



THE CORRIDOR GROUP, INC.

CHEX eLetter

VOLUME 1, ISSUE 10

QUARTER II 2008

A Word from Debbie Scholl...

We are all happy in Kansas with our National Champion basketball team and that the long cold and snowy winter is over! It is exciting to see green grass, flowers and leaves sprouting again.

Spring turns our hearts to home care conferences! We will have folks at the TCG booth during the NHPCO, SW Regional, VNAA and CAHSAH meetings. I am pleased to be presenting at the CAHSAH Annual Meeting with Maggie Gerk from Hospice of the East Bay, one of our CHEX clients. Come and hear us on May 7th in Palm Springs and voice your comments about how you are using CHEX!

Several of our CHEX courses have undergone some "spring cleaning" and will be posted this quarter. The current patient safety course will be replaced with a new and expanded course, **Patient Safety for Home Care**. Four of the home care and hospice courses have been "jazzed" up by our own Jerry Schwarz, Creative Technology Specialist. We think you will find them more entertaining and fun. Consider adding **Quality Improvement: It's Everyone's Job** to your learners' required education.

Keep checking www.corridorgroup.com for the unveiling of our new CHEX website! We would love to hear your feedback on the new look and ways we can make it a better resource for you. Our plans are to add a message board to so you can chat with current and potential CHEX customers.

I am looking forward to talking with all of you and introducing Sheryl Jones, our new Product Development Specialist, at our next Users Group Meeting on April 24th. She has been busy writing and editing CHEX offerings and she is anxious to tell you the plans for our new third quarter courses.

As always, we are available to answer your questions and listen to your comments, suggestions and concerns. Call Laurel Stith, CHEX Coordinator, or Debbie Scholl, Managing Director of Education, at 913-362-0600 or e-mail to lstith@corridorgroup.com or dscholl@corridorgroup.com.

Deborah Z Scholl, RNC

A Word from Sheryl Jones...

I am excited to have the opportunity to work with TCG and to assist our clients in meeting their home care regulatory requirements by utilizing CHEX eLearning and other TCG education products. I have a background as a Registered Dietitian with 15 years experience in home health care, and have previously worked as the regulatory affairs director at a large VNA.

Since starting with TCG, I have been busy developing new CHEX courses as well as refinements to our policies and procedures manuals and other materials. Starting in April, we will be releasing updates for our policies and procedures manuals on a quarterly basis. Contact me or Laurel Stith at 913-362-0600 if you have any questions regarding manual updates or any of our products.

I would love to meet you, so please stop by Booth #506 at the Southwest Regional Conference or Booth #214 at the VNAA Conference and we can chat!

Sheryl Jones

Product Development Specialist

Welcome New Clients!!!

- *Encompass*
- *Hospice Services of Lake County*
- *Triune Home Health Provider, Inc.*

Scheduled CHEX Black-Out Dates

Maintenance will be performed on the site one Sunday a month and the site will be unavailable from 8AM to 6PM.

- May 4
- June 1
- July 13
- August 3
- September 7
- October 5
- November 2
- December 7

Understanding Infection Control

Tim Hogan, RRT, PhD

There are things about the science of infection control that are important and universal. We know how most infections are spread. We know that some people are more susceptible to infections than others. Finally, we know how to reduce the risk, or, in some cases, prevent infections from spreading.

High school biology taught us about the infection triangle. The three things that need to be linked together to create an infection are the infectious microorganism (germ), the susceptible host (patient or personnel) and transmission (spread of the germ) to a susceptible host. All of these elements must be present for an infection to occur.

The transmission of the germ to the patient or employee can occur through one of five basic ways: direct contact, indirect contact, droplet, airborne or common vehicle transmission¹.

Direct Contact: Physical transfer of germs to a susceptible host by body surface-to-body surface contact. Most often associated with bloodborne or sexual contact, this can also occur during patient care activities like turning or bathing.

Indirect Contact: Contact of a susceptible host with contaminated hands or object. Indirect contact occurs when personnel do not wash their hands between patient visits or when contact is made with a contaminated personal item, such as soiled clothing or bedding.

Droplet Contact: Nasal, oral or conjunctival (membrane that lines the eyelids) mucosa comes in contact with relatively large droplets containing germs from an infected person that is close by, usually within three feet. Germs can spread through the air through an unprotected cough, sneeze or talking—from a patient to personnel and vice versa.

Airborne Transmission: Extremely small germs that are suspended in the air or dust enter the respiratory tract. Unlike droplet contact, airborne transmissions are suspended in the air for significant periods of time and spread by environmental air currents. Important examples include tuberculosis, measles and chickenpox, which in the case of active symptoms or a confirmed diagnosis, require personnel to use a protective mask.

Common Vehicle Transmission: Contact with contaminated food, water, medications, devices or equipment. Patients or employees can become infected by coming in contact with contaminated equipment or supplies.

In an effort to reduce the number of nosocomial infection, the Centers for Disease Control developed the following guidelines for hand hygiene². The term “nosocomial” classically means a hospital-acquired infection, but the basics of hand hygiene apply to anyone caring in the home.

Hand washing with soap and water continues to be the most sensible strategy for hand hygiene in non-health care settings. Proper hand washing technique includes washing with soap and water using plenty of lather and friction for 15 seconds or about the time it takes to sing “Happy Birthday!”. Cover all surfaces of the hands, including palms, in between the fingers and under fingernails, the backs of the hands and around the wrists. Remember, bar soap and cloth towels can transmit germs.

Use of alcohol-based hand rubs can address some of the obstacles that health care professionals face when taking care of patients. These hand rubs can significantly reduce the number of microorganisms on skin and are fast-acting. When using an alcohol-based hand rub, apply the product to the palm of one hand and rub both hands together, covering all

surfaces of hands and fingers, until they are dry. Note that the volume of rub needed to reduce the number of bacteria on hands varies by product.

Home care personnel should avoid wearing artificial nails and keep natural nails less than one-quarter inch long if they care for patients at high risk of acquiring infections.

The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. When used correctly, gloves can reduce hand contamination by 70 to 80 percent, prevent cross-contamination and protect patients and home care personnel from infection.

Hand rubs must be washed before and after contact with each patient, just as gloves should be changed between each task performed, such as dressing changes and blood draws.

Use clean non-sterile gloves:

- ◆ if you might come in direct contact with blood or body fluids.
- ◆ when handling visually soiled or contaminated equipment, linens or dressings.
- ◆ as you feel the need for personal protection from getting your hands “dirty.”
- ◆ when you have cuts or sores on your hands that may introduce germs that would set you up for a localized infection.

Home care staff is responsible for correctly using the personal protective equipment provided by your organization. Discuss your agency’s specific policies with your supervisor if you have questions about infection control.

Tim Hogan, RRT, PhD, is an Associate with The Corridor Group, Inc.

- 1 Centers for Disease Control and Prevention, “Guideline for Infection Control in Health Care Personnel, 1998.” Published simultaneously in AJIC: American Journal of Infection Control (1998; 26:289-354) and Infection Control and Hospice Epidemiology (1998; 19:407-3-630)
- 2 Centers for Disease Control and Prevention, Hand Hygiene Fact Sheet

EOL Care of Children with Cancer Improves Florida Hospices and Palliative Care, The Hospice e-News

Q & A

An article that originally appeared in the *Journal of Clinical Oncology* is reported in *Medscape Today*. "Easing of Suffering in Children with Cancer at the End of Life: Is Care Changing?" reports on a study that compared parent surveys and reviewed charts from a control group of children who died between 1990 and 1997, and a group who died between 1997 and 2004. The object of the study was "to determine whether national and local efforts have led to changes in patterns of care, advanced care planning, and symptom control among children with cancer at the end of life."

The *Medscape* article says, "The study shows that children with terminal cancer are receiving care that is more consistent with optimal palliative care. As a result, parents report children are suffering less." Among the findings of the study are the following:

- ◆ In the more recent group, hospice discussion occurred 76% of the time, compared to 54% in the earlier cohort.
- ◆ Hospice discussions were also held earlier—an average of 28 days before death in the control group and 52 days in the later group.
- ◆ Seventy-six percent of the later records showed that palliative care options were discussed, compared to 54% of the earlier records.
- ◆ More parents in the second study felt more pre-

pared during the last months of their child's life and at the time of death.

- ◆ Children in both studies were equally likely "to experience fatigue, pain, shortness of breath, or anxiety." But with the exception of fatigue, children in the later study suffered less from their symptoms.

Dr. Joanne Wolfe, of Boston's Dana-Farber Cancer Institute, participated in both studies. She says, "There has been an improvement, but it's really important that we don't accept the status quo." The original study was the impetus for the formation of the development of the pediatric advanced care team (PACT) at Dana-Farber and Children's Hospital, whose goal is "to help children live as well as possible for as long as possible." Several other pediatric centers have established PACT-like programs, and one innovation noted by Wolfe is the "comfort corner," with a queen-sized family bed in a homelike suite where families can be together.

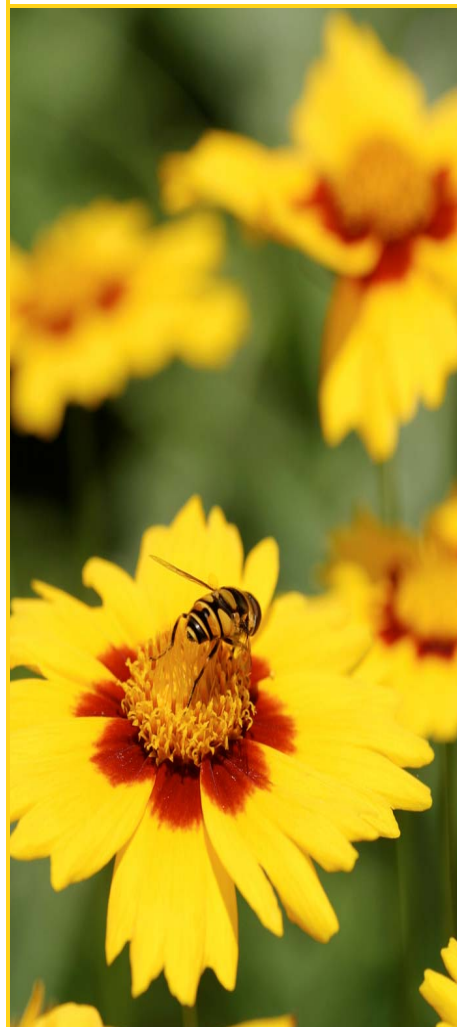
The researchers conclude, "Our results suggest that increased focus on the palliative care needs of children with advanced cancer and their families creates an environment that fosters significantly improved end-of-life care, with parents reporting better preparedness for the end-of-life course and decreased suffering in their children, as well as substantial improvements in advanced care planning."

The original study of children who died between 1990 and 1997 appeared in *NEJM*, 2000; 342: 326-333. The *Medscape* article is online at www.medscape.com/viewarticle/572595. *Medscape* requires a one-time, free registration (*Medscape Today*, 4/4; *Journal of Clinical Oncology*, 2008; 26(10): 1717-1723)

Q. There are two items we cover under mandatory education, Medical Device Reporting and Patient's Rights that I did not see on the education list. Could you let me know if there is education in CHEX covering these two topics?

A. Patient's Rights are discussed in the **Introduction to Ethics** course under Patient Rights/Responsibilities, slides 10-12. The Medical Device Act will be covered in the April updates to the new Patient Safety in Home Care course.

If you have CHEX questions, email them to info@corridorgroup.com or call 913-362-0600.



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“Do the right thing...right”



CHEX Tidbits...

- ◆ The current **Patient Safety** course will be replaced in April with **Patient Safety in Home Care**. The new course will address:
 - National Patient Safety Goals
 - Falls
 - Oxygen
 - Medication Safety
 - Medical Device Act
- ◆ **Quality Improvement: It's Everyone's Job!** will launch in May.
- ◆ CHEX's four home care courses are being updated with more interactivity. The updated courses will be posted later in April.
- ◆ The CHEX User Group will meet on April 24th. Mark the date on your calendar!
- ◆ The topic of our next CHEX Educational Webinar will be Learner Management. We hope you will join us for this discussion on May 14th!

Quotes...

You might be a nurse if...

You can drink a pot of coffee and still go to sleep in the morning.

You've ever referred to other nurses as "Band-Aid Bunnies."

You've ever been telling work stories in a restaurant and had someone at another table throw-up.

You look in your closet and can't find anything non-medical to wear.

You write a patient report and have to translate it to medical records because of all the acronyms in it.

You believe Tylenol, Advil or Excedrin provides a large part of your daily calorie intake requirements.

You've ever had a patient with a nose ring, a brow ring and twelve earrings say, "I'm afraid of shots."

You can think of another 200 examples of "You might be a nurse if..."

CHEX User Groups

- April 24
- July 17
- October 30

*1:00 to 2:30 PM CT

CHEX Educational Webinars

- May 22—Learner Management
- August 13—Reports
- November 12—To Be Announced

*3:00 to 4:00 PM CT



The Corridor Group is a visionary leader for consulting and education for the home care and hospice industries. We are problem solvers and innovators who, through collaboration with our clients and one another, deliver results!