

H O M E C A R E Education Management™

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Staff education vital to identifying, coping with latex sensitivity

Staff need to know symptoms of allergy, how to avoid exposure

Gloves, blood pressure cuffs, IV tubing ports, catheters, resuscitation bags — what do these things have in common? They're all essential to quality patient care. And all may contain latex, a substance that can cause mild to severe reactions in patients and health workers. In the past several years, increased awareness of latex allergies has led to policies in which health care providers must identify people who are sensitive to latex and offer latex-free alternatives for medical equipment.

Educating your home health staff is essential in making sure their safety is assured so they can educate patients about the problem.

"We want our staff to be able to respond to patient questions in a very intelligent, informed, and practical manner so we can reassure the patients that we're doing everything we can to have a latex-free environment," says **Julie Seehafer**, MSMT, in human resources development at Marshfield (WI) Clinic.

Proactive approach to a growing problem

Latex, the milky fluid derived from the rubber tree *Hevea brasiliensis*, is treated with chemicals to create a substance that contains about 2% protein. That protein appears to be at the heart of the reactions reported. The Occupational Safety and Health Administration (OSHA) reports that reactions to latex products first were recognized in the late 1970s, and the problem has grown, particularly among health care workers exposed to latex gloves or other medical products. OSHA estimates that 8% to 12% of health care workers are latex-sensitive. Their reactions to latex products can range from painful and annoying outbreaks of dermatitis to life-threatening episodes of anaphylaxis.

In addition to health care workers, some patients also are at risk for allergic reactions, particularly those who routinely use rubber catheters or latex gloves, children with spina bifida or congenital urologic anomalies, or other patients who have had multiple surgeries. This, of course, would include a large number of home health patients. "We're mostly concerned about whether we know that a patient potentially has a latex sensitivity

or an allergy, and how is this being communicated to us," says **Dorothy Flees**, MSN, RN-CS, quality improvement and staff education coordinator for Ministry Home Care in Marshfield, WI. "The second part of that is thinking about some of the equipment or the care supplies that we use. Do they in any way contain any kind of latex, and what do we do to adjust for that?"

Several years ago, Marshfield Clinic, Ministry Home Care, and St. Joseph's Hospital worked together to create policies and education programs on latex sensitivity in an effort to get ahead of potential problems.

"We haven't had significant problems" with latex, Seehafer says. "We really try to be very proactive on these things so we don't have to wait until OSHA or some other accrediting agency mandates that we put this kind of training into place."

The joint committee drew up policies that addressed all the entities' various needs. "The concerns really aren't much different," Flees says. When the policy was done, she says, it was important for her to keep in mind how it affected the home care patient.

Employee education is important

Ministry Home Care requires all workers to undergo a yearly competency on latex sensitivity and how to protect health workers and patients. (See p. 108.) "All patient care staff [are included], which for us means occupational therapy, physical therapy, social work, speech/language pathology, nurses, volunteers — everybody," Flees says.

At Marshfield Clinic, education efforts include a self-study training package full of facts about latex sensitivity. "From an educator's point of view, self-directed learning is good for people who aren't always in the same place and on the same schedule," Seehafer says.

The clinic also offers additional training via a computer-based program networked to all of the facilities' PCs. The program, which the clinic developed with help from Autumn Software in Plover, WI, allows employees to sign in at any

computer, call up the training program at any time, and work through the information at their own pace. The computer uses employee ID numbers to keep track of who has progressed to what stage in the training and to record results of a post-test. Employees also can use the computerized training module as a reference.

Providing different alternatives for employee training has been a successful strategy for Marshfield Clinic, Seehafer says. "We always look at what are the different ways we can convey this information. The same method won't be conducive for all people."

Latex sensitivity symptoms, interventions

Marshfield Clinic's self-study packet explains the symptoms that could indicate sensitivity to latex, which include the following:

- complaints of unresolved or frequent dermatitis;
- repetitive respiratory symptoms with unknown causes;
- a history of swelling, itching, wheezing, conjunctivitis, or sneezing from latex rubber contact;
- unexplained anaphylaxis;
- oral itching after eating avocados, bananas, kiwi fruit, or chestnuts.

The information also explains the difference between the two most common forms of latex sensitivity.

In the relatively milder, Type IV reaction, contact with latex products can result in skin rashes, eczema, or other dermatological symptoms. These symptoms sometimes can occur days after contact, but they will recur consistently with continued exposure to latex. Type IV sensitivity is not classified as a true latex allergy because it is believed to be a reaction to the chemicals used in processing latex.

The more dangerous Type I allergic reaction usually sets in immediately on contact and can include congestion, conjunctivitis, wheezing, bronchospasm, facial swelling, tachycardia (abnormally rapid heart rhythm), nausea, swelling of the larynx, hypotension, and flushing.

COMING IN FUTURE MONTHS

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■ Help staff, patients deal with Y2K fears

In these rarer but more serious cases, resuscitation may need to be administered immediately — with latex-free equipment.

Kathy Sater, RN, MSN, director of education for Shriners Hospitals for Children Houston Hospital, sees many pediatric spina bifida patients who develop severe latex allergies as a result of repeated exposures to medical products containing the substance.

Because of the facility's reputation for maintaining a latex-safe environment, it also has drawn some health workers who can't work anywhere else because of their own latex allergies.

Sater says two major risk factors for increased latex allergy are the age of first latex exposure and the frequency of later exposures. Not everyone who has a milder, Type IV reaction early on will see those reactions become more severe, but Sater says it's possible.

"You may never have it get any worse," she says. "That would be dependent on how many exposures you would have. Are you a person who tends to develop allergies? If you're atopic [have a hereditary allergy disease] and you already have a history of allergy to other items, then you have a much greater chance of showing greater allergy over time."

New patients identified as latex-sensitive

At Ministry Home Care, identifying patients with latex sensitivity or allergy is easiest when the patients have been referred through Marshfield Clinic or St. Joseph's Hospital, where awareness is high, Flees says.

"They use some special procedures for identifying a patient with latex sensitivity," she says. "There was special signage and special identifiers put on charts so it would come to somebody's attention rather quickly."

For patients referred from elsewhere, it became important to educate intake workers to ask questions specifically aimed at identifying those who may be allergic.

"In several places, we've put reminders for people to ask specifically about that allergy," Flees explains. "You know, we always say to patients, 'Do you have any allergies?' and of course the first thing they think of is probably medication. But you have to take it one step further and ask are there other environmental allergies, whether that be dust or mold or latex."

Internet Connect

Surf the Web for latex links

The Internet is a rich source of information about latex sensitivity, from government labor sources to medical sites with suggested substitutes for latex products.

Here are some places to start:

www.cdc.gov/niosh/98-113.html — The National Institute for Occupational Safety and Health offers a "Latex Allergy Prevention Guide," which explains latex sensitivity, answers common questions, and suggests steps that can help protect health workers from latex exposure in the workplace.

www.execpc.com/~alert — ALERT, or the Allergy to Latex Education and Resource Team, is a nonprofit organization that provides information about latex allergy and supports latex-allergic individuals. The organization's Web site provides product lists and information packets for health workers, patients, and schools. This site also has a number of links to other latex allergy sites.

www.sbaa.org/html/sbaa_latex.html — Because children with spina bifida are at increased risk of latex sensitivity and allergy, the Spina Bifida Association of America has plenty of detailed latex information and tips on its Web site. The site lists substitutes, including brand names, for home and medical products containing latex, and it lists catalogs that deal in latex-free equipment. ■

When a patient isn't sure, he or she is asked about the symptoms that would indicate latex sensitivity, such as dermatitis problems or allergies to specific foods.

Because the most important method of prevention is avoidance of latex products, it's important that employees and patients know what products contain latex and that they have access to alternatives.

Ministry Home Care provides a latex-safe kit, which contains the most commonly used products for home health patients, including several sizes of nonlatex gloves, stockinette, a silicone catheter, a selection of latex-free syringes, and plastic tape. When ordering supplies, staff use a supply catalog that has special coding for latex

(Continued on page 109)

Latex Sensitivity Competency Test

1. **What is the primary source or material that triggers a latex sensitivity in individuals?**
 - A. Powder found on the inside of gloves.
 - B. The protein remaining after processing of the latex sap.
 - C. Foods such as cherries, bananas, avocados, etc.
2. **Identify three groups of people, excluding health care workers, who appear to be at high risk for being latex-sensitive.**

3. **What type of reaction could a patient exhibit? (match numbered response to lettered example).**

- A. Type I anaphylactic reaction.
- B. Type IV reaction.
 - 1) Rash, eczema, or other dermatological problems; watery eyes and nose: usually several days later.
 - 2) Rhinitis, conjunctivitis, wheezing, bronchospasm, facial swelling, tachycardia, urticaria, nausea, vomiting, laryngeal edema, hypotension, flushing: sudden onset and unexpected.
4. **List two common products at home that might be harmful to a person who is latex-sensitive.**

5. **List two precautions you would advise to a parent of a young child who is latex-sensitive.**

6. **In the patient's home/environment, list two precautions you would take if you have a patient who is latex sensitive.**

7. **You are admitting a patient who has been identified as having a latex sensitivity. You are aware the patient is in need of supplies but are unsure if the supplies contain latex. What resources can you access to help you identify latex-free supplies and/or protect the patient from latex exposure?**

8. **True or false:** Health care workers are not at risk for developing a sensitivity to latex.
9. **True or false:** Airborne particles containing the latex protein could be fatal to a latex-sensitive person.
10. **True or false:** Signs and symptoms of latex sensitivity can range from a skin rash, itching, red/swollen skin, rhinitis/sneezing, and hives to shortness of breath, chest pain, and/or anaphylaxis.

Answers

1. B

2. Any of these: Persons with myelodysplasia/spina bifida, persons with congenital anomalies, industrial workers with frequent exposure to rubber, patients undergoing hemodialysis, patients using rubber catheters and latex gloves.

3. A. 2) B. 1)

4. Any of these: balloons, condoms, household rubber gloves, some baby bottle nipples, pacifiers, toys.

5. Any of these: Notify school officials/health care providers; review toys, child-care products, household products that are likely to contain latex; wear a Medic-Alert bracelet; carry nonlatex gloves for emergencies; carry epinephrine.

6. Many suggestions possible: No latex gloves/latex supplies, alerting other patient care providers, etc.

7. Catalog listing supplies with code to identify if containing latex, latex-free supply tray, policy outlining ways to protect from contact and substitutes, allergy resources — literature, practitioners, etc.

8. F

Source: Ministry Home Care, Marshfield, WI.

products to avoid mistakes. "That's what's most difficult — what is it hidden in?" Flees says.

Latex-free alternatives are easier to find and use than they were only a few years ago, Seehafer says. "It's become much easier to replace those products because of a general push by the health care industry, which in turn pushes manufacturers to make more latex-free products."

Latex-free gloves, in particular, have improved tremendously — the best ones now fit better and allow the wearer more dexterity while providing comparable protection, she says. "Over the years, gloves have developed quite a bit, so the gloves you have now fit pretty well," she says. "You can work pretty well with them."

Alternatives to latex gloves available

The market now provides a number of glove alternatives, including vinyl and nitrite versions. Each has its drawbacks. Vinyl has a tendency to tear more easily and has limited dexterity. Nitrite is actually more puncture-resistant than latex, but it tends to tear upon puncture rather than forming a small hole as latex does. Nitrite gloves allow more dexterity and tactile sensitivity, but they are more expensive.

Sater says Shriners hasn't had problems with the newer vinyl gloves, despite concerns that they wouldn't be as sturdy as latex.

"We've not had a problem [with tearing], and we don't have a practice of double-gloving, which initially was considered necessary. We haven't found that to be the case. We have not had any big concerns."

Be aware of powdered latex

Flees says the most significant change at Ministry Home Care was to stop using powdered latex gloves. The powder is designed to make the gloves easier to put on and remove, but it picks up the proteins in the latex and disperses them into the air with every snap of a removed glove. From there, the proteins can be inhaled by sensitive patients and workers. Ministry Home Care now only uses nonlatex gloves, Flees says.

In addition to a complete education program on latex, the issue is addressed in a number of other inservices at Marshfield Clinic, Seehafer says.

"We went through this with blood pressure training," she says. "We were updating people on

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taking blood pressures, and our education program primarily focused on making sure everyone was doing it the same way, to standardize our procedure.

"A very small part of that was to be very much aware of patients with latex sensitivity and how to protect them from the blood pressure cuff and tubing, which may contain latex products," she says. "So we said that if you have someone with a known latex sensitivity, you put a very thin stockinette over the arm first. Then you can apply a blood pressure cuff, and you don't have to worry if the tube brushes their arm."

That process of raising latex awareness repeats itself for every procedure, Seehafer says.

And that's just the medical aspect of awareness. Marshfield Clinic now bans latex balloons in patient care areas because of sensitivity problems. "If someone goes out to buy a bunch of balloons for somebody's birthday or anniversary, we remind them to make sure it's latex-free," she says.

At Shriners, trouble came from an unexpected source at Christmastime. "We had a volunteer group that wanted to come decorate for Christmas," Sater says.

"They put 250 poinsettias all over. Turns out poinsettias are potentially a latex allergy problem. If you break the plant and expose the skin to the white sap, there's a problem. As long as no one was handling the plants, it was OK. But if they were to handle and break it, and had a true allergy, there could be a real problem." ■

Patients need information about sources of exposure

Average home full of products containing latex

For patients with latex sensitivity or allergy, the home can be a minefield full of seemingly harmless items that can cause real damage if touched.

Once patients have been diagnosed with latex sensitivity and are receiving medical care in a latex-safe environment, they must turn to their own households to determine which items can stay, which must go, and which must be used with care.

“There’s an estimate that there are probably 400 medical products that are known to have latex, and there’s an FDA requirement that they be labeled,” says **Kathy Sater**, RN, MSN, director of education at Shriners Hospitals for Children Houston Hospital.

“However, that does nothing for the 40,000 household everyday products that are out there that don’t have to be labeled. That’s the biggest challenge for families,” she says.

Home contains possible risks

It’s important to provide patients with comprehensive information about possible risks, to help them navigate this new reality. Their responses likely will depend on the severity of their latex reactions. People with milder, Type IV latex sensitivity may not feel the need to be as vigilant as someone with a more serious, Type I allergy.

“It’s not to frighten people, but to make them aware of the environment they’re working in and of their own home environment,” says **Julie Seehafer**, MSMT, an educator in the human resources development department of Marshfield (WI) Clinic.

The list of items that can create a problem is long, varied, and, in some cases, surprising. There are the easier-to-spot offenders such as rubber gloves, some buckets and pails, many baby bottle nipples and pacifiers, balloons, and rubber bands.

A whole range of toys contains the ingredient, including older-issue collectible Barbie dolls, GI Joes, and other figurines. Newer versions aren’t listed as a hazard, Sater says. “If they’re flexible

or have that bend to them, I’d be suspicious,” she says.

Elastic in gym clothes, socks, or even disposable diapers can contain latex, although synthetic elastic substitutes also are available. Some forms of chewing gum are suspect. The locking closures on some sandwich bags contain latex, as do the undersides of nonskid throw rugs.

And the most intimate of items, condoms and diaphragms, often contain latex. Latex allergy groups recommend polyurethane condoms as substitutes. Lambskin condoms do not cause the allergy, but the Centers for Disease Control and Prevention in Atlanta does not recommend them for prevention of HIV or other sexually transmitted diseases.

Steps to a latex-proof home

Because of the wide range of products that are possible offenders, Sater says, “first of all, acknowledge that you probably can’t get rid of it completely, so you need to know what products in your house have latex and how you’re going to handle them.”

That can mean covering an item when there’s no acceptable substitute for it or vacuuming more often to keep allergens at bay.

She advises that patients with a known severe or increasing sensitivity to latex take the following steps:

1. Prepare for possible accidental exposure.

Carry vinyl gloves. This serves two purposes: “First, if I’m ever in an accident, and I have a latex allergy, I want to make sure that whoever handles me or helps me wears this glove instead of the latex version,” Sater says. “Second, if I have vinyl gloves, and I’m forced into a situation where I have to remove or move away something with latex, I put them on for my protection.”

She says any patient or health professional with a latex allergy should wear a Medic Alert bracelet. And someone with a history of severe or increasing reactions should carry an auto-injector of epinephrine such as an Epi-Pen.

2. Look for alternatives to latex products.

In many cases, they’re out there but may be a little harder to find. Latex allergy organizations can steer patients to latex-free substitutes. Among them are: ALERT, (888) 97-ALERT; the Latex

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Allergy Information Service, (203) 482-6869; and the Spina Bifida Association of America, (800) 621-3141. (For more information and Web site addresses, see Internet Connect, p. 107.)

3. Watch out for cross-reactivity to certain foods. Patients often are diagnosed with a latex allergy in part because they are allergic to foods such as bananas, avocados, or chestnuts. They obviously should stay away from those foods and should be careful of other foods that have shown cross-reactivity in latex-sensitive patients. (See list, p. 116.)

4. Work with outside contacts to minimize exposure. Sater's work with pediatric spina bifida patients has put her in contact with school nurses to explain the dangers of latex allergy. Students can be kept away from pencil erasers, some glues, latex balloons at parties, and the latex gloves in the nurse's office.

Eating in a restaurant where workers wear powdered latex gloves can cause a reaction, as can trips to the dentist. "Dentist's offices are a big challenge for families," Sater says. "They need to educate their dentists that they are at risk and on the precautions that they need when they visit the dentist's office because [dentists] use a lot of latex products."

Patients should request the first appointment of the day, before dental workers have had an opportunity to snap latex gloves on and off repeatedly, dispersing latex-infused powder into the air. The room should be dusted, if possible, to remove any existing latex dust from the equipment.

"If you truly have a severe allergy, it takes a lot of advanced planning to protect yourself," Sater says. ■

SOURCES

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Try this patient education on latex sensitivity

The Marshfield (WI) Clinic at St. Joseph's Hospital uses the following information in educating its patients about latex sensitivity:

Latex/natural rubber sensitivity

The occurrence of allergic reactions to latex, or natural rubber, is increasing. Persons with a known latex sensitivity, or those at risk for developing it, need to develop an awareness of this condition and know how to protect themselves from future reactions.

Natural latex is the milky sap of the rubber tree or plant. Rubber is a processed plant product that is derived from latex. The proteins in the latex appear to be the primary source of allergic reactions.

Latex sensitivity occurs most frequently in populations that have increased exposure to latex products. The greatest risk of reaction occurs when latex products come in direct contact with mucous membranes, a person receives latex in an injection, or a person inhales latex particles. The following are high-risk groups for developing latex sensitivity:

- Persons with spina bifida/myelomeningocele or urogenital anomaly — due to multiple surgeries or medical procedures.
- Persons using rubber catheters/latex gloves for urinary catheterizations or enemas.
- Health care professionals following universal precautions requiring use of gloves.
- Persons with industrial/occupational exposure to latex or rubber and those wearing protective rubber gear.
- Persons developing latex sensitivity frequently have a history of hay fever, asthma, eczema, or allergies to food or other items.

Symptoms

Symptoms of an allergic response to latex can vary from a mild reaction (skin rash) to severe life-threatening shock (anaphylaxis). Severity of symptoms depends on each person's sensitivity and amount of exposure to latex. The most common symptoms include:

- skin rash, itching
- red, swollen skin
- hives, welts

- eyes watery, irritated
- nasal congestion, runny nose
- sneezing
- wheezing
- shortness of breath, difficulty breathing
- chest pain
- lips and mouth swell and itch after blowing up balloons or eating certain foods

Diagnosis to determine sensitivity to latex is made by skin or blood testing and history of exposure.

Precautions

Take these necessary precautions to minimize the risk of latex sensitivity reactions:

- Become aware of products containing latex/natural rubber. Decrease exposure to these products.
- Wash area thoroughly if exposed to a latex product.
- Maintain intact skin; seek treatment for any signs of dermatitis.
- Wear a Medic-Alert bracelet or necklace stating "Allergy to Latex."
- Carry synthetic gloves with you in case they are needed.
- Ask your physician about carrying an epinephrine self-injector kit.
- Inform health care providers, dentists, employers, teachers, and babysitters of latex sensitivity.

Food allergies

Persons who have allergic reactions (itching in mouth, rash, wheezing, or hives after eating) to the following foods also may have a latex sensitivity:

- | | |
|--------------|-----------------|
| — avocados | — milk |
| — bananas | — nectarines |
| — cherries | — papaya |
| — celery | — passion fruit |
| — chestnuts | — peaches |
| — figs | — plums |
| — kiwi fruit | — potatoes |
| — melons | — tomatoes |

Household products

Following is a listing of products that may contain latex/natural rubber: (This is not a complete listing. Always check manufacturers' labels for latex/natural rubber content. Call manufacturers and ask about product contents if not listed on the packaging because this labeling is not required by law.)

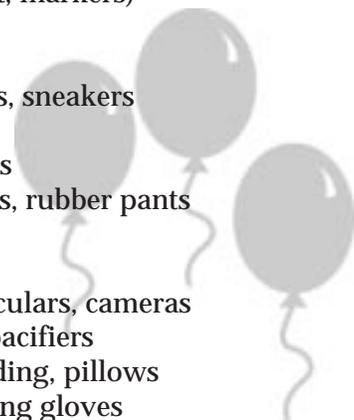
- art supplies (paint, markers)
- balloons
- bath toys, rattles
- beach shoes, boots, sneakers
- bungee cords
- crib, mattress pads
- disposable diapers, rubber pants
- elastic in clothing
- elastic thread
- eye piece on binoculars, cameras
- feeding nipples, pacifiers
- foam-rubber padding, pillows
- household/cleaning gloves
- latex paint (avoid inhaling and skin contact when paint is wet)
- raincoats, waterproof clothing
- rubber balls
- rubber bands
- rubber erasers
- rubber grips on sport equipment
- rubber Halloween masks
- rubber stamps
- rubber stoppers
- spandex paints, girdles, athletic supporters
- swim gear (fins, goggles, snorkels, scuba equipment, and clothing)
- teething toys
- telephone cords
- tires

Medical/health products

- adhesive tape, some bandages
- airway equipment
- blood pressure cuffs
- bulb or ear syringes
- condoms, diaphragms
- crutch pads
- dental dams
- elastic bandages, Ace wraps
- latex gloves
- rubber tubing, catheters
- syringes, IV supplies
- tourniquets
- wheelchair tires

Use alternative products made of vinyl, Teflon, or silicone, including vinyl gloves, plastic tape, cloth or plastic toys, or Velcro. Have a layer of cotton cloth/stockinette between the rubber product (elastic bandage, blood pressure cuff, elastic in clothing) and your skin.

Call your medical provider if you have any questions or concerns related to latex/natural rubber sensitivity. ■





Story boards offer mobile canvas for competencies

Faced with a busy, mobile staff and a desire to beef up knowledge of competencies, Mercy Medical Home Care in Fairhope, AL, designed a series of portable storyboards perfect for self-study in the agency's two offices.

Previously, Mercy Medical had relied on an orientation checklist and mentoring in the field to ensure that its new nurses were caught up on all the necessary competencies, says **Starr Flynn**, RN, C, staff development instructor.

"We weren't catching everything in the time frame we wanted because we wanted to get it all done within the first 30 days," she says. "This will probably be an ongoing type program for our annual competency assessments."

PCCs develop new ways to educate

The agency's patient care coordinators (PCCs) met to develop a way to address the subjects efficiently for staff in the offices in Mobile and Baldwin counties without having to duplicate efforts. In addition to basic home health, Mercy Medical offers hospice, rehabilitation, psychiatric services, palliative care, and pediatric care in a region that Flynn estimates stretches 100 miles.

The PCCs settled on storyboards — tri-fold hinged boards that fold out to a 4'x3' teaching surface. On the boards are sheets printed on colored paper and highlighted with clip-art drawings. They can be transported to an office, unfolded, and left up for hours at a time, either for a group of nurses or for individual self-study. Sign-in sheets and quizzes keep track of who has attended and finished the training.

The PCCs handled the project, first drawing up a list of competencies that could be handled through storyboards. "You couldn't do catheters as a self-study, none of the hard skills other than the nursing judgment type skills," Flynn says. "I think that more of these are apt to be some of the knowledge that the nurse already has or needs to have."

They settled on about a dozen topics, including rapid physical assessment, telephone triage, a Fall Risk Assessment Tool, patient education, pain management, symptom management, identifying abuse and neglect, nutrition, and multiple medication management. The PCCs worked on the boards, asking staff to help on topics with which they were familiar. Flynn says the boards were designed to be clear and inviting.

"We used print that's large enough for most people to read," she says. "There are pictures and cut-outs and [features] you can lift up and look at. We tried to be creative with that and keep them interesting."

An important aspect of each board is an accompanying quiz, a feature that Flynn says the agency has fine-tuned since the program began in May. "We all needed to use the same format [for the quiz]," she says. "You need to have more than just five questions because that would skew the results. If you missed one, it could really lower your score."

When the storyboards are set up at an office, nurses are given blocks of time in the mornings and afternoons during which they can attend with other staff. They go from station to station, looking over the information and answering each quiz. At the end, they sign the sign-in sheet and turn in their quizzes.

"That way, we know everyone has an across-the-board knowledge, that no one has slipped through the cracks. We just put it together, and it's ongoing. The boards rotate between the counties."

In one competency, age-specific care, the nurses viewed a 20-minute video that Mercy Medical purchased, then answered a similar quiz afterward.

Flynn says the boards are left up for a while, so nurses can get to them when they have time. They're also used as an orientation tool. New staff use them in a self-study format; they can review the information when they're not out in the field. Staff are given 30 days to complete all of the boards. "If they have any questions, they can always ask, and we have resources for them."

Although not all topics are suited to the format, Flynn says Mercy Medical is looking at ways to incorporate more hands-on skills. Any other necessary competencies will be performed in the field with mentors.

Agencies interested in duplicating the agency's idea should take care to standardize the format

across all of the storyboards, Flynn says. Also, make sure each board has the key to its quiz ahead of time.

“Make sure that one person is typing up all of the quizzes so the same format will exist,” she says. “I really prefer a multiple choice combination with critical thinking [questions]. That way, you actually know that they’re applying their knowledge.”

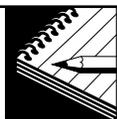
All this preparation doesn’t just ease the learning process, it improves the documenting process

SOURCES

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as well. Names from the sign-in sheet can be sent to the education department as well as human resources for individual files. ■

GUEST COLUMN



To help client with advance directives, know thyself

By **Sharon Newton**, MS, RN, CDMS
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Most regulatory bodies require medical and home care agencies to provide information on advance directives to their clients. This stems from the federal Patient Self-Determination Act passed in 1992. There are several advance directives common among all the states; there are some specific to certain states. It’s important for managers to know what is pertinent to their states so they can help their staff implement these rules. It is also important for them to be able to cope with death so they can support their staff when a beloved client is at the end stage of life.

• **Advance directives:** Essentially, competent individuals can express their choice(s) for life-sustaining medical treatment before they become incapacitated and unable to do so. Additionally, a client may make a declaration for mental health treatment in some locations, such as Texas.

The common choices a client may make include the directive to physicians (living will), the durable power of attorney for health care, and the do-not-resuscitate order. Some states, California and Texas for example, have added the out-of-hospital do-not-resuscitate order and the declaration for mental health treatment.

The witnesses who sign these forms usually must not be related to or caring for the client; nor can they benefit from the client’s will.

• **Directive to physicians (living will):** This choice directs the individual’s physician to withhold procedures that would prolong life in the event of a terminal illness. The document is signed in front of witnesses and the original provided to the physician.

It is a good idea for the individual to discuss the decision with family members in order to avoid the initiation of procedures the client did not want. Usually two physicians have to certify that the client is terminally ill.

The procedures to be withheld may include cardiopulmonary resuscitation, intubation, and artificial feedings.

• **Durable power of attorney for health care:** In this choice, clients designate someone to make health care decisions for them if they become incapacitated and are unable to do so. It applies only to health care, not finances.

• **Do-not-resuscitate order (DNR):** The competent client can tell the physician that a DNR order should be placed on the chart in the event of admission to a hospital, nursing facility, or hospice. The client does not have to have a terminal condition. The order would go into effect in the institution should the client stop breathing or not have a heartbeat.

• **Out-of-hospital DNR:** It is now possible for clients to have a DNR order in place while they are at home. This advance directive usually would apply specifically to emergency medical service or other health care personnel.

• **Declaration for mental health treatment:** A competent adult may choose certain mental health treatments to be used in the event of incapacitation. These include psychoactive medications, electroconvulsive treatment, emergency medical care, and other preferences. Two witnesses must sign the form.

• **The manager’s role:** Managers must be familiar with the rules and regulations on

end-of-life issues in their states. They must be familiar with their feelings toward these issues. They must be able to support their staff and be able to comfortably discuss the agency's expectations and then allow the staff time to become comfortable with their own mortality so they, in turn, can support the clients during the decision making process.

Above and beyond the manager's feelings toward these end-of-life issues, however, is the clients' autonomy to choose what is best for them based on their culture, religious beliefs, and own acceptance or avoidance of these topics. Managers should empower their staff to be client advocates.

- **The nurse's role:** The nurse usually is the agency's representative who gives the client written information about state-designated advance directives. The nurse must be familiar with the advance directives and must be able to explain them to the client in easily understandable terms.

Some agencies do not routinely provide the specific forms unless the client requests them. Since people often are uncomfortable discussing matters related to incapacitation and death, the nurse must be sensitive to the client's needs when making these explanations.

- **Nurses' attitudes:** In order to discuss adequately these end-of-life issues with the client, nurses must face their own incapacitation and/or deaths. A shared emotion is fear of death. What do people fear as they ponder the fact they will die? Nothingness? Abandoning loved ones? Unfinished business? Losing control? As nurses come to grips with the answers, they will be better able to be empathetic in discussing death and advance directives with their clients.

- **Caregivers' attitudes:** In the home setting, providers often encounter family members and friends who care for and about the client. With the client's permission, include them in teaching, too. In the event of an out-of-hospital DNR, family understanding and cooperation are vital.

Caregivers should be prepared to know how they will handle the situation if clients who have this in place cease to breathe while caregivers are in the home and the family wants them to call emergency medical services. What are they ethically bound to do? To whom or what is their responsibility now? If clients have included the caregiver and other significant people in making the decision, the client's wishes can be honored with dignity and assurance.

According to regulations, home care clients must be given information about advance directives. The agency manager and staff must know and understand the advance directives required in their state in order to educate the clients adequately.

Managers should know their own feelings about death in order to be understanding of the needs and sensitivities of the nurses and staff who will be working closely with clients and caregivers.

The staff should also know their own feelings about death in order to be aware of the needs and sensitivities of clients and caregivers. The staff, operating from an ethical standpoint, are in an enhanced position to aid clients in this period of end-of-life transition. ■

❁ *Special Days to Remember* ❁

September

1-30: Leukemia Awareness Month. During this month, volunteers nationwide increase their efforts to provide information to the public about leukemia and related diseases. Contact: Leukemia Society of America, Marketing and Communications, 600 Third Ave., New York, NY 10016. Phone: (800) 955-4LSA or (212) 573-8484.

1-30: National Sickle Cell Awareness Month. This observance aims to increase awareness of sickle cell anemia and promotes activities of the Sickle Cell Disease Association of America Inc. Educational materials are available through the association. Contact: Ralph D. Sutton, Deputy Director, Sickle Cell Disease Association of America, 200 Corporate Pointe, Suite 495, Culver City, CA 90230. Phone: (800) 421-8453. Fax: (310) 215-3722. E-mail: lascdaa@aol.com.

1-7: Labor Day Checklist of Health and Safety. The American College of Occupational and Environmental Medicine offers a checklist for both employers and employees designed to improve health and safety in the workplace. Contact: Kay H. Coyne, Public Relations Director, American College of Occupational and Environmental Medicine, 55 W. Seegers Road, Arlington Heights, IL 60005. Phone: (847) 228-6850, ext. 152. Fax: (847) 228-1856. E-mail: Kcoyne@acoem.org. Web site: www.acoem.org.

12-18: National Assisted Living Week. This observance highlights the role of assisted living

facilities in helping elderly residents to live independently. It is sponsored by the National Center for Assisted Living, the assisted living arm of the American Health Care Association. Contact: Carolyn Love, AHCA, 1201 L St. N.W., Washington, DC 20005. Phone: (202) 898-6318. Fax: (202) 842-3924. E-mail: clove@ahca.org. Web site: www.ahca.org.

23: Congressional Families Action for Cancer Awareness Seventh Annual Awards Luncheon. This luncheon, also sponsored by the Cancer Research Foundation of America, will be held on Capitol Hill to honor pioneers in the field of cancer awareness and hear from medical experts on issues concerning breast and prostate cancers. Past honorees include Gen. H. Norman Schwarzkopf and the Hon. Sandra Day O'Connor. Contact: Linda Bachus, Cancer Research Foundation of America, 200 Daingerfield Road, Suite 200, Alexandria VA 22314. Phone (800) 227-CRFA or (703) 836-4412. Fax: (703) 836-4413. Web site: www.preventcancer.org.

October

1-31: Auto Battery Safety Month. Prevent Blindness America sponsors this campaign to teach drivers how to jump-start a dead battery safely. Incorrectly jumped batteries can explode, causing blindness. 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.

1-31: Healthy Lung Month. This is the American Lung Association's educational campaign to promote preventive measures for better lung health. This year's focus is on influenza/pneumonia immunization, better indoor air quality, and asthma management. Contact: (800) LUNG-USA. Web site: www.lungusa.org. ■

CE objectives

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

1. Create comprehensive latex-sensitivity training for staff and a latex education program for patients.
2. Describe to caregivers practical suggestions for reducing stressors affecting dementia patients.
3. Construct new versions of familiar games to teach patients what they need to know. ■

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