



August 2018, Issue 1

Greetings, CHCC team members!

This year, CHCC is participating in Safe + Sound Week, which has been organized by the Occupational Safety and Health Administration.

This nationwide event — Aug. 13 through 17 — was designed to raise awareness of the value of safety and health programs at work and to get people thinking about proactively identifying and managing workplace hazards *before* they cause injury or illness. That's a great goal, right?

Of course, the health and safety of all who live and work here is important! Participating in Safe + Sound Week will help us raise awareness and reenergize our efforts.

Starting Aug. 13, some fun activities related to workplace safety will take place. There will be a bit of friendly competition and a prize (with bragging rights!) for the winning team.

Full details will be shared closer to the start date. The week will be fun and informative!

Tonja Myers, Administrator



AUG. 8 IS NATIONAL HEALTH DAY



You can skip packing a lunch on Aug. 8; a salad bar will be set up in the break room for you.



Let's take a moment to recognize that CHCC is fully staffed in the nursing department for the first time in a very long time! Thank you for referring nurses to work here and for helping them get acclimated. Thank you to the board for approving wage increases earlier this year, and thank you to HR for their diligent work to recruit and interview the new hires.



Help others learn about job openings, volunteer opportunities, donation requests and more. It's easy! Just like CHCC's Facebook page and then like or share our posts with your friends and family: fb/christianhealthcare.

HEALTH WATCH: WILDFIRE SMOKE

Washington State Department of Health has released this news statement:

Breathing smoke isn't good for anyone, but some people are more likely to have health problems when air quality isn't good. Sensitive groups include children under 18 and adults over 65, people with heart and lung diseases, people with illnesses and colds, people who have had a stroke, pregnant women and people who smoke. These people should especially take care to reduce exposures by limiting outdoor activity and staying indoors with cleaner air when it's smoky outside.

Symptoms from exposure to smoky air can range from minor to life-threatening and include watery or dry eyes, coughing or wheezing, throat and sinus irritation, phlegm, shortness of breath, headaches, irregular heartbeat and chest pain. People experiencing serious symptoms should seek medical attention immediately.

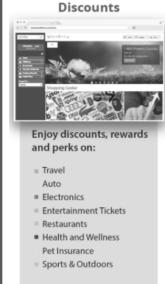
Take these steps to reduce the impact of summer wildfire season:

- Check <u>wasmoke.blogspot.com</u> for air quality reports and a list of current fires in our area.
- Make sure individuals with medical conditions impacted by smoke have the medications they will need to reduce symptoms.
- Buy a portable air cleaner with high-efficiency HEPA filter.

REMINDER. We have a little free pantry at CHCC. If you find that you need just a little extra help this month due to unplanned expenses that got in the way of buying groceries, the employee pantry is available as a resource. Just stop by the classroom kitchen cupboards and help yourself! We also accept non-perishable donations to the little free pantry; these can be dropped off anytime.

WORK PERKS

leadingagewa.benefithub.com/





Compare health plans
 Select Voluntary Benefits

Gain from financial tools
 Access HR resources

Company Resources

Benefit Communications

Financial Resources



Benefit from great financial resources like:

Shop Zebit's online marketplace with an interest-free credit line of up to \$2,500.

No credit check

No membership fees

No interest

 Pay over time
 Shop millions of brands at retail prices CHCC is a member of LeadingAge Washington — a state trade association serving not-for-profit and mission-driven skilled nursing centers like ours.

They recently launched a "Member Benefit HUB" that CHCC team members can take advantage of. Simply log in to the link above, create your account and enter our referral code: RECBNE.

You'll find a wide variety of discounts, rewards, cash back, travel discounts, financial resources and more – all in one place.



Please help us say THANK YOU to a recent **Shining Star**, Lisa R!

Lisa has served CHCC residents and patients since 2011. She is an LPN and a team leader. What we love about Lisa is that she is flexible and willing to transition to wherever she is needed. She stepped up when we were experiencing a shortage of nurses and took on more shifts -- such a blessing! She also made a suggestion for improving CHCC's tuition reimbursement program for staff, which has now been revised. On top of all that, Lisa is also so kind to our patients and has excellent clinical skills.

Lisa, you are a SHINING STAR to us. Thank you for being a part of our care team.



Mary Reynolds Well deserved!

PERSONAL PREPAREDNESS IN 28 DAYS-PART 8

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 12. Here is one more!

13. What about personal care, medications and first aid? How will you provide for the unique personal care needs of your family members during a disaster? Do you or family members wear glasses, contact lenses, or take prescription medication daily?

What about personal sanitation needs for different family members? Planning ahead will mean you aren't scrambling to get medications or medical supplies, but remember to rotate them, as they can expire.

Take action! Compile first aid supplies, personal care items and medications that each family member will need during a disaster and add those items to your emergency kit. FEMA offers a disaster kit checklist at https://bit.ly/iXRjjaO.

This info is presented by Northwest Healthcare Response Network.

Emily Weber You are an amazing nurse Lisa

Taking YOUR Pulse

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.

WELCOME TO CHCC







Good news! These four individuals recently became members of CHCC's care team. Please help us welcome them during the onboarding phase. We so very glad that they are here!

Left to right: Al and Zandra are NACs; Joyanna is an RN!

Policy Refresher: Side Rails. Keeping up with policies and guidelines that our care center must abide by takes an "all hands on deck" approach. We are mandated as individuals and as teams to know and follow these rules. Please take a moment to read through this information and ask your supervisor any questions that may come up.

Policy Statement. Physical restraints are defined by the Centers for Medicare and Medicaid Services (CMS) as any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body. (Note: The definition of restraints is based on the functional status of the resident and not on the device, therefore any device that has the effect on the resident of restricting freedom of movement or normal access to one's body could be considered a restraint.)

General Guidelines

- 1. Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). (Note: The side rails may have the effect of restraining one individual but not another, depending on the individual resident's condition and circumstances.)
- 2. The use of side rails as restraints is prohibited unless they are necessary to treat a FUN FACT: Sometimes all you resident's medical symptoms.
- 3. Side rails may be used to assist in mobility and transfer of residents.
- 4. An assessment will be made to determine the resident's symptoms or reason for using side rails. When used for mobility or transfer, an assessment will include a review of the resident's:
 - a. Bed mobility; and
 - b. Ability to transfer between positions, to and from bed or chair, to stand and toilet.
- 5. The use of side rails as an assistive device will be addressed in the resident care plan.
- 6. Less restrictive interventions that will be incorporated in care planning include:
 - a. Providing restorative care to enhance abilities to stand safely and to walk;
 - b. A trapeze to increase bed mobility;
 - c. Placing the bed lower to the floor and surrounding the bed with a soft mat;
 - d. Providing frequent staff monitoring at night with periodic assisted toileting for residents attempting to rise to use the bathroom; and/or
 - e. Furnishing visual and verbal reminders to use the call bell for residents who are able to comprehend this information.
- 7. Documentation will indicate if less restrictive approaches are not successful and orders to apply and monitor the use of side rails.
- 8. The use of side rails will be evaluated in terms of risks and benefits for each individual resident.
- 9. Informed consent for the side rail will be obtained from the resident or legal representative. Potential negative outcomes and benefits will be discussed with the resident and/or legal representative. (Note: Written consent for the use of restraints is not required by federal regulations. Signed consent forms do not alleviate the facility from meeting the requirements for restraint use, including proper assessment and care planning. The resident or family (representative) may request a restraint; however, the facility is responsible for evaluating the appropriateness of that request.)
- 10. The resident will be checked frequently for safety.
- 11. If side rails are associated with a decline in function or symptoms of distress, such as screaming or agitation, the resident's needs will be reassessed.
- 12. When side rail usage is appropriate, the facility will assess the space between the mattress and side rails to reduce the risk for entrapment, prior to installation. Ensure the bed's dimensions are appropriate for the resident's size and weight.
- 13. Side rails with padding may be used to prevent resident injury in situations of uncontrollable movement disorders, but they are still restraints if they meet the definition of a restraint.
- 14. Designated facility staff will use judgment in assessing the resident's risk for injury due to neurological disorders.
- 15. For residents who have been restrained by side rails, the process to reduce the use of side rails as restraints will be systematic and gradual (e.g., lessening the time the bed rail is used while increasing visual and verbal reminders to use the call bell).



need is a smile and a little

splash of color to brighten