



The PULSE



NORTHWEST ADULT DAY HEALTH
& WELLNESS CENTER

July 2018, Issue 2

Greetings, CHCC team members.

By now you will have heard about the impending closure of Northwest Adult Day Health & Wellness Center, which has operated under Christian Health Care Center's direction since January 2015.

As NWADH manager Mary Faber Wynstra and I shared in letters to you all and in a public media release that went live on July 12, the closure is due to economic challenges in our industry. We were also struggling to enroll the high number of clients the program needed to be a viable business.

The full media release is published at nwadultdayhealth.com/news.



Medicaid reimbursement rates were not increasing nearly as fast as operating expenses were increasing. It was a tough decision that was fully explored by myself and CHCC's board of directors before being made.

Since the news went public, I, along with CHCC's human resources department, have met with each NWADH team member to explore options for employment after their time at adult day health. Some are choosing early retirement, some have already found other employment, some are looking for roles closer to their homes in Whatcom County, some will transition to roles at our care center.

As a few members of the NWADH team return to work at CHCC — some have been here before! — please join me in welcoming them. Their eldercare experience and passion for care will be a wonderful asset here.

A number of people have inquired about what will happen to clients who were served by the adult day health program. If anyone asks you that question, you can reassure them that NWADH staff are working diligently to help connect their clients with other resources in the community.

Some clients may move to assisted living, some may receive services at home, some may explore adult family home living. NWADH, along with Northwest Regional Council in Bellingham — our area hub for social services — are speaking with families and helping them explore options.

We are all working together to finish strong; we are focused on helping individuals, families and NWADH staff right to the end!

Patrick O'Neill, CEO



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PERSONAL PREPAREDNESS IN 28 DAYS—PART 7

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 11. In this issue we'll cover tip 12.

12. Water, water everywhere... but not a drop to drink! Having a supply of clean water for drinking, cooking and hygiene is vital during an emergency.

Assume a minimum of one gallon per person, per day. For each gallon of water, assume you will need two quarts for drinking and two quarts for food preparation and sanitation.

Don't risk dehydration by rationing water, especially for pregnant women, those who are sick, the young, or the elderly.

Take action! Figure out how much water you will need for your family during a disaster. Remember to plan for seven to 10 days. Review these resources for information on preparing an emergency water supply, storing water, how to find 'hidden' water in your home, and how to make water safe:

- FEMA and Red Cross Food and Water in an Emergency (<http://bit.ly/2aM6ySa>)
- CDC Personal Preparation and Storage of Safe Water (<http://bit.ly/2b8E4kY>)

This info is presented by Northwest Healthcare Response Network.

MANDATORY MEETINGS!

There is a mandatory licensed nurse meeting on July 24. Licensed nurses are asked to attend a meeting at one of these three times:

7 a.m. — 5 p.m. — 6 p.m.

A mandatory nursing assistant training session takes place on July 25. Meeting times are at 7 a.m., 1:30 p.m. and 2:30 p.m.

See you then/there.

Ruth Chappie



Ruth Chappie joined her husband, Leo Chester Chappie on Friday morning, June 29, 2018. She leaves behind her daughter, Laura Lorraine, son-in-law, Albert Frederick, grandsons Albert Brian and Leo Kyle, granddaughter, Tayler Belle, and great-grandsons, Leo Scott and Elliott Tayler. The Beede Family requests that any donations be made to the Christian Health Care Center, specifically the Cedar Cove Unit, in Lynden, Washington, where the residents, family members, and capable staff all cope with Dementia and Alzheimer's Disease on a daily basis. We stand in awe of that facility's energy, patience and capacity to care so lovingly for those in need. Friends and Family are welcome to celebrate Ruth's Life and Times with us on October 27, 2018 at 2:00pm which would have been her 95th birthday, at the Beede Residence, 3132 Black Jack Trail, Sedro Woolley, WA 98284. Please visit the online guest book at www.molesfarewelltributes.com

KUDOS

The staff (extended family) here in Cedar Cove are so honored to have been able to share this chapter of life together with Mrs. Chappie. We are forever thankful for you.

~ Josh Friesen, Lynden, Washington

Kudos to Josh for sharing such kind words on Mrs. Chappie's guest book. So many of you are extended family for our wonderful residents. That means something.

Policy Refresher: Antipsychotic Medication Use, Part 4 of 4

In previous issues of The Pulse we covered items 1 through 11. Below, you'll find the policy statement along with item 12 through 18 (the end!) 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

12. All antipsychotic medications will be used within the dosage guidelines listed in F-tag, or clinical justification will be documented for dosages that exceed the listed guidelines for more than 48 hours.
13. Residents will not receive PRN doses of antipsychotic medications unless that medication is necessary to treat a specific condition that is documented in the clinical record.
14. The need to continue PRN orders for antipsychotic medications beyond 14 days requires that the practitioner document the rationale for the extended order. The duration of the PRN order will be indicated in the order.
15. PRN orders for antipsychotic medications will not be renewed beyond 14 days unless the healthcare practitioner has evaluated the resident for the appropriateness of that medication.
16. The staff will observe, document, and report to the attending physician information regarding the effectiveness of any interventions, including antipsychotic medications.
17. Nursing staff shall monitor for and report any of the following side effects and adverse consequences of antipsychotic medications to the attending physician:
 - a. General/anticholinergic: constipation, blurred vision, dry mouth, urinary retention, sedation;
 - b. Cardiovascular: orthostatic hypotension, arrhythmias;
 - c. Metabolic: increase in total cholesterol/triglycerides, unstable or poorly controlled blood sugar, weight gain;or
18. Neurologic: Akathisia, dystonia, extrapyramidal effects, akinesia; or tardive dyskinesia, stroke or TIA. The physician shall respond appropriately by changing or stopping problematic doses or medications, or clearly documenting (based on assessing the situation) why the benefits of the medication outweigh the risks or suspected or confirmed adverse consequences.

WELCOME TO CHCC



Hooray for new team members to help us care for our lovely residents and patients!

Left to right: Sydney and Jody are NACs; Ofa recently passed her state board exam so she is now an RN! Elise is a dining room assistant; Kristy is an RN.

