.

Traveling? Keep Your Meds In Mind

- Driving while fighting a cold? Be aware that the combination of antihistamines and alcohol may cause drowsiness and slow mental and motor skills.
- If you are flying, keep medications in your purse or carry-on luggage so that you have access to them during the flight, if your flight is delayed or if your luggage goes astray.
- Provide for unexpected delays or changes in plans. Take more medication than required for the time you plan to be away. Always take your clinician’s and pharmacist’s phone numbers with you.
- Keep a list of all your medications and the dosages with you, as well as those of all family members you’re traveling with. This could be essential information in an emergency.
- Medications such as insulin may require that you carry a syringe, and you may need to carry your prescription with you to ensure that you can pass through airport security. The American Diabetes Association recommends that people with diabetes be prepared to provide security personnel with copies of prescriptions for diabetes medications and supplies, as well as contact information for the prescriber.
Wellness Programs at YUHS

Blood pressure monitoring

The Office of Health Promotion and Education conducts monthly blood pressure screenings at various campus locations (consult the YHP website for dates and places) for YHP members who are not currently being treated for a blood pressure problem. Members who have been diagnosed and are under treatment for hypertension are monitored in Internal Medicine (203-432-0038) by appointment (Monday through Friday, 8:30 am to 4:00 pm).

Cancer support group

Life Options is a support group for adult YHP members diagnosed with cancer, regardless of type of cancer or stage of disease. The group meets weekly with a facilitator. There are three 15-week programs each year, and members can enroll in consecutive series of meetings. The group is partially funded by the Edith S. Hallo Fund and by a small weekly fee charged to each participant. To enroll or for more information, contact the facilitator, Naomi Panza, MSW, at 203-432-0290.

From the Pharmacy

When you need a refill on your YHP Pharmacy prescription for maintenance medication (for example, medications for allergy, arthritis, cholesterol, diabetes, hormone replacement, hypertension, headache and routine skin conditions) please call the Pharmacy first. The Pharmacy can initiate a message electronically to your clinician, who will check your record and reply to the Pharmacy with additional refills on your medication.

If the clinician decides on a course of action other than a refill authorization, a representative from the clinician’s department will call you and the message will also be forwarded to the Pharmacy. Note that by state and federal law, certain prescriptions cannot be refilled and must be rewritten each time a new supply is needed. Medication numbers beginning with the numeral 2 are narcotics, and for those items, a new signed prescription must be sent by the clinician to the Pharmacy.

The Internal Medicine Department has an automated voice mail on its main telephone number (203-432-0038) where a message can be left regarding prescriptions that begin with the numeral 2.

The Pharmacy cannot take messages or send electronic messages for narcotic refills or refills that start with the numeral 2. For prescriptions written by clinicians in other departments, please speak to a department staff member and leave a message. All other prescription refills are handled through the Pharmacy.

Women on oral contraceptives (birth control pills) can call the Pharmacy which can send an electronic message on behalf of the patient to the Ob/Gyn clinician to request refills.

Even if the bottle indicates no refills, you can use a touchtone phone to enter a refill number into the automated refill line at the Pharmacy (203-432-0033) and follow the prompts to initiate an electronic message to your clinician requesting a refill renewal. It is not necessary to speak directly to a Pharmacy staff member regarding renewing medication refills.

As always, certain medications are not considered routine and may require further follow-up with your clinician prior to renewing and refilling, but you can always call the Pharmacy if you have any questions.

Information supplied by Martha Asarisi, RPh.