Introduction

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Best Practice

The Idaho Statesman posted a great story this week. This is an acceptable practice, so feel free to follow the link.

Preparing for Survey:  
by Polly Watt-Geier

We all have had positive and/or negative experiences of being evaluated by others. As an administrator of a residential care or assisted living facility you might have many evaluations you conduct on your own staff. In addition, your facility’s corporation or owner may also conduct their own evaluations or quality assurance checks. Those evaluations can be stressful enough, but when the “State” enters your doorway and smiling surveyors announce they are there to survey, the evaluation process intensifies.

Preparation for surveys may not relieve the stressful experience entirely, but understanding the survey process and documentation required will help make the survey process go more smoothly and quickly. Please take the time to review the “Preparing for Survey” section on our website: www.assistedliving.dhw.idaho.gov.

The goal of any evaluation is to assess where one is exceeding and to also figure out the areas where further growth can occur. Surveys are no different and when we can work together to figure out how to improve care for the residents, we all succeed.
Residents’ Rights: by Polly Watt-Geier

I know we all are aware of and take thoughtful steps to protect residents’ rights for those who reside in a residential care or assisted living facility in Idaho. The residents’ right section of the rules can be found at IDAPA 16.03.22.550.

One residents’ right that can be overlooked on occasion is IDAPA 16.03.22.550.04.d Be provided a separate storage area in his own living area and at least one (1) locked cabinet or drawer for keeping personal property.

Please make sure the residents at your facility have a separate storage area that is lockable, so they have a secure place to store their personal belongings. We want them to make their space as home-like as possible, where they can protect their items that hold value to them and have some control of their personal space.
On August 21st, some of us will experience quite an extraordinary event. The sun will go dark.

This doesn’t happen very often, and when it does, it’s usually somewhere else. For a lot of people, this is a very big deal. Statistically, a total solar eclipse is rare, occurring in the same spot (on average) once every 375 years, and even then, it’s possible to have your view blocked by clouds. Idaho has a high likelihood of sunshine and good viewing, so this means an influx of visitors to our State. The population of Idaho is roughly 1.65 million and current estimates are that 500,000 to 1,000,000 visitors will squeeze into a 65 mile wide corridor as they try to experience the total eclipse. It’s a fact that solar eclipses are rare. They technically happen somewhere on earth about every 18 months. But the odds of one happening in your neck of the woods is much more infrequent. The next total eclipse anywhere in the lower 48 states won’t happen until 2024, and the next one in Idaho will happen Jun 25th 2169...if you miss that one, then catch the Dec 31st display in 2252. I’m putting my time-off request in now.

So, as you can see, people want to come and see. This naturally put’s a strain on the local population in many ways; and these strains are what we are going to talk about in this Newsletter.
In our January Newsletter, we discussed having emergency preparedness plans in case of a bad weather event...we discussed lots and lots of snow. Lots and lots of people aren’t really all that different—it’s a blizzard of humans, if you will. Dr. Kate Russo is a professional eclipse chaser. She observes that 88 million people live within a day’s drive of the upcoming eclipse. She also points out that historically, officials have grossly underestimated the number of people who showed up to see one...by more than half. She believes that this will be the most watched solar eclipse in history.

So, what does that mean for you? How does this impact you and your facilities?

1) A lot of people means a lot of traffic. Consider the additional risk to your residents who like to get out and walk. Be cognizant of the added risks associated with heavy traffic. Officials anticipate that the population influx will begin on August 18th and continue on through the actual eclipse. Plan for 4 days.
2) Will you have any residents outdoors? Is there a chance they’ll look up? Proper eye protection can easily be purchased for under $5. Mine were $1 and managed not to be on the recall list.
3) Public servants such as police officers, firefighters, and paramedics may be easily overwhelmed. At my house, we have already received messages from the local Sheriffs’ department that overwhelming numbers could put them in a reactionary mode. It’s hard to be understanding during an emergency, but understanding the situation beforehand is very helpful. It’s also smart to have backup plans for those emergencies.
4) Eastern Idaho hospitals are anticipating an influx of 500,000 visitors to their area alone. In preparation, they plan to set up outdoor triage tents attached to their ER, in case they receive a large influx of patients. Director of Public Relations, Douglas McBride says that by doing this, it will allow them to treat critical cases first. Combined with items 1 & 3, it’s very possible that personnel could be overwhelmed. Be aware that there could be delays in the medical emergency process and have plans in place.

5) Have you ever been to a sports stadium and experienced poor cell service? Cell towers are designed to handle a finite number of calls. They’ve been built to accommodate the population at hand. Double that number? Triple? Quadruple? You get the idea. It’s a reasonable expectation that cell coverage may suffer. A tip…. Text messaging works, when often time a call will not. It required less signal strength, and phones will try repeatedly to send a text all on their own. Many communities have their own text alerts that you can sign up for.

6) Staff appropriately. It is reasonable to expect that the same potential delays affecting emergency personnel, will also affect your staff.

7) Are any of these things happening during the Eclipse? - O2 delivery? Food Delivery? Doctors Visits? Hospice or Outside Aid? What’s the backup plan if they cannot get through?

8) This time of year, it can get hot. With air conditioning, the power grid is already taxed. With the influx of extra people, it’s conceivable that power could go down. Do you have methods for keeping your residents safe and cool in the heat?

9) Sometimes, things get confusing… The following is an article written by Simon Noble, a specialist registrar in palliative medicine.
Sundowning on a sunny day in Cornwall, by Simon Noble

On 11 August 1999 the patients on an orthopedic ward in Cornwall were restless. An acute confusional state in an elderly postoperative patient is not uncommon, but what is unusual is when half the occupants of a 28 bed unit lose the plot within five minutes of each other. The first to become muddled, at 10:15 am, said he wanted his bedtime cocoa. Then a woman who had been sharp as a button an hour earlier started getting disoriented. I had seen her that morning, and she had been fine. So why was she now screaming about the war and hiding behind the bed? A patient who was progressing well with physiotherapy stopped midway through it and climbed under the covers into bed, another began to brush her teeth, and a third started rocking backwards and forwards in her chair.

The global confusion went as quickly as it arrived. Within half an hour everyone was back to normal. Examinations and investigations gave no clues to the cause of their cognitive impairment. There were no signs of infection or biochemical abnormality. No one had any new neurological signs, and the theory that all had experienced synchronized transient ischemic attacks seemed unlikely.

The only explanation could be what was happening outside. I was standing on the hospital roof with colleagues witnessing a total solar eclipse. It was a strange experience, watching a band of darkness rapidly approach. Most eerie was the silence. As darkness took hold, the birds stopped singing and fell asleep. Dogs stopped barking, and cattle presented themselves to farmers expecting to be milked again.
Sundowning on a sunny day in Cornwall, by Simon Noble…continued

I telephoned a nearby community hospital that was responsible for the rehabilitation of the elderly orthopedic patients. Despite their experiencing similar lighting, only one of their inpatients had become transiently confused. It transpired that the ward had been participating in a week long celebration of the eclipse, culminating in a party that day. The patients had been looking forward to the eclipse, and the changes outside were anticipated.

Every house officer will be familiar with the term Sundowning syndrome, when patients become more muddled as the evening draws in. This is a particular problem in patients with dementia, since their cognitive impairment impedes their ability to anticipate changes around them. Changes in a elderly patient's environment are a well recognized cause of confusion. It seems that, although the eclipse caused confusion in some patients, adequate forewarning and anticipation of environmental changes could prevent this.
This concludes our special eclipse edition. Be looking ahead to our next edition in 2169, it’ll be a doozy.

Some links that you might find helpful:

http://commerce.Idaho.gov/eclipse

https://visitidaho.org/storylines/travel-alerts

https://www.nasa.gov/audience/forstudents/5-8/features/nasa-knows/what-is-an-eclipse-58
