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HOMECARE Education Management™

INSIDE

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Don't forget to inquire about herbs when checking for drug interactions

Many providers see increase in herb use

Home care nurses frequently enter homes in which kitchen cupboards or medicine cabinets harbor potentially dangerous over-the-counter treatments that patients forget to mention to their physicians. These medicines have odd names like ginkgo biloba and valerian root, and they can be purchased easily at local health food stores and even supermarkets.

Herbal remedies have grown in popularity over the past decade. They are not government-regulated, which means anyone with a garden patch can grow their own herbs and sell them. The recent surge in the popularity of herbal supplements has caused concern among physicians, home care nurses, and other health care providers because patients may experience dangerous side effects by combining herbal remedies with their prescription medications.

"We found that a lot of patients' doctors were not even aware that they were using herbs," explains **Kathleen Hughes**, RN, director of home care for Kershaw County Medical Center Home Health Care in Camden, SC. The hospital-based agency serves rural Kershaw County, which is in the central part of the state.

> **"I found that most of the nurses weren't aware if their patients were on herbal medicines."**
> ***Deanna Lieving, RN***

"We have seen such an increase on medication sheets of people taking herbs," she says. "It's been phenomenal."

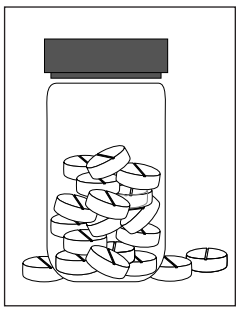
The agency's nurses record herbs along with prescribed drugs on patients' medication sheets. But many nurses say they are unfamiliar with the herbal names. "Our concern was how these herbs might be interacting with the patient's other medication," Hughes says. "And how could we teach patients what's going on with their medicines?"

The agency plans to have an inservice on herbs and their interactions with prescribed medicines. Hughes has collected some information on various herbal remedies, and when nurses ask her a question about a particular herb, she often calls a local expert, **Doug Murray**, PharmD,

director of pharmacy and clinical services for the 100-bed Kershaw County Medical Center, also in Camden.

Murray also is an adjunct professor at the University of South Carolina College of Pharmacy in Columbia, SC. He will be presenting a lecture to pharmacy students on herbal use and Native American medicine.

Olsten Health Services in Virginia Beach, VA, held a staff inservice on herbal remedies after the director of mental health attended a seminar on the topic. "I found that most of the nurses weren't aware if their patients were on herbal medicines, and what's scary about that is a lot of patients don't realize many prescription medications come from herbal sources," says **Deanna Lieving**, RN, director of mental health for the Olsten agency, which serves a 100-mile radius in eastern Virginia. "So if you take an herbal remedy and a prescription medication at the same time, you could be getting a double dose," she adds.



Lieving discovered at the herbal medicine inservice that about 75% of the staff took some sort of herbal medication. For example, Lieving says she often takes zinc lozenges when she feels as though she is developing a cold or the flu. "You suck on the lozenge, taking 13.3 mg, and continue taking one every two hours until the cold symptoms stop and go away. It really does work, and it works wonderfully with sore throats."

Since her inservice, the agency's nurses have been asking patients about herbal medications during assessments.

Murray notes an increase in use and interest in herbal medicines. "I see a steady increase in questions from physicians who have patients taking herbs," he says, "and they want to know about interactions with drugs they are taking."

When Murray studied pharmacology in the mid-1970s, there was a course on the study of plants and medicines that come from plants. "But during the time I was in school, they did away with that course in favor of more chemistry and medicinal and clinical avenues." Now herbal treatments are gaining in popularity, and colleges again are beginning to offer courses on the subject, he says.

Murray has educated himself on herbal remedies, their side effects, and how they interact with prescription medications. He suggests home care nurses learn about these basic herbal remedies and how they might adversely affect patients' health:

• **Feverfew**

This herb is used for prophylactic treatment of migraine headaches. Pregnant women should avoid it, and it can increase a person's heart rate slightly, Murray says. Because of this potential side effect, medical experts now think people should avoid using feverfew if they are taking any of these medications:

— calcium channel blockers, which form a class of agents used to treat heart conditions;

— Ticlid, an anti-platelet drug;

— Coumadin, which is an anticoagulant medication.

"With these drugs, you could have a potentiation of the effects, so it's something to be careful about," Murray says.

• **Garlic**

Garlic pills, touted as the great cholesterol reducer on radio and television advertisements, also can decrease blood pressure, as well as cholesterol. "There are some warnings that people who take anticoagulants like Coumadin while taking garlic may increase their chance of bleeding," Murray says.

• **Ginkgo biloba**

This herb has received a lot of news coverage recently about its impact on increasing circulation to the brain and extremities. Some researchers claim it might be a good antioxidant, and they're studying it for use with Alzheimer's disease patients as a way to improve short-term memory. It's also thought to help with ringing in the ears. But less well-known are its adverse side effects,

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which include restlessness, insomnia, nausea, and vomiting, he notes. "In the literature, there are three cases of spontaneous bleeding from people taking it, and because of this, some literature is saying you shouldn't take this with heparin or Coumadin."

Also, people with hemophilia or von Willebrand's disease, a congenital hemorrhagic diathesis, should avoid ginkgo because of possible bleeding. Experts also warn people on nitrate drugs and antidepressants to avoid the herb.

• **Asian ginseng**

"Asian ginseng is a real popular drug that is thought to increase energy, improve mood, and improve resistance to infection," Murray says. "It's the top-selling herb in the U.S., with $78 million in sales annually."

The herb has been studied for use by postmenopausal women and Alzheimer's disease patients. There are some potential adverse side effects, such as insomnia, nervousness, and irritability. And pregnant women should not take it, he says. "They think people with coronary artery disease, hypertension, or arrhythmia should be cautious in taking it also."

Research shows Asian ginseng might interact with digoxin and increase the levels of digoxin in the blood. This could be a serious problem because digoxin is a dangerous drug that has a narrow therapeutic window, meaning the amount thought to be effective is not too different from the amount that could cause toxicity, Murray explains. Medical experts also are concerned about people taking Asian ginseng while they are on Coumadin because Coumadin also has a narrow therapeutic window.

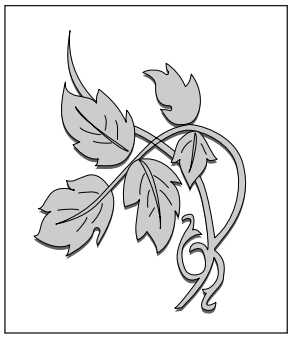
• **St. John's wort**

This herb also has been widely publicized in recent years. Research shows it helps alleviate depression and anxiety. Its side effects may include restlessness and exhaustion. "They say until more is known or scientifically studied, you probably shouldn't take St. John's wort with prescription antidepressants," he says. This is because selective serotonin re-uptake inhibitors like Prozac form a powerful chemical class of antidepressants that is fairly new. "If you take those types of antidepressants, then you should stop three weeks before taking St. John's wort."

• **Valerian root**

People may take this herb as a sleep aid for nervous disorders. Although it appears to be safe as far as adverse side effects are concerned, medical experts advise people to take it for only one week at a time, Murray says. "And if you get it really concentrated, when you make your own teas for example, it can actually decrease your blood pressure a little."

Also, it could cause orthostatic hypotension, which is the dizziness that occurs when a person who is sitting or lying down stands up quickly and loses his or her balance. For this reason, people who are taking blood pressure medications should take precautions when using valerian root.



Like benzodiazepines, the root has a sedative effect. Therefore, people taking it should be cautious about driving cars.

• **Chamomile tea**

People sometimes drink chamomile tea to help settle an upset stomach or to relieve tension. But the medical literature warns people who have ragweed allergies to be cautious because they also might be allergic to chamomile.

• **Purple cone flower**

Also called Echinacea, purple cone flower is used to improve the healing process or boost the immune system. Current medical literature suggests the herb actually does have some properties that might temporarily improve the immune system.

"But some authors are thinking the effect decreases after eight weeks, so it's better to take it intermittently," Murray says.

In addition to the above herbs, some herbal drugs should be avoided altogether because they are not safe. These herbs might still be found in some stores, or people may find them in the wild, Murray says:

• **Blue cohosh**

The black cohosh is safe, but the blue cohosh is believed capable of increasing a person's blood pressure and provoking angina.

• **Chaparral**

Believed to have blood-cleansing and cancer-fighting properties, chaparral is carcinogenic and toxic.

• **Comfrey**

This is potentially a hepatotoxin. It damages the liver and is carcinogenic when taken internally. People sometimes use it to promote bone healing, Murray notes. ■

Why are herbs growing in popularity?

As people suffering from chronic and incurable diseases become disenchanted with Western medicine, they increasingly are turning to natural remedies, including herbal treatments.

"When Western medicine doesn't offer them an acceptable solution, many people start looking for anything that will help them," says **Doug Murray**, PharmD, director of pharmacy and clinical services at Kershaw County Medical Center in Camden, SC.

American medical journals have begun to take notice of the trend, Murray notes. The *Archives of Internal Medicine* published a review article on herbs as medicine in its Nov. 9, 1998, issue, and American Health Consultants, publisher of *Homecare Education Management*, devotes an entire newsletter, *Alternative Medicine Alert*, to herbs and other alternative remedies. "Also, there are a lot of Web sites on herbs," he says. **(For details, see "Internet Connect" column, p. 56.)**

From Germany to us

Murray says a great deal of research is available on herbal remedies because for years such medicine has been prescribed by physicians and covered by insurance companies in Germany. "The Germans are the backbones of this. They've done the research, and it's been published, and they have a lot of standard review textbooks that are accepted now in the United States."

Congress has paved the way to ensure herbal remedies do not have to go through expensive and rigorous drug-testing in the United States through passage of the Dietary Supplement and Health Information Act of 1994. While there was some debate over whether herbs were drugs or dietary supplements, the non-drug advocates won.

Murray says he worries about people buying herbs from questionable sources, such as small, fly-by-night manufacturers, because the quality and even the actual ingredients may not be inspected.

A worst-case scenario occurred in 1989, with an epidemic outbreak of eosinophilia-myalgia syndrome (EMS) in the United States that was associated with the use of L-tryptophan, an over-the-counter dietary supplement for weight loss.

Tryptophan is a naturally occurring amino acid that exists in proteins and is essential for human metabolism. More than 1,500 cases of EMS, including 38 deaths, were reported to the Centers for Disease Control and Prevention in Atlanta, according to the U.S. Food and Drug Administration (FDA) in Washington, DC. Some people with EMS experience severe pain and bleeding.

Be cautious

More than 95% of the cases were traced to L-tryptophan supplied by Showa Denka K.K. of Japan. Researchers found some trace-level impurities, suggesting that a contaminated batch contributed to the outbreak. The FDA limited the availability of L-tryptophan supplements and enforced an import alert because of the outbreak. **(See "Internet Connect.")**

While this type of danger is rarely seen with food supplements and herbal remedies, medical experts still advise people to be cautious in purchasing these products from unfamiliar manufacturers. However, now some major drug manufacturers are beginning to produce herbal remedies, so consumers soon should have some choices that include manufacturers with a proven track record, Murray adds. ■

SOURCES

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People-pleasing policies keep referrals flowing

Teach staff how to increase referrals

Nurses and other home care employees sometimes forget that physicians and other referral sources are important customers to an agency. And it takes more than simply providing high-quality home care services to keep referral sources satisfied.

Home care managers should make an effort to find out what their sources expect and then to teach staff how to please them. "You need to make sure [staff] really know and understand what it is that's important to their referral sources," explains **Carleton Townsend**, vice president for quality measurement with Fazzi Associates in Northampton, MA. The management consultation firm does research training presentations focused on home health care and conducts referral source surveys.

Townsend recommends home care agencies directly ask referral sources what they want through a survey including these questions:

- Does the agency have the services the patient needs?
- Does the agency service the area in which the patient lives?
- Does the agency have a good reputation for quality care?
- How fast is the agency's intake process?
- Does the agency respond immediately and see the patient right away?
- What kind of information do you get back from the agency?
- Does the agency give information in an efficient format that you can use immediately?
- What times of day do you prefer to take phone calls from a home care agency?

Cultivating new referral sources is important to home care agencies in these days of the interim payment system (IPS) and cost-cutting measures. "The whole impact of IPS is to reduce the number of visits agencies are making to patients, so if they're going to be maintaining their service base, they need to increase their number of patients and tap into referral sources they haven't worked with before," Townsend explains.

He suggests agencies market their services to referral sources by having a representative visit the potential referral source at the office to discuss the agency and its services. But first make sure your agency representative knows the appropriate person to contact in your area physician groups, skilled nursing facilities, rehabilitation centers, nursing homes, long-term care facilities, and assisted-living centers.

"You could be direct and say, 'There's one of your patients, who has had services with us before, who has called about home care services, and we'd like to know if you'd like to refer that patient to us,'" he says.

Here's how to stand out

The next step is to provide referral sources with excellent customer service, because this may be the only way an agency can distinguish itself from the pack. An agency can obtain an edge in speed of responsiveness and communications, two areas in which staff need training.

"As soon as the agency gets that call, they should respond immediately," Townsend says. "Often . . . when the hospital discharge planner or physician is making a referral, the agency says, 'I'll call you back once I make sure everything is ready,' and then the referral source will go to another agency."

Instead, the home care employee who receives that referral should take it immediately and make sure a nurse will see that patient without delay.

Also, it's important to referral sources that an agency is consistent in how it responds to referrals. Sources want to know that if an agency says it's going to do something, it will follow through.

Good communication skills are equally critical to pleasing referral sources. Townsend has found

Customer satisfaction guide

These stories are part of a series on how to improve customer satisfaction through staff and management services. The March issue of *Homecare Education Management* featured additional stories on learning what customers really want, the top 10 customer concerns, and customer service resources.

How to keep staff customer-focused

Typically, employees and managers are fired up when they first attend a customer service seminar and hear some of the tactics and advice. But their enthusiasm eventually dies out because customer service is a lot of work, says **Karen Carney**, president of Carney Communications in Andover, MA.

"Someone needs to keep the enthusiasm going and monitor customer service in an organization," she adds. "Some organizations will set up a customer-service consciousness committee."

Agencies should make customer service a part of performance evaluations and job descriptions. They should create indicators for what is good customer service, such as an indicator for the number of referral sources and hospital readmissions. Naturally, agencies also can send out surveys to measure customer service. **(See related story on customer service in the March 1999 *Homecare Education Management*.)**

The last part of maintaining good customer service is to make sure you hire the right employees, Carney adds. "Attitude and customer service consciousness should be important because it's easier to hire the right person than to change someone's behavior."

Agencies also may have to make some difficult decisions about letting go employees who are customer service holdouts. "There will be individuals who, no matter what, will not espouse the team spirit and will not take on a problem-solving approach," Carney says. "They will throw a kink in the works because, for whatever reason, they don't want to go above and beyond and don't want to change."

Organizations may have to fire these employees, and if they do it, will send a powerful message to the rest of the staff that the agency is serious about customer service. ■

that home care agencies that are not perceived as having good communication skills often are rated lower by referral sources.

It's important to find out which type of communication a particular referral source prefers. Some may be most comfortable with telephone calls, while others may prefer faxed messages or written communication. Besides surveying each source, agencies could discover such preferences by asking staff what they know about referral sources. A nurse may know that a particular physician only likes to receive telephone calls before 9 a.m., for instance, or that a hospital discharge manager prefers faxed communication.

"A good way to get started is by telling staff, 'Here are the people we deal with, so tell us what you've learned about them in terms of their preferences for communications and what works and doesn't work for this referral source,'" he adds.

Once the research is complete, a list of tips for satisfying referral sources may be written to help deal with them more successfully. ■

Take these four easy steps to create happier staff

The talk, the walk begin at top

In these days of virtually no unemployment, it's more important than ever that home care managers know how to make their employees happy. Keeping your staff happy will help retain valuable employees and reduce the costs associated with training new staff. Better yet, happier employees also keep patients more satisfied.

Education managers may want to hold a customer service inservice that is directed toward managers and supervisors. "There's an infinite number of little acts of heroism every day that the staff rightly feels they should get credit for but nobody knows about them," says **Karen Carney**, president of Carney Communications in Andover, MA.

That's why employees become so angry and self-righteous when managers start to point out how staff can improve service. "Employees say 'the suits' don't know what we do in the field on a day-to-day basis," Carney explains.

Carney offers these four guidelines to help managers and supervisors improve satisfaction among staff and patients:

1. Give staff direction.

Managers need to tell staff what they want to happen. They can't assume employees will know what they want. That means giving employees clear, reasonable directions. "Managers will say they want productivity up, so they want you to go through your visits as quickly as possible," Carney says. "But they also want you to spend enough time with patients, and sometimes that can be a challenging balancing act."

Employees who appear to be having a problem with productivity might really be having a problem with that balancing act. They need to be shown how they can draw the line between seeing more patients and spending enough time to take care of the ones they have. "These are issues management needs to talk about with their staff," Carney says. "When you say 'good customer service,' what do you mean?"

Also, agencies will have to decide how they will handle those tricky situations that challenge an agency's rules regarding payer sources and patient care. For example, suppose an agency has a rule that staff must obtain prior authorization for all home care visits to patients who have managed care insurance. If such a patient is referred to the agency late on a Friday afternoon, and the insurance company's case managers have left for the weekend, obtaining authorization will be impossible. The patient needs to be seen twice a day all weekend. Does the agency accept the referral and see the patient without the authorization?

"Give your staff directions on how to handle this type of situation," Carney says. "They need to know where your agency is headed and how you define superior service." If superior service means the patient always comes first, for instance, what limitations are placed on this policy?

2. Involve staff in the process.

Management can't come up with changes and a plan for implementing them in a back-room meeting and then toss them out to employees. Employees should be included in the planning process from the start. Carney suggests home care agencies begin by focusing on how employees may contribute to any change, and managers should ask themselves if they know what employees already are doing well. "Management needs to acknowledge that these are tough times, and the staff already is torn and challenged. They feel like they're giving it all they've got, so they don't want to be told they need to do any more."

Managers can start by asking themselves these questions:

- What are the barriers our employees face?
- What do employees feel gets in the way of their doing a good job?
- What do our employees like least about working for us?

Also, managers should focus on the needs of all employees and try to find solutions to conflicts among the needs of different departments. For example, the billing office might want to make sure all the boxes on certain forms are checked, but clinical employees may want to focus solely on seeing patients, and they may view documentation as just busy work.

Besides involving staff in decision making, home care managers should get involved in the frontline process. "How many CEOs and senior managers really regularly go out on frontline visits?" Carney says. "They should go because they'll develop rapport with their staff and gain insight."

She suggests top managers make the visits at least quarterly and spend time in the office with the billing staff. "The approach to take is, 'I hear from you what's going on, and now I want to see your experience. Share with me your experience.'"

Staff will begin to think differently about managers, and they might begin to have more respect for their decisions.

3. "Walk the talk."

"This is the toughest part for managers because you always have a couple of rabble-rousers in every organization," Carney says. "People will take shots at you, and they'll say, 'Management doesn't really [follow through]. They talk a good game, but they don't do it.'"

Managers should take this criticism without getting defensive. "You need to say, 'I wish I could solve this, but I'm not a superwoman, and I can't,'" she suggests. "What we need to do is set priorities and tackle the ones we can, and can you help me do this?"

Then they must follow through. If employees give managers feedback but it's not acted upon,

staff will think their managers don't value their input. Also, remember that employees are constantly watching managers to see if they are practicing what they preach. Just as it does little good for a cigarette-smoking parent to tell a child not to smoke, it does little good for managers to call for actions they don't take themselves.

Managers should consider the following questions, she says:

- Do I go above and beyond to get employees the tools and resources they need to satisfy their customers?
- Am I willing to jump in and roll up my sleeves to help out when things get rough?
- Do I consistently reward and promote staff who are the most deserving and capable?

Staff view the answer to that last question, especially, as a measure of whether a manager is serious about customer service, Carney says. "Employees are smart. They see exactly what you see, and it's tough to fool them. So if you're not sincere, they'll know it." For example, one home care agency had a business office manager who had great results on paper. "She was fiscally sound and brought in the bottom line every month, but her staff was miserable."

The manager would not let staff talk to one another or with other departments. All communication had to go through her. Business office staff were great workers, and they wanted to provide good customer service, but they were miserable and ready to quit because of the manager, Carney says. "Management didn't want to hear her staff's complaints because she got great results."

The agency could have handled the situation in a variety of ways. If the agency was serious about improving customer service, it could have coached the manager about how to handle staff better. If she still wouldn't change her approach, they could have reconsidered keeping her in that position. Leaving such an ineffective manager unchanged in her position can seriously undermine staff efforts to improve both customer service and their own morale.

4. Increase support and decrease barriers.

Managers need to find out what resources staff need to become more effective. Those resources might include a simple policy or management change, such as giving employees permission to act on behalf of the customer.

"Or, if an employee brings a problem to management's attention, do they get in trouble for doing it, a 'kill-the-messenger' mentality?" Carney asks.

Also, make sure employees are trained in all necessary areas. Managers should never assume employees know how to do everything that may come with their jobs. For example, perhaps they could be taught how to deal with difficult patients or how to work with physicians. These training sessions could be as simple as bringing up the topic for five minutes at a staff meeting. "You raise their consciousness and give clues on how other people can handle it," Carney says.

Promoting the positive

Managers should recognize staff at every opportunity. "People constantly need pats on the back," she says. "Even though the world around you might be chaotic, you can create order in your own little world and be the person who everyone comes to when they want to get things done."

Agencies also can put positive stories in company newsletters about employees who did something extraordinary for patients. They can hold occasional inservices on skills building. And they can allow new employees to mentor with the pros who provide good customer service.

"Some organizations have set up welcome programs for new employees, where right from the start the new employees are made to feel like VIPs," Carney says.

Employees should be rewarded regularly, and it doesn't hurt to remind them they can recognize and reward their managers. Managers also need pats on the back. ■

SOURCES

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Design age-specific competencies

Agency uses self-learning packets and checklists

Home care agencies increasingly are training staff to handle specific diseases or conditions, such as wound care and psychiatric nursing. But they may be overlooking an important need to divide staff education by patient age group.

Obviously, neonatal and new mother care is a specialty area for some agencies and staff. Patients should be divided into more groups, however, than just those of infants and all others.

Richmond Home Health Services in Rockingham, NC, has addressed this issue by developing a full set of age-specific competencies for all field staff. The categories are: birth to 1 year; children 1 to 11; adolescents 12 to 17; adults 18 to 65; and geriatric adults, over 65.

"We tried to have fun with it, rather than make it a boring regulation we had to comply with." — Sharyn Campbell, RN

"We developed a self-study packet to be used for new people coming on board," explains **Sharyn Campbell**, RN, performance improvement coordinator of the agency, is based in Richmond Memorial Hospital in Rockingham and serving eight counties in south-central North Carolina.

Before the agency began its age-specific competency program, managers had no way to document that nurses trained to work with one particular population of patients actually were competent in that area. "When we screen and hire people, we talk to them about their different experiences. We might have one nurse who is more experienced in geriatrics, and another with pediatrics skills, but we never had anything in their case files to document their competency," Campbell says.

Managers realized they needed a more formal program during a mock survey conducted to prepare them for a survey by the Joint Commission on Accreditation of Healthcare Organizations in Oakbrook Terrace, IL. First, agency managers developed the various competencies, with a different one for each discipline, including RNs, LPNs, home health aides, speech therapists, occupational therapists, physical therapists, and medical social workers. "Everyone who has patient contact has to go through it," Campbell says.

Each competency includes some general skills and tasks, as well as specific items that would only apply to a particular age group. **(See geriatric competencies for RNs, LPNs, and home health aides, inserted in this issue.)**

Communicating the material

Then Jenny Alfredson, RN, a team leader, assembled the self-learning packets, using a variety of information acquired during her years of working in staff development. Each self-learning segment, which numbers up to 20 pages, takes 30 to 60 minutes to read.

To launch the educational program, the agency supplies the material, which instructors would read to staff. Instructors were employees with the most experience in a particular area. The self-study guides were used by employees hired after the competency program began or those who couldn't attend the inservices.

Field staff also must complete tests based on the lecture material. **(See home health aide vital signs and competency tests, inserted in this issue.)** "We made it a requirement that it be done now and then at least every three years for the professional staff," Campbell says. "Paraprofessionals, like home health aides, have to be assessed annually, so they'll have to complete it annually."

The agency contacted employees though voice mail to tell them they were required to take the classes. While staff studied the competency training material over a two-day period, the agency used part-time staff to cover their visits.

The competency training also included a demonstration of skills, which the agency turned into a fun session in which some staff could bring their children to portray pediatric patients. They also brought in covered dishes to share.

"We tried to have fun with it, rather than make it a boring regulation we had to comply with," Campbell says. "Some staff members in different age groups acted, and others had family members, such as parents and grandparents, act." ■

Tips From the Field

Guess where this agency puts educational tips?

Hint: Restroom breaks need not waste time

The Center of Living, Home Health and Hospice in Asheboro, NC, found a novel way to keep staff thinking about an upcoming accreditation survey at all times: The agency started a "toilet-training" program in which questions were posted on restroom stall doors.

The agency was preparing for a survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), based in Oakbrook Terrace, IL, and managers wanted the material to become second nature to staff.

A new study area

The agency turned the survey preparation process into a humorous game, says **Anneal Lamb**, social worker and director of hospice division and networking for humanity. "We called it 'toilet-training,' and it included any kind of Joint Commission question," she says. The questions were posted on bright-colored papers of purple, pink, orange, and yellow. "This was to catch their attention," Lamb says.

Every few days, managers would rotate the questions on the stalls, and a couple weeks later, they'd post new questions. In the men's restrooms, the questions were placed on the mirrors at eye level. The game continued for about four months. "The answers we put in a different location so staff would have to find them," Lamb says. "We might put the answers at the bottom of the stall or the bottom of the door."

Then, at each staff meeting, Lamb would quiz the staff on the answers to the posted questions.

Here are the agency's questions:

Question: Does Center of Living assess hospice patients for pain and other symptoms, spiritual needs, or support networks?

Answer: Staff consistently use assessment tools and document this use in the medical records. Interdisciplinary notes consistently indicate that the spiritual and bereavement needs of patients and their families are met.

Question: Does Center of Living continually measure its important processes and outcomes?

Answer: Yes, on a monthly basis.

Question: Does Center of Living have bylaws or articles of incorporation that define the governing body's responsibilities?

Answer: Yes, these can be reviewed in the administrative assistant's office.

Question: Does Center of Living identify the time frames within which it is able to provide ordered services?

Answer: Yes, policies are in place.

Question: Does hospice provide the same quality of care and services for all patients?

Answer: Regardless of payer source, hospice patients are offered the same professional services.

Question: Do Center of Living leaders and staff receive information about patient/family satisfaction, then act on the feedback appropriately?

Answer: All satisfaction forms are reviewed by CEO, directors, supervisors, and clinical staff.

Question: Do Center of Living staff offer patients written materials that describe advance directives?

Answer: Yes, written information is given to patients on admission.

Question: Does Center of Living inform patients of their right to participate in investigational studies?

Answer: Yes.

Question: How does Center of Living respect each patient's right to privacy and security?

Answer: All staff are taught to ring the doorbell or knock and identify themselves before entering a patient's home or bath area. Staff are taught to wear their identification name tags.

Question: Do staff respect patients' property?

Answer: Yes. For example, a staff nurse who damages the finish on a patient's table from an alcohol wipe informs both the patient and her supervisor and completes an incident report to have the agency pay to have the table repaired.

Question: Does Center of Living teach staff how to identify and handle ethical dilemmas, issues, or conflicts?

Answer: Center of Living educates its staff to discuss any issue with the team and revise the plan of care accordingly. If that solution does not work, staff will talk with upper management and the ethics committee if necessary. ■

❁ Special Days to Remember ❁

April

1-30: Women's Eye Health and Safety Month. Contact: Prevent Blindness America, 500 E. Remington Road, Schaumburg, IL 60173. Phone: (800) 331-2020. Fax: (847) 843-8458. E-mail: info@preventblindness.org. Web site: www.preventblindness.org.

1-30: National Occupational Therapy Month. On Friday, April 6, from 8 a.m. to 5 p.m. EST, occupational therapy practitioners will speak with callers about their health problems. Contact: American Occupational Therapy Association, 4720 Montgomery Lane, P.O. Box 31220, Bethesda, MD 20814-1220. Phone: (301) 652-6611, ext. 2962. E-mail: praota@aota.org. Web: www.aota.org.

4-10: Public Health Week. The week recognizes public health professionals, who work to create conditions conducive to health and to educating people about healthy lifestyles. Contact: Association of State and Territorial Health Officials, 1275 K St. NW, Suite 800, Washington, DC 20005-4006. Phone: (202) 371-9090, ext. 210. Fax: (202) 371-9797. E-mail: scutts@astho.org. Web: www.astho.org.

7: World Health Day. This observance was created by the World Health Organization; the 1999 theme is healthy aging. Resource materials are available. Contact: World Health Day, American Association for World Health, 1825 K St. NW, Suite 1208, Washington, DC 20036. Phone: (202) 466-5883. Fax: (202) 466-5896. E-mail: AAWHstaff@aol.com. Web: www.aawhworldhealth.org.

8: Cancer Fatigue Awareness Day. Fatigue is a commonly reported side effect of cancer therapy, and the Oncology Nursing Society would like to offer information about how to assist people experiencing cancer fatigue. Contact: Oncology Nursing Society, 501 Holiday Drive, Pittsburgh, PA 15220. Phone: (412) 921-7373. Fax: (412) 921-6565. E-mail: customer.service@ons.org. Web: www.ons.org.

18-24: National Organ/Tissue Donor Awareness Week. Contact: United Network for Organ Sharing (UNOS), P.O. Box 13770, 1100 Boulders Parkway, Suite 500, Richmond, VA 23225. Phone: (804) 330-8500. Fax: (804) 330-8507. Web: www.unos.org.

18-24: National Volunteer Week. Sponsored by the Points of Light Foundation to recognize all people and businesses that donate their time to community service. A promotional kit is available. Contact: The Points of Light Foundation, 1737 H St. N.W., Washington, DC 20006. Phone: (202) 223-9186, ext. 209.

28-May 31: Oncology Nursing Month. The month is designed to recognize oncology nurses, to educate the public about oncology nursing, and to provide an opportunity for special educational events. Contact: Oncology Nursing Society, 501 Holiday Drive, Pittsburgh, PA 15220. Phone: (412) 921-7373, ext. 220. Fax: (412) 921-6565. E-mail: customer.service@ons.org. Web: www.ons.org.

May

1-31: Allergy and Asthma Awareness Month. More than 50 million Americans suffer from allergies, and more than 12 million have asthma. For a free guide to book, video, and other products about asthma and allergies, send a self-addressed envelope, with 55 cents postage, to Allergy and Asthma Network / Mothers of Asthmatics Inc., 2751 Prosperity Ave., Suite 150, Fairfax, VA 22301. Phone: (703) 641-9595. Fax: (703) 573-7794. E-mail: aanma@aol.com. Web site: www.aanma.org.

1-31: National High Blood Pressure Month. Contact: The National Heart Lung and Blood Institute, Information Center, P.O. Box 30105, Bethesda, MD 20824-0105. Phone: (301) 251-1222. Web**: www.nhlbi.nih.gov/nhlbi/nhlbi/htm.**

1-31: National Mental Health Month. This educational campaign has been practiced for 50 years to raise the public's awareness of mental health problems. Contact: Mental Health Information Center, National Mental Health Association, 1021 Prince St., Alexandria, VA 22314-2971. Phone: (800) 969-NMHA. E-mail: nmhainfo@aol.com. Web: **www.nhlbi.nih.gov.**

1-31: National Older Americans Month. Contact: Special Assistant for Legislation and Public Affairs, U.S. Administration on Aging, 200 Independence Ave. SW, Washington, DC 20201. Phone: (202) 401-4541. Fax: (202) 401-7741. E-mail: mthompson@ban.gate.aoa.dhhs.gov. Web: www.aoa.dhhs.gov.

6-12: National Nursing Week. The week highlights the achievements of America's nurses. Gift items are available. Catalogs are available at (800) 274-4ANA. Contact: American Nurses Association, 600 Maryland Ave. S.W., Suite 100 W., Washington, DC 20024-2571. Phone: (202) 651-7018. Fax: (202) 651-7005. Web: www.nursingworld.org. ■

Internet Connect

Go on line to learn more about herbal remedies

For those who want to learn more about herbal remedies, the Internet is the place to research. The search term "herbal remedies," will bring up a variety of Web addresses that include extensive descriptions of herbs and how they are used. A few of them are listed below:

• **www.egregore.com/** — This site, called Medicinal Herbs Online, lists more than 100 diseases and 125 herbs, including extensive descriptions of each. The site is easy and fairly fast to navigate, and it does not inundate Web browsers with advertising messages. Best feature: At the end of a description of a particular herb, you may click on a guide to how to prepare herbs. The page gives a description of various applications, including making a compress, decoction, essential oils, extracts, herb vinegars, infusion, ointment, poultice, powder, syrup, salves, tincture, and tea.

• **www.herbpatch.com/remedies.htm** — Sponsored by an herb merchant, Tippy's Herb Patch, this site features extensive information on 35 different diseases or disorders and a list of herbs that may help with those conditions. Tippy's Herb Patch can be reached at 10404 Dedham Court, Suite 101, Austin, TX 78739. Phone: (512) 301-7511 or (888) 301-7317.

• **http://vm.cfsan.fda.gov** — The U.S. Food and Drug Administration's Web site offers findings on L-tryptophan. Click on "dietary supplements" and then "impurities confirmed." ■

CE objectives

After reading the March 1999 issue of *Homecare Education Management*, continuing education participants will be able to:

1. Classify herbal remedies according to their reported effects.
2. Apply good customer service skills to the home health staff.
3. Appraise the qualities a referral source would like in a home health agency.
4. Demonstrate why agencies should provide staff with age-specific competencies. ■

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