Since April 1997, eleven sentinel events have been received and reviewed by the Joint Commission related to home health care patients who were either injured or killed as a result of a fire in the home. These home care patients were receiving supplemental oxygen service, and, in each case, the patient was over the age of 65. Several risk factors for home care related fires have been identified through an intensive analysis of these sentinel events; these risk factors include 1) living alone, 2) lack of smoke detectors or presence of non-functional smoke detectors, 3) cognitive impairment, 4) an identified history of smoking while oxygen is running, and 5) flammable clothing. These home care sentinel events resulted in the death of seven patients and the loss of function or permanent disfigurement for four other patients. Cigarette smoking was determined to be a contributing factor in each of these cases.

**ROOT CAUSES IDENTIFIED**

In the eleven cases studied, the home care organizations have identified various root causes that are thought to have contributed to these sentinel events involving fires in the home. These root causes encompass patient care processes, the caregivers, the environment of care, and communication factors. With relation to patient care processes, more than one-third of the cases involved inconsistent identification of smokers and missed reassessment visits. In 18 percent of the cases, organizations determined they lacked a sufficient process for considering the termination of services to patients who persistently refuse to comply with prescribed precautions.

In assessing caregivers, nearly three-quarters of the cases identified that caregivers needed to increase their emphasis on home safety, while 45 percent of cases identified incomplete orientation processes for new staff. More than one-third of the cases found that caregiver training was not coordinated among the health care providers.

Assessments of the environment of care revealed that in 55 percent of the cases, there was no process in place for testing the smoke alarms, and in 36 percent of the cases no home safety assessment process was in place. In 18 percent of the cases, there was no identified plan or testing for evacuation in the event of a fire.

Finally, the home care organizations identified a number of communication factors including failure to notify the primary care physician when a patient was noncompliant (73 percent); weak communication between home care providers, for example, between home health nursing service and oxygen equipment provider (55 percent); and delayed reporting of hazardous conditions to the home care management team.

**RISK REDUCTION STRATEGIES**

A variety of risk reduction strategies have been identified by the home care organizations involved in these home sentinel events. These strategies are in three primary areas: people-focused actions, process redesign, and environment/equipment redesign. In the first area, 45 percent of the organizations recommended improved staff training and orientation, especially with regard to identifying smokers and managing their care. Other recommendations included appointing a fire safety specialist or trainer and involving the fire department in employee and patient education activities.

Regarding process redesign, 64 percent recommended procedures for notifying the physician when a patient is noncompliant and 55 percent recommended procedures to improve communication between health care providers. Other suggestions included providing patients with smoking cessation information and assistance and involving the home care organization’s Ethics Committee in reaching a decision to terminate home care services to non-compliant patients.

Finally, 55 percent of organizations recommended procedures for obtaining, testing and locating smoke detectors in the home; while 36 percent recommended procedures for home safety assessments. The development of evacuation plans and fire drill procedures were also suggested.

**EXPERTS’ RECOMMENDATIONS**

Burton Klein, P.E., president of Burton Klein Associates, a firm specializing in health care electrical and fire safety issues, and a former health care fire protection engineer with the National Fire Protection Association, advises that home care organizations develop a thorough home safety assessment process that includes a review of electrical and gas systems, and the functioning of medical equipment. Local fire departments should also be involved in the assessment as appropriate. “It is important to include safety steps such as ensuring that the oxygen tanks are stored properly away from sunlight and heat, and making sure signs are posted advising firefighters that oxygen is in use.” He also recommends a thorough evaluation of each patient’s ability to communicate in order to identify patients who may have difficulty understanding verbal or written instructions. The evaluation should also include an assessment of the patient’s sight and their ability to use equipment as intended by the manufacturer.

Scott Bartow, M.S., R.R.T., F.A.A.R.C., who represents the American Association of
Lessons Learned: Fires in the Home Care Setting  Continued from page 1

Respiratory Care on the Joint Commission’s Home Care Professional and Technical Advisory Committee and is the director for Performance Home Medical Equipment, Ft. Worth, TX, recommends increased emphasis on initial and ongoing education and training for patients, family and other health care providers. “It requires training and practice to become competent in recognizing and responding to potential hazards,” Mr. Bartow says. “Ongoing training is critical as environments, personnel and situations are in a constant state of change.”

Published for Joint Commission accredited organizations and interested health care professionals, Sentinel Event Alert identifies the most frequently occurring sentinel events, describes their common underlying causes, and suggests steps to prevent occurrences in the future.

Please route this issue to appropriate staff within your organization. Sentinel Event Alert may only be reproduced in its entirety and credited to The Joint Commission.

On November 7th, 2010, we will end daylight savings time. This is a reminder to check all fire alarms and replace the batteries. At the same time you should review the emergency plans with your clients and make sure they are prepared for any emergency. If you need assistance, you can access our YouTube Channel (http://www.youtube.com/user/amerhomehealth) for a video on emergency preparedness.§

Open Enrollment 2011

Due to a substantial increase in insurance rates with Blue Cross Blue Shield, we are performing an extensive market analysis in an effort to obtain the most comprehensive and affordable Medical insurance program for our staff.

Anyone who wants Medical insurance for the 2011 plan year through AHHC must complete the enrollment forms sent to each full time employee on October 28th, 2010. You must indicate what dependent coverage type you want for the next 12 months (i.e. employee only coverage, employee + spouse coverage, employee + child(ren) coverage, or full family coverage). Anyone waiving Medical coverage for the 2011 plan year through AHHC will need to complete the waiver section located on the enclosed forms.

For those enrolling, it is not necessary to choose which plan you want at this time (i.e. HMO, PPO HSA, or PPO); right now, we only need you to inform us if you want to enroll or waive coverage for the 2011 plan year.

Please note that if you elect to waive coverage at this time, you are choosing to waive AHHC’s coverage for the next 12 months and you will not be able to enroll for coverage until our next policy anniversary, January 1, 2012. Please take this enrollment election seriously. Likewise, if you fill out the enclosed application forms as enrolling for coverage, you will be obligated to enroll in one of the plans (Blue Cross Blue Shield, Humana, or United Health Care).

All forms must be returned by November 3, 2010 regardless of if you are enrolling or have decided to waive.

In order for us to get rate quotes from other carriers, Humana and United Health Care, we must submit enrollment forms with medical histories. Please complete and return BOTH forms.§

Nursing Talk

SOLVING A MYSTERY

Dear Cassandra:

Two years ago I got my nursing license at Joliet Junior College. I have been working in a home for the visually impaired, and I have experience with trachs, g-tubes, and vents. I am interested in pediatric private duty.

I am tatted out and have a tramp stamp. I have rings in my pierced eyebrow, nose, and navel, and a stud in my tongue. My hair is orange, red, green, and purple. I think I have a great body and badonkadonk. I like to wear tight clothes and show lots of cleavage. My jewelry box is filled with bling. I spend hours each day on my crackberry during breaks at work, while driving, while eating. I have to keep in touch with my peeps.

I have orientated on several cases. However, the parents seem reluctant to let me work with the children. They have told the scheduler that they do not feel comfortable with me. Do you think my appearance can be affecting the way the parents are reacting to me? What can I do?

Tatted Out in Tinley Park

Dear Tatted Out,

First, let me try to decode your letter and get a mental picture of you. Your body is covered with tattoos, and you have a special tattoo on your lower back. When you are wearing low-riding jeans and a short t-shirt, that tattoo can be seen. You like to wear sparkly, gaudy jewelry, and you have multiple piercings. You wear low cut blouses showing lots of cleavage, and your jewelry box is filled with bling. I spend hours each day on my crackberry during breaks at work, while driving, while eating. I have to keep in touch with my peeps.

You wear low cut blouses showing lots of cleavage, and you think you have an attractive derriere. You are constantly sending e-mails, tweets, and text messages on your digital device such as a Blackberry or phone. You feel you must stay in constant contact with your people, your closest friends or family.

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Customer Service for Nurses & Everyone

When customers call on the phone or when a staff member visits the client, we are provided with a tremendous opportunity to reinforce and grow the relationship. It makes good (clinical and economic) sense to take the extra time and effort to make these contacts as meaningful and service oriented as possible. Attention to customer service will go a long way in helping you to satisfy your customers and make them feel as if they are truly special.

1. Always tell your customer what you CAN do for them. Don’t begin your conversation by telling them what you CAN’T do.
2. Allow irate customers to vent. Do not interrupt them or start to speak until they have finished having their say.
3. Diffuse anger by saying “I’m sorry” or “I apologize.”
4. Use your customer’s name at different points in the call or conversation.
5. Make certain that your “solution” to the customer’s problem is acceptable to them. Get their approval and agreement.
6. Always conclude each call, conversation and visit with a “Thank you” or a verbal message of appreciation for their business.
7. Make certain that your tone of voice is in sync with your words. Remember, your tone of voice can completely contradict your message.
8. Listen attentively! There is nothing worse than asking an irate or troubled customer to REPEAT what they have just said.

9. Go the extra step by following up on your solution. Re-contact the customer to make certain that everything has been handled in a satisfactory manner, and they are pleased with the outcome.
10. Remember to ask if there is anything else that you can do for your customer. Taking the time to ask the question often results in increased business, a more satisfied and committed customer.
11. Always work as a team. Never point a finger at another staff member or place blame on someone else. The client doesn’t want to place blame. They just want their problem solved.
12. Do not speak about other clients. The only client you have when speaking to a client is them.
13. Always be respectful of their property and home. You are a guest, not a family member.

Scheduling Corner

Communication Books

The purpose of the communication books in the home of our Private Duty Clients is to improve communication amongst caregivers. It may be used by anyone, but is not intended to be used as your clinical documentation. It is intended to be used for pertinent information affecting the care and safety of the client. For instance, it could include a summary of an MD appointment; a heads up that the client has some subtle changes such as the beginning signs of an infection or other problems or concerns you may have about the client; new orders or recommendations from therapists, etc. The parents may use it if they have some specific direction for the nurses.

Emergency Line

When calling the Emergency Line, please speak clearly. Also, please remember to leave your name, phone number, and, if possible, the name of the client involve.

Do I think your appearance can be affecting the way client’s parents react to you? Fo’shizzle (certainly). The parents are entrusting the care of their child to the nurse. Right or wrong, they are not comfortable with you based on what they see. They interpret it as rebellion, not professionalism. You are defying or resisting the established convention and tradition.

Rebellion has been a pattern in the youth of every generation. In the 1950’s, the most outrageous thing a teenage boy could do was to go to school with his shirt hanging out. In the 1960’s, college students drove their parents crazy by wearing dirty white tennis shoes with holes in them. In the late 1960’s, straight young men started wearing blue, green, orange, even pink dress shirts with their suits. IBM demanded that its male employees continue to wear traditional white dress shirts. In the 1970’s, rebellious young men had long hair, especially dirty, stringy, long hair. In the 1990’s, teenage girls had six or seven piercings going from the piercing in your tongue. Wear less revealing clothing. Save the outrageous hair color for the weekend. Leave your BlackBerry/phone at home or in your purse. Focus on the care of the child.

These communications are not to be used to belittle or chastise other caregivers. Those types of communication are to be taken up with the individual or with your nursing supervisor.

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Tobacco Use: Smoking
Millions of people in the US still smoke

The decline in smoking has stalled in the past five years.
• In 2005, about 20.9% of adults smoked cigarettes. In 2009 about 20.6% smoked.

Some groups smoke more.
• More men (nearly 24%) than women (about 18%) smoke.
• Nearly 30% of multiracial adults and 23% of American Indian/Alaska Native adults smoke.
• Smoking rates are higher among people with a lower education level. For example, nearly 1 in 2 of all US adults who have a GED smoke; only around 6% of people with a graduate degree smoke.
• About 31% of people who live below the poverty level smoke.

Although the number of teenagers in the US who smoke continues to drop year after year, progress is slowing.
• In 1997, about 36% of high school students smoked cigarettes.
• Between 1997–2003, the rates of smoking among high school students dropped from 36% to about 22%. However, between 2003 to 2009, declines slowed from 22% to 20%. The slowing decline in teen cigarette use suggests that smoking and all the health problems related to smoking will continue as teens become adults.
• In 2009, nearly 1 in 5 high school students (20%) still smoked cigarettes. Monitoring teen smoking is important because most adult smokers (about 80%) began smoking before the age of 18.

States and regions in the US have different smoking rates.
• Utah has the lowest smoking rate; fewer than 10% of adults in Utah smoke cigarettes.
• Kentucky and West Virginia have the highest smoking rates; nearly 26% of adults smoke in both states.

Smoking can damage every part of the body

- Cancers
• Head or Neck
• Lung
• Leukemia
• Stomach
• Kidney
• Pancreas
• Colon
• Bladder
• Cervix

- Chronic Diseases
• Stroke
• Blindness
• Gum infection
• Aortic rupture
• Heart disease
• Pneumonia
• Hardening of the arteries
• Chronic lung disease & asthma
• Reduced fertility
• Hip fracture

Smoking in the US needs to be reduced.
• About 1 in 2 adults who continue to smoke cigarettes will die from smoking-related causes.
• Health reform is expected to help increase smokers’ access to services and treatments that help people quit. This could help more smokers quit and may result in fewer adult smokers in the US.

- Medicare now covers support for quitting services for smokers.
- By 2015, an estimated 5 million fewer people would smoke if all states funded their tobacco control programs at CDC-recommended levels. States such as Maine, New York, and Washington have recently seen youth smoking go down 45% to 60% with sustained comprehensive statewide programs.

Source: www.cdc.gov
http://cdc.gov/vitalsigns/TobaccoUse/Smoking/LatestFindings.html
http://cdc.gov/vitalsigns/TobaccoUse/Smoking/Risk.html

Nursing Talk

If you think this is unfair, get used to it. If you want to play in the games of the adult world, you have to follow the rules of the game.

Cassandra

We invite you to submit questions for this column. E-mail edward.lara@ahhc-1.com.

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