



# DOWNSTATE TIMES

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The Newsletter for SUNY Downstate University Hospital of Brooklyn



## DISASTER OLYMPICS

### Preparing Residents and Staff to Respond to a Mass Emergency



Triaging a patient in severe respiratory distress.



Residents help each other suit up for hazmat training.

**Scene 1:** A large group of Brooklyn church members just returned from China has arrived at the ER with symptoms of Avian flu. What is to be done?

**Scene 2:** In Williamsburg, a man suffers a broken leg and is exposed to a hazardous substance when a container breaks and falls on him.

These events didn't really happen—but what if? To prepare emergency medicine residents and hospital staff for such emergencies, Downstate staged a "Disaster Olympics" Exercise Plan on July 10. Held in collaboration with Kings County Hospital Center, the New York Institute for All-Hazard Preparedness, and the NYC Department of Health and Mental Hygiene's Medical Reserve Corp (MRC), this full-scale exercise involving 200 volunteers had six primary teaching aims:

- 1) Setting up and carrying out decontamination procedures;

- 2) Patient registration processes;
- 3) Point of dispensing (POD);
- 4) Don and doff—using protective gear;
- 5) Crisis decision-making, coordination, and communication; and
- 6) Educating hospital staff about their role in emergency response.

For the emergency medicine residents who were assigned to tend to the victim of the chemical spill, this meant learning how to set up a decontamination tent, donning and doffing decontamination suits, and showering to remove contaminants, both for themselves and the victim.

Evaluators stood by, timing how long it took each resident to complete these tasks. "Working quickly is very important, but working well is even more important to make sure that everyone is safe," said Bonnie Arquilla, DO, associate professor of emergency medicine and director of disaster management.

The training exercise for residents and staff helping the church members exposed

to the Avian flu focused on setting up a POD to dispense antibiotics and vaccines.

George Allen, PhD, CIC, CNOR, director of infection control, was on hand to make sure everyone followed CDC guidelines by gowning and gloving and wearing face masks. Teresa Chan, PharmD, an emergency clinical pharmacist, supervised the team dispensing Tamiflu and Relenza.

A third leg of the exercise tested the hospital's ability to quickly evacuate patients if needed. Nursing, Environmental Services, and Admissions staff teamed up to safely move 24 "patients" from NS 62 to Kings County Hospital.

Even though this was just a drill, everyone took it seriously. Many of the volunteers playing the part of sick patients gave Oscar-worthy performances. One had a breathing attack that was almost too realistic and another cried non-stop for her mother.

"Hopefully we will never face this kind of emergency," said a drill participant, "but if we do, we'll be ready for it."

# The Affordable Care Act and the Future of Nursing

By Linda Cohen RN, MSN, MPH, BC-ADM, CDE  
Assistant Director of Nursing

Nursing Grand Rounds (NGR) is coordinated by the Clinical Nurse Resource Committee, whose members include faculty from the College of Nursing and nurses from UHB. Founded in the 1990s to create educational opportunities for Downstate's nurses and nursing students, it provides a forum to present and share clinical expertise.

At the June 19 NGR, Daniel Ehlke, PhD, assistant professor of health policy and management in the School of Public Health, gave a talk on a very complex and still evolving topic—the Patient Protection and Affordable Care Act (ACA).

In addition to explaining the major components of the legislation, Dr. Elke discussed how it is likely to impact the education and practice of nursing.

“We can expect to see nurses playing a broader role in shaping the direction of health care as we move forward with implementing changes mandated by the new law,” he said.

Dr. Ehlke pointed out that the ACA addresses the expansion of nursing student loans, scholarship programs,



Invited speakers and members of the Clinical Nurse Resource Committee (standing, l. to. r): Donareen Denny, RN, MSN, CCRN; Meriam Caboral, RN, MSN, NP-C; Daniel Ehlke, PhD, MA; Judie LaRosa, PhD, RN; Karen Benker, MD, MPH; (seated): Kathleen Salak, MSN, RN, CCRN, FNP-BC; Ellen McTigue, MS, CNP; Linda Cohen, RN, MSN, MPH, BC-ADM, CDE; and (not shown) Nelcia Trim, RN, ADN; Sherene McIntyre, FNP-C; and Veronica Arikian, PhD, RN.

loan repayment, and quality and practice grants. It also links government hospital reimbursements to quality of patient care, known as pay for performance.

This Nursing Grand Rounds also featured talks by Judith LaRosa, PhD, RN, professor and vice dean of Downstate's School of Public Health, and Karen Benker, MD, MPH, associate

professor of health policy and management and associate dean for community public health affairs. They discussed the important role of public health nurses and described the educational opportunities the School of Public Health offers to nurses interested in advancing their knowledge of urban and immigrant health.

## Minimally Invasive Treatment of Uterine Fibroids

By Betty Jung, RN, Patient Educator  
Center for Community Health Promotion  
and Wellness

Did you know that 40 percent of women between the ages of 35 and 55 have uterine fibroids and that half of them are African American? Each year thousands of hysterectomies are performed to treat symptomatic fibroids, yet many women can benefit from other treatment options that are minimally invasive and preserve the uterus.

At a recent community health seminar sponsored by the Center for Community Health Promotion and Wellness, Daniel Levin, MD, director of interventional radiology, described a procedure known as uterine fibroid embolization (UFE). Dr. Levin is a board-certified interventional radiologist who has performed many UFE procedures, and has a record of producing long-term symptom relief for many women.

Dr. Levin explained the procedure in detail, describing its efficacy and benefits, such as a shorter hospital stay and recovery period compared to hysterectomy and myomectomy. He stressed, however, that it is not appropriate for every patient. “Myomectomy and hysterectomy remain options for those who are not candidates for UFE,” he said.

When a woman suffering from fibroids comes to see Dr. Levin, he does a complete evaluation based on her medical history, the size, location, and characteristics of the fibroids, and her wishes with regard to future pregnancy. All treatment options are reviewed, including the pros and cons of hormonal/drug therapy, ablation, myomectomy, high-frequency ultrasound, hysterectomy, and UFE.

To make an appointment for a consultation with Dr. Levin to be evaluated for uterine fibroid embolization, call 718-362-0538.

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