



Newsletter

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Holiday Road Safety



Stay safe on the roads by taking action to protect yourself and your loved ones.

In the United States, motor vehicle crashes are a leading cause of death for people aged 1–54, and more than 37,000 people were killed in crashes in 2016. However, many of these deaths can be prevented. Buckle up, drive sober, and stay safe on the roads this holiday season.

Here are some tips to help keep you and others safe on the road over the holidays:

- Use a seat belt in every seat, on every trip, no matter how short.
- Make sure children are always properly buckled in the back seat in a car seat, booster seat, or seat belt, whichever is appropriate for their age, height, and weight.
- Choose not to drive while impaired by alcohol or drugs, and help others do the same.
- Obey speed limits.
- Drive without distractions (such as using a cell phone or texting).

Child Passenger Safety

Motor vehicle injuries are a leading cause of death among children, but you can make a difference.

Protect yourself and your little ones during

this holiday season.

- Buckle children in age- and size-appropriate car seats, booster seats, and seat belts—these reduce the risk for serious and fatal injuries in a car crash by more than half.
- Children are safest when car seats and booster seats are used correctly. Buckle children in the right way in the right seat and learn how to avoid the most common mistakes.
- Remember that children aged 12 and under should be properly buckled in the back seat.
- Set a good example by always wearing a seat belt yourself.

Teen Driver Safety

If you have a teenage driver in your family, take advantage of our resources that identify ways to help your teen stay safe on the road.

- Understand the leading causes of teen crashes and injuries, from nighttime driving to not using seat belts.
- Consider using tools like parent-teen driving agreements.
- Know your state's laws; all states have graduated driver licensing (GDL) systems which help ensure teens can build driving skills under lower-risk

conditions.

- Get in some supervised driving time with your teen over the holidays.
- Use a seat belt in every seat, on every trip, no matter how short.

More Information

- Learn more about all of these tips and more at the National Center for Injury Prevention and Control: Motor Vehicle Safety [<https://www.cdc.gov/motorvehiclesafety/>]
- CDC Vital Signs: Child Passenger Safety: Buckle up every age, every trip [<https://www.cdc.gov/vitalsigns/child-passengersafety/>]
- CDC Vital Signs: Motor Vehicle Crash Injuries [<https://www.cdc.gov/vitalsigns/crash-injuries/index.html>]
- Motor Vehicle Safety: Teen Drivers [https://www.cdc.gov/motorvehicle-safety/teen_drivers/index.html]
- Motor Vehicle Safety: Impaired Driving [https://www.cdc.gov/motorvehicle-safety/impaired_driving/index.html]

Source: <https://www.cdc.gov/features/holiday-road-safety/index.html>

Telemedicine Increases Diabetic Eye Exams



Early diagnosis through screening and treatment of diabetes-related eye disease is 90% effective in preventing blindness. More participants were screened for eye disease at local health clinics using telemedicine than when referred out to eye care providers.

Oregon Health and Science University Prevention Research Center (PRC) is researching the effectiveness of using telemedicine to prevent blindness from diabetic retinopathy.

The leading cause of blindness in working-age adults is eye disease related to poorly managed diabetes.¹ Diabetic retinopathy is significant because an 83% increase in diabetes is expected—24 million in 2009 to 44 million by 2034.¹

Minority populations including American Indian/Alaska Natives are two times more likely to have diabetes than non-Hispanic whites.¹ There is a 78% chance that people with poorly managed diabetes for more than 15 years will develop eye disease.

Early diagnosis through screening and treatment of diabetes-related eye disease are 90% effective in preventing blindness.¹ In many communities, it can be challenging to obtain eye exams from eye care providers due to:

- Lack of transportation
- Lack of health insurance
- Limited access to eye care providers
- Financial burdens such as co-pays or other associated cost of the exam

Research Question

Does screening for diabetic eye disease using telemedicine at community health clinics increase the number of people getting eye exams? Telemedicine is the use of electronic information and telecommunications to support and promote long-distance clinical health care, patient and professional health-related education, public health care, and health administration.²

Study

During their visits to community health clinics, over 500 diabetic patient participants were assigned to either a telemedicine screening group or were referred out to a traditional eye care provider. Technicians at the clinic took pictures of both eyes using a specially designed digital camera, and the telemedicine system automatically created and e-mailed an evaluation report to the clinic staff.

The Bottom Line

More of the telemedicine participants were screened for diabetic eye disease at their community health clinic than participants being referred out to an eye care provider—94% were screened via telemedicine versus 56% when referred out.

Learn more: Comparative Effectiveness of Telemedicine to Detect Diabetic [http://online.liebertpub.com/doi/pdfplus/10.1089/tmj.2012.0313].

References

1. Mansberger SL, Gleitsman K, Gardiner S., et al. Comparing the effectiveness of telemedicine and traditional surveillance in providing diabetic retinopathy screening examinations: a randomized controlled trial. *Telemedicine Journal and E-Health*. 2013;12:942–948.
2. Center for Connected health Policy. Accessed Aug. 28, 2017

Source: <https://www.cdc.gov/features/telemedicine-eye-disease/>

Nursing Talk

HAUNTED BY THE PAST

Dear Cassandra,

Two weeks ago, I completed an employment application on the American Home Health website. At the bottom of the application was a paragraph authorizing American Home Health to “investigate my employment history, credentials, and to obtain any relevant information (including a criminal background check) needed to make an employment decision.” I signed this Applicant Acknowledgement.

What types of criminal background checks are used by agencies? Will I automatically be disqualified if I have ever been arrested?

Clean and Sober Now

Dear Clean and Sober Now,

According to the U.S. Department of Justice, more than 92 million Americans, or approximately one in three have some type of criminal history. This is an enormous portion of the general population. It is important for an employer to have this information. Therefore, criminal background checks have become a routine part of employment applications. Some are name based. Others are fingerprint based.

Does having a criminal record prevent an individual from working? It depends. What occupation is involved? If the individual has a felony on his record, his chances of being a teacher or a nurse or bank teller or police officer are slim. What was the crime? How long ago did it occur? A conviction for shoplifting thirty years ago may not prevent you from getting a job. On the other hand, a recent conviction for residential burglary will surely deep-six your chances for getting a nursing position.

At <http://www.idph.state.il.us/nar/disconvictions>, the Illinois Department of Public Health lists disqualifying convictions for health care workers. There are three types of disqualifying offenses, as follows:

Disqualifying Offenses that May Be Considered for a Waiver by the Submission of a Waiver Application

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The “Don’ts” of Charting



- **Don’t** chart a symptom, such as “c/o pain,” without also charting what you did about it.
- **Don’t** alter a client’s record... this is a criminal offense. Here are the four (4) don’ts or “red flags” of chart altering that are to be avoided:
 - **Don’t** add information at a later date without indicating that you did so.
 - **Don’t** date the entry so that it appears to have been written at an earlier time.
 - **Don’t** add inaccurate information.
 - **Don’t** destroy records.
 - **Don’t** use shorthand or abbreviations that aren’t widely accepted or at least not accepted in your facility. If you can’t remember the acceptable abbreviation, then write out the term. American Home Health abbreviations are included in the client’s procedure manual in the home of all private duty clients.
 - **Don’t** write vague descriptions, such as “drainage on bed” or “a large amount.”
- **Don’t** give excuses, such as “Medicines not given because not available.”
- **Don’t** chart what someone else said, heard, felt, or smelled unless the information is critical. In that case, use quotations and give credit to the individual who said or experienced it.
- **Don’t** chart your opinions.
- **Don’t** use language that suggests a negative attitude towards your client such as the words stubborn, drunk, weird, looney or nasty.
- **Don’t** be wishy-washy. Avoid using vague terms like “appears to be” or “apparently” which make it seem as though you are not sure what you are describing or doing.
- **Don’t** chart ahead of time... something may happen and you may be unable to actually give the care that you’ve charted. And that goes for charting care given by others... **don’t** do it.
- Notes filled with misspelled words and incorrect grammar are as bad as those done in illegible handwriting. Information may be misunderstood if such notes end up in a court room.
- **Don’t** record staffing problems.
- **Don’t** record staff conflicts.
- **Don’t** document casual conversations with your colleagues.

Charting care that you haven’t done is considered fraud.

Continued from page 3

Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver

Offenses that Are Always Disqualifying Except Through the Appeal Process

The first category, “Disqualifying Offenses that May Be Considered for a Waiver by the Submission of a Waiver Application,” includes offenses such as Assault, Battery, Retail Theft, Arson, Aggravated Discharge of a Firearm, and Practice of Nursing without a License. Many of the offenses in this category relate to illegal drugs. For example, offenses include Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis; Delivering a Controlled, Counterfeit or Look-alike Substance to a Person under 18; and Violations under the Methamphetamine Control and Community Protection Act.

The second category, “Disqualifying Offenses that May Be Considered for a Rehabilitation Waiver,” includes offenses such as Theft (as a misdemeanor), Retail Theft (as a misdemeanor), Criminal Trespass to Residence, Receiving Stolen Credit Card or Debit Card, Using a Credit or Debit Card with the Intent to Defraud.

The third category, “Offenses that Are Always Disqualifying Except Through the Appeal Process,” includes offenses such as Solicitation of Murder, First Degree Murder, Kidnapping, Child Pornography, Aggravated Battery, Criminal Abuse or Neglect of an Elderly Person or Person with a Disability.

Check the list to determine if you are eligible for a waiver. If you are, contact the Illinois Department of Public Health.

If you were convicted of a relatively minor crime years ago, you may be able to have this crime expunged from your record. Go to <https://www.illinois.gov/osad/Expungement/Pages> for further information.

Congratulations on your resolve to lead a clean and sober life. Best wishes to you.

Cassandra

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



PAY SCHEDULE 2018

Pay Period Start Date	Pay Period End Date	Pay Date
12/10/17	12/23/17	01/02/18
12/24/17	01/06/18	01/16/18
01/07/18	01/20/18	01/30/18
01/21/18	02/03/18	02/13/18
02/04/18	02/17/18	02/27/18
02/18/18	03/03/18	03/13/18
03/04/18	03/17/18	03/27/18
03/18/18	03/31/18	04/10/18
04/01/18	04/14/18	04/24/18
04/15/18	04/28/18	05/08/18
04/29/18	05/12/18	05/22/18
05/13/18	05/26/18	06/05/18
05/27/18	06/09/18	06/19/18
06/10/18	06/23/18	07/03/18
06/24/18	07/07/18	07/17/18
07/08/18	07/21/18	07/31/18
07/22/18	08/04/18	08/14/18
08/05/18	08/18/18	08/28/18
08/19/18	09/01/18	09/11/18
09/02/18	09/15/18	09/25/18
09/16/18	09/29/18	10/09/18
09/30/18	10/13/18	10/23/18
10/14/18	10/27/18	11/06/18
10/28/18	11/10/18	11/20/18
11/11/18	11/24/18	12/04/18
11/25/18	12/08/18	12/18/18

WANTED 467 PEOPLE

TO READ THE BLOG EACH WEEK

MUST BE CURIOUS, INTELLIGENT,
THOUGHTFUL INDIVIDUALS WHO ARE OPEN TO
NEW IDEAS. LEARN NEW NURSING PROCE-
DURES, COLLECT RECIPES, READ
MONEY-SAVING TIPS, WATCH VIDEOS, ENJOY
RERUNS OF LETTERS TO CASSANDRA,
AND MORE.

JOIN the hundreds of nurses, office staff,
family members, and the general public.
Become a faithful reader of the American
Home Health blog at www.ahhc-1.com.

FOR MORE INFORMATION,
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AHHC Newsletter

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