



The PULSE



NORTHWEST ADULT DAY HEALTH & WELLNESS CENTER

June 2018, Issue 2

Northwest Adult Day Health News: Wedding vows and the role of faith in family caregiving

When you got married, you took a vow before God, the church and the assembled witnesses to **care for your spouse for richer or poorer, in sickness and in health**, as long as you both shall live.

Now, that time has come. Your spouse is sick, aging and in need of your help. It's time for you to put your head down and do the work you vowed to do all of those years ago, right?

Absolutely. But there's more than one way that your help might appear.

At Northwest Adult Day Health & Wellness Center, we see and hear of numerous **spouses who forego their own health; they exhaust themselves — literally — to provide care for their spouse** that they promised to deliver on the day they got married.



Commitment is a good thing. But it's important to remember that **seeking help isn't failing to deliver on that promise**. Rather, it's making good use of the assistance that God has placed in this community to avail those who need it.

Have you heard the allegory about the guy who had climbed to the roof of his house in a flood and prayed that God would save him? When a boat came by and offered help, he said "No thanks, God will save me." When a helicopter lowered a ladder to his position, he said the same thing: "No thanks, God will save me." When the man died and went to heaven, he asked God why He didn't help. God's response: "I sent you a boat and a helicopter. What more did you want?"

It's OK to **think of community assistance as necessary support in the fulfilment of your wedding vows**. You're not failing to care for your husband or wife when you enroll him or her in adult day health. Rather, you're making good use of a Whatcom County community resource that's available to help you do what you promised — to care for your dear husband or wife no matter what it takes.

Perhaps what it takes — to ensure that both your spouse and you get the help you need — is to make use of community resources. Often, caregivers don't have the training they need to **provide the best care for their loved one**. NWADH provides access to that; it's what we're here for. **Please share this article with a family caregiver today. It can also be found online at nwaduldayhealth.com/news/.**



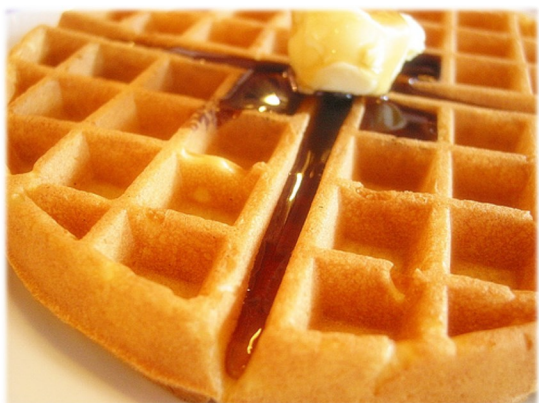
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JUNE 29: WAFFLES!

We're celebrating National Waffle Day by serving fresh waffles in the staff lounge starting at 7 a.m.

Thank you to our dietary department for preparing and serving treats and rewards for staff. We appreciate all you do!



WELCOME



When you see these friendly faces in the halls of CHCC, please say hello and welcome!

Tharyce is a hospitality aide, Mikaelah is an NAC, and Gwendelyn is a unit coordinator.

Let's all pull together and help them transition into the care center as smoothly as possible.



COMMENT BOX CORNER

Sharing your *FRESH* ideas, questions and comments!

Question: Why are there so many hospitality aides?

Reply: In January 2017, we hired the first hospitality aides at CHCC. The new role was developed in response to staff requests for more help on the floor during a time when there is a critical shortage of nurses and nursing assistants across the nation. There just are not enough licensed healthcare workers to fill patient care roles across the entire industry, including at hospitals and in skilled nursing and at-home care.

"The US will need to hire 2.3 million new health care workers by 2025 in order to adequately take care of its aging population." CNN Report, May 2018

At CHCC, hospitality aides assist nurses and nursing assistants with non-direct patient care tasks — transporting patients, making beds, tidying patient rooms, stocking gloves, serving refreshments — which makes it possible for the nurses and nursing assistants we have to spend more time doing the higher-level work they are trained to do. That's good!

CHCC's board of directors and management team see this role as a positive, proactive solution to a staffing challenge that will be in our industry for a few more years.

Today, hospitality aides play an important part in the high level of care our patients and residents receive here. The positions filled quickly when we have openings. We have learned that this role is popular for people who wanted to work in Lynden and start a career in healthcare. Offering hospitality aide roles at CHCC is good for our residents and it's good for our community.

Kari Heeringa, human resources manager



Policy Refresher: Antipsychotic Medication Use, Part 2

In the last issue of The Pulse we covered items 1 through 7. Below, you'll find the policy statement along with items 8 through 10 for your perusal. Please read through this information to keep it top-of-mind. Thank you!

Policy Statement. Antipsychotic medications may be considered for residents with dementia but only after medical, physical, functional, psychological, emotional, psychiatric, social and environmental causes of behavioral symptoms have been identified and addressed. Antipsychotic medications will be prescribed at the lowest possible dosage for the shortest period of time and are subject to gradual dose reduction and re-review.

Policy Interpretation and Implementation

8. Diagnoses alone do not warrant the use of antipsychotic medication. In addition to the above criteria, antipsychotic medications will generally only be considered if the following conditions are also met:
 - a. The behavioral symptoms present a danger to the resident or others; AND:
 - 1) The symptoms are identified as being due to mania or psychosis (such as auditory, visual, or other hallucinations, or delusions, paranoia or grandiosity); or
 - 2) Behavioral interventions have been attempted and included in the plan of care, except in an emergency (see below).
9. In the case of an emergency situation (that is, an acute onset or exacerbation of symptoms or immediate threat to the health or safety of a resident or others) related to one or more of the above conditions or diagnoses, the use of antipsychotic medications must meet the following additional requirements:
 - a. The acute treatment period is limited to seven days or fewer; and
 - b. A clinician, in conjunction with the interdisciplinary team, must evaluate and document the situation within seven days to identify and address any contributing and underlying causes of the acute psychiatric condition and verify the continuing need for antipsychotic medication; and
 - c. Pertinent non-pharmacological interventions must be attempted, unless contraindicated, and documented following the resolution of the acute psychiatric situation.
10. For enduring psychiatric conditions, antipsychotic medications will not be used unless behavioral symptoms are:
 - a. Not due to a medical condition or problem (e.g., headache or joint pain, fluid or electrolyte imbalance, pneumonia, hypoxia, unrecognized hearing or visual impairment, medication side effect, or polypharmacy) that can be expected to improve or resolve as the underlying condition is treated or the offending medication(s) are discontinued; and
 - b. Persistent or likely to reoccur without continued treatment; and
 - c. Not sufficiently relieved by non-pharmacological interventions; and
 - d. Not due to environmental stressors (e.g., alteration in the resident's customary location or daily routine, unfamiliar care provider, hunger or thirst, excessive noise for that individual, inadequate or inappropriate staff response, physical barriers) that can be addressed to improve the psychotic symptoms or maintain safety; and
 - e. Not due to psychological stressors (e.g., loneliness, taunting, abuse), or anxiety or fear stemming from misunderstanding related to his or her cognitive impairment (e.g., the mistaken belief that this is not where he/she lives or inability to find his or her clothes or glasses) that can be expected to improve or resolve as the situation is addressed.



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Curious what's happening at Northwest Adult Day Health & Wellness Center?
Like our Facebook page to learn about the program and continuing education opportunities: [fb/northwestADH](https://www.facebook.com/northwestADH).



ASK US ANYTHING!

Have a question about CHCC? Jot it down and drop this slip in a break room comment box. We'll share answers in the Q&A column in this newsletter.



Our recent blood drive was attended by 23 people, and seven were first-time-donors! The blood that was donated that day will help approximately 57 individuals. How great is that?!

Here's one of our nursing assistants, Kaitlyn, doing her part.

If you couldn't make it to our mobile donation day, you can stop by the Bellingham location of Bloodworks Northwest: bloodworksnw.org/donate/locations/bellingham

PERSONAL PREPAREDNESS IN 28 DAYS—PART 5

Personal preparedness is important for everyone, especially healthcare workers who will be tasked with providing care to others in crisis situations. In recent issues of The Pulse, we shared tips 1 through 8. In this issue we'll cover tip 9.

9. Let others know "I'm OK" when all communications are down. How do you let others know you are OK if you can't call? A worried family or friend who can't reach you still wants to know if you are all right. Letting family and friends know you are OK will reduce worry.

Take action! Survivor registries such as The Red Cross 'Safe and Well' (<http://bit.ly/iLLS9q>) website help families and friends re-establish contact with loved ones after they have been separated because of a disaster. Discuss how you would notify your extended family that you are OK. Familiarize yourself, your family and your out-of-town contact with the site.

This info is presented by Northwest Healthcare Response Network.



Wilda Rouse Welcome to CHCC a great place to work.

We have new dining room assistants!

Say hello to the latest graduates of our dining room assistant training program. Right to left: Korrinna, Bailey, April, Adrianna, and Kaitlyn. We're so glad you're here, and so are our residents.

