

# Oregon NHA

OREGON BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS - JAN 2005

*This newsletter has been created by the OREGON BOARD OF NURSING HOME EXAMINERS (BENHA) to provide an instrument of communication between the Board and the Oregon registered administrators.*

*The Board welcomes your comments and suggestions for information you would like to see published in future newsletters.*

## **BOARD MEMBERS**

- Misti Wittenberg, NHA  
Board Chair
- Rob Hays, NHA  
Vice Chair
- Anita Schacher, NHA
- Nurse Member: Vacant
- Ronald Gilson, M.D.
- George Gerding, R.Ph.
- Dolores Hubert, Public Member
- James Bagley, Public Member
- Raissa Moore, Public Member

## **BOARD OFFICE**

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## **2004-05 MEETING DATES**

- January 12, 2005
- April 13, 2005
- July 13, 2005
- October 12, 2005

Meetings convene at 8:30 a.m. at the location listed above.

## FROM THE EXECUTIVE OFFICER

--Janet Bartel

Dear Licensees,

Happy New Year! As I reflect on the past year, I realize that I have so much to be thankful for. I am deeply honored to be a part of this board and to have the opportunity to serve its licensees and the citizens of Oregon.

A large part of my job entails assisting citizens with referrals to the appropriate agency or organization. While it would be more convenient to simply refer them to the State Operator, I generally invite them to discuss their problem or concern and recommend the appropriate referral. I am truly amazed by their gratitude, and perhaps they are amazed that I take the time to listen and assist them. Some people would say that this simple act of kindness goes above and beyond the call of duty, but I believe that helping others is worth the extra effort.

Many of you go the extra mile on a daily basis, which brings me to the point of this article, I acknowledge that your work is demanding and often your efforts may seem to go unnoticed. One area in particular clearly demonstrates your competence and hard work: the survey process. In the past few months, several licensees and AITs have proudly proclaimed that their facility received a deficiency-free survey. Given this, I propose to add a Deficiency-Free Survey section to the newsletter.

Deficiency-free surveys are difficult to achieve and you and your staff deserve recognition for your efforts. Please call or email me with your deficiency-free survey information and I will acknowledge your success in the very next newsletter.

Congratulations to all of you for your hard work and extra efforts during the past year. I sincerely hope that 2005 brings you the success and rewards that you so well deserve.

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BOARD MEMBER OPENINGS

Please share the following information with qualifying members of your staff who may be interested in serving on the board

<u>MEMBER</u>	<u>VACANCY DATE</u>	<u>REQUIREMENTS</u>
Nurse	Vacant	Oregon licensed professional nurse actively engaged in caring for chronically ill and infirm patients.
Nursing Home Administrator	7/1/05	Oregon licensed NHA

The Board of Examiners of Nursing Home Administrators (BENHA) is comprised of nine members:

- 3 Nursing Home Administrators (NHA's)
- 3 Public Members
- 1 Pharmacist
- 1 Physician
- 1 Registered Nurse

Typically, BENHA Board Members serve a three-year initial term and are eligible for one three-year reappointment. The board meets quarterly in the months of January, April, July and October; however, if necessary, they may convene special meetings (generally via teleconference) during the year. Board Members are reimbursed for their travel, accommodation and meal expenses in accordance with state reimbursement schedules.

BENHA develops and enforces licensing standards for Nursing Home Administrators. Additionally, the board administers licensing examinations, issues, revokes or suspends licenses, investigates complaints regarding licensees and implements continuing education requirements for licensees.

Members of Oregon state boards and commissions are vital participants in policymaking, regulation, advisory and advocacy efforts affecting all Oregonians. When you join a board or commission, the public and the government become the beneficiaries of your experience and expertise. Accordingly, Oregonians are encouraged to become actively involved in the administration of state government.

The Board welcomes all forms of diversity—racial, ethnic, age, geographic, perspective, and gender—and the benefits that come with diversity: new thinking, stronger economy, greater social justice.

Application forms and additional information may be obtained by contacting BENHA at 503-731-4046 or from the Governor's office:

Executive Appointments  
 Office of the Governor  
 900 Court Street NE  
 Salem, OR 97301-4047  
 Ph: 503-378-3123  
 Fax: 503-378-6827  
 Website: [www.governor.state.or.us](http://www.governor.state.or.us) "Boards & Commissions" link

**You can make a difference! Apply today.**

## BOARD MEMBER DEPARTURE

The board extends its profound gratitude to the following member for her compassion and contributions to the board, the industry and to the citizens of Oregon.

### **Nurse Board Member – Margaret Clark, RN**

The Board realized a rather sudden and unexpected vacancy when nurse member Margaret Clark announced her resignation at the October 12, 2004 quarterly meeting. Clark shared that her recent retirement from the nursing profession has resulted in the expiration of her license, thereby disqualifying her from the nurse member position. Clark's departure not only leaves a vacancy in the board's membership, but also a void in the presence and contributions of a valued and respected member. Clark was appointed to a three-year term on the board July 1, 2002, and she successfully carried her charge for two of the three years. During the course of her nursing career, Clark devoted many years to the specialty of home care. In the latter part of her career, she was employed by Helping Hands and Adventist in homecare positions. The Board congratulates Clark on completing a successful career and on her transition to a well-deserved retirement.

## ANTIHISTIMINE WARNING

Millions of people use diphenhydramine for a variety of reasons including dust, pollen and other allergies, nausea, vomiting, vertigo and even for Parkinson's disease. Commonly sold under the brand name Benadryl, it's also used in many over-the-counter medications, including but not limited to, Excedrin PM, Nytol, Sleep-Eze, Somnex, Tylenol PM and Unisom.

While most people tolerate diphenhydramine relatively well, its adverse effects are amplified in older people, thus people age 60 and older should refrain from using it. Accordingly, geriatric specialists do not recommend the drug for older patients. Unfortunately, millions of older Americans use diphenhydramine, in one form or another, with no knowledge of the potential medical adverse effects. Included among the adverse effects of diphenhydramine use are dizziness or hypotension—which significantly increases fall risk; drowsiness; bowel problems; dryness of mouth, nose or throat; nervousness; restlessness; irritability and unusual excitement or nightmares.

Joseph V. Agostini, a professor at the Yale University School of Medicine and lead author of a study published in the *Archives of Internal Medicine* in 2001, found that diphenhydramine “significantly increased risk of altered attention level, disorganized speech, change in consciousness and alertness, and behavioral disturbances.” The study involved a group of older hospitalized patients (70+). Additionally, diphenhydramine can cause delirium and hallucinations and often results in urinary retention that can lead to urinary tract infections. Agostini expressed that “it really can have profound effects in older people. When you weigh risk-benefits overall, you may experience more harm than good...” His assessment of the drug as a sleep aid for older persons is direct: “This is a horrible choice—I almost can't think of anything worse.”

*The board extends its appreciation to physician board member Dr. Ronald Gilson for providing the information used to prepare this article: source AARP October 2004 Bulletin.*

The best way to knock the chip off someone's shoulder is to pat him or her on the back..

-- Unknown

## FROM THE GOVERNOR'S OFFICE

October 25, 2004

### NEWS RELEASE

#### **Governor Kulongoski Releases Elder Abuse Task Force Report Recommendations.**

Governor Ted Kulongoski today released a report from his Elder Abuse Task Force, containing recommended actions to strengthen protection for Oregon's older citizens. The governor established the Elder Abuse Task Force in February 2004 as part of his comprehensive review of the public safety system in Oregon. "One of my six Oregon Principles is that Oregonians should be safe in their homes, communities and in state institutions - and a key piece of that principle is protecting our most vulnerable senior citizens from neglect and abuse." said Governor Kulongoski. "That is why I set up the Elder Abuse Task Force earlier this year and invited experts from around the state to study this problem. I asked them to identify the kinds of elder abuse and neglect that Oregon seniors may be facing and to report back to me with concrete recommendations for how we can strengthen protection of these vulnerable citizens. I am pleased by the task force's work on this critical issue."

The task force, chaired by the governor's Senior Advisor Stephen Schneider, examined many kinds of elder abuse, including physical abuse, sexual abuse, financial exploitation, neglect and abandonment.

The Governor highlighted four recommendations from the report that he plans to pursue through administrative action in partnership with state and local agencies and the private sector. These include:

1. The development - by the Department of Human Services (DHS) - of a quick response process to expedite criminal background checks to reduce the current backlog of those waiting resolution of their background status. Additionally, the task force recommended that DHS strengthen guidelines to those caregivers who are hired before criminal background checks are completed so that they have closer supervision until their check is cleared.
2. The creation of a criminal history registry by the state to immediately alert care-providers if an applicant has already been identified as someone who has a criminal record. This system would eliminate the need for duplicate criminal background checks and set up barriers for those that seek employment in other related care-providing fields.
3. Renewed training for front-line banking staff on the indicators and prevention measures regarding financial exploitation of the elderly. The training will be developed in partnership with the Oregon Bankers Association, and their president Tom Perrick.
4. "Financial exploitation remains the number one form of reported elder abuse and each year in Oregon, criminals drain hundreds of thousands of dollars from the bank accounts of older Oregonians," said the governor. "The financial institutions in this state can be the true vanguard as we protect vulnerable Oregonians from this sort of crime."
5. The development of a best practices curriculum and training video to teach proper care-giving techniques and to alert caregivers of the signs of elder abuse that might be perpetrated by others. The video will be developed in conjunction with the long-term care industry and the Home Health Care Commission.

## FROM THE DESK OF HR ANSWERS

*The board extends its appreciation to HR Answers, Inc. for the following article taken from their newsletter Advantage. A special thank you is further extended to Advantage editor Deborah Jeffries, PHR, CPC. Advantage is published monthly and is designed to provide information on regulations, HR practices and management ideas and concerns. If you are ever in need of HR consulting services, you might want to consider contacting Deborah Jeffries at (503) 885-9815 or toll free at (877) 287-4476. You can also view past newsletter publications on HR Answers' Website at [www.hranswers.com](http://www.hranswers.com).*

**EMPLOYEE RETENTION**

As the economy is slowly taking a positive turn, many organizations have been discussing their retention concerns with their existing employees. Employers who are concerned that they're losing their best employees to other organizations are hearing the remaining employees say, "But I'm having to work harder and longer because my co-worker went to a better job with more opportunity." So then the question becomes, is it possible to stop the bleeding before they, too, become "burned out" and depart for greener pastures? The surprising answer is "yes." That's why we will be discussing several ideas and observations from others as well as ourselves around the topic of retention. This month we'll discuss getting to know and understand the individual, and next month we'll highlight mentoring.

According to the experts, pay increases made to retain employees after they have made a decision to leave are only effective for 9 to 12 months. Most employees who have voiced dissatisfaction will still leave even after the organization has increased pay or benefits in an effort to get them to stay. So if the experts are right, there's something else driving the employee away and they will leave unless underlying issues are resolved.

Some of today's employers have become quite considerate and appreciative of their employees, offering a variety of benefits and niceties from health insurance to dry cleaning, from day care to flex time. With all of this effort and design, employees still leave, which we know costs employers a great deal.

Recent data compiled by the Saratogo Institute in California shows the average exempt position remains vacant for 75 calendar days and costs a minimum of a year's salary to hire and train the new employee to regain the lost customer and supplier contacts. Dr. Linda Berens has done some leading-edge work in this area of psychology. Dr. Berens indicates that "individuals seek satisfaction for a core need, or sets of core needs, every day." Her studies reveal how each employee will seek to regularly gratify their needs in one of four distinct ways.

- 1 The first way is to better understand the meaning and significance of one's own life - to understand how it's unique. This group engages their diplomatic awareness to inspire and mentor.
- 2 A second way is to seek mastery and self-control - to be universally knowledgeable and competent in whatever they undertake. They prefer to engage their skills and strategy of design.
- 3 A third way is to seek membership or belong to a group and solidify this alliance by fulfilling responsibilities or duties for the group. They emphasize planning and logistics in their interaction.
- 4 The final group needs the freedom to act according to the needs of the moment so as to make a unique impact on others or the situation. They use their tactical intelligence to solve real time problems.

SNALFNEWS.COM (dailyemail@snalfnews.com)

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### **Expert Opinion: Nursing Homes Are An Economic Engine**

12/14/2004 – Dr. Daniel Rahn, president of the Medical College of Georgia, expressed the opinion that national and state policies should do a better job of protecting nursing homes, hospitals and clinics partly because of their critical role in boosting the economy. Dr. Rahn recently spoke at the National Conference of State Legislatures' fall forum held in Savannah, GA. Rahn believes that a national health care crisis is imminent due to the aging of America and the shortage of qualified health professionals. He explained that continued state budget cuts in health and higher education will only intensify the crisis and further impair the nation's physical and economic well-being. He called on state legislators nationwide to help repair the strained social contract between the health care workforce and the public. He further called for legislators to support health workforce development and create new opportunities for partnerships and alliances in the private sector for education, workforce and technology development.

### **Gillette Power Toothbrushes Recalled From Disabled Patients**

11/02/2004 — Gillette Co. announced a recall of Oral-B CrossAction Power and PowerMAX toothbrushes following several incidents involving patients with disabilities. The heads of the aforementioned toothbrushes loosened while being used by caregivers to brush the teeth of patients with disabilities and was caught in the throat or swallowed. While no permanent injury was suffered, medical assistance was required. The company will replace the aforementioned toothbrushes with its Oral-B Advance Power 400, which does not utilize a latch. More details on the recall may be viewed at <http://www.fda.gov/cdrh/recalls/recall-102704.html>.

### **Assignment By Ethnicity Increases In Chicago Nursing Homes**

10/12/2004 – Chicago, one of America's most culturally diverse cities, is increasing its assignment by ethnicity, a practice that helps elderly immigrants. Grouping residents by ethnic background is becoming increasingly common in Chicago, a city accounting for the third largest number of foreign-born residents. Aisan and Hispanic residents at the city's Mid America Convalescent Center have their own floor, and other facilities do the same for Poles, Russians, Indians and Koreans. The practice is especially helpful for those residents suffering from dementia in providing them more comfort with their surroundings. Further, it can help alleviate the guilt many families suffer when placing relatives in institutional care settings.

### **Amana, Trane and American Standard Air Conditioners/Heat Pumps Recalled**

10/04/2004 – Approximately 875,000 fire-prone air conditioner/heat pump units are being recalled by the Goodman Co. According to the U.S. Consumer Product Safety Commission, the units—primarily used by nursing homes, hospitals, schools and other institutions—pose a fire hazard when the air filter becomes clogged. The affected units were sold nationwide and in parts of Canada from January 1995 to March 2003. The recall includes manufactured units:

- Amana – January 1996 through March 2003
- Trane\* – January 1996 through August 2002
- American Standard\* – January 1996 through August 2002

\*using heaters rated 3.5 kilowatts or greater

For a complete list of the serial and model numbers of the recalled units go to <http://www.regcen.com/PTAC>.

CE SPOTLIGHT

**PORTLAND COMMUNITY COLLEGE**

The Board has approved the following workshops for CEU credits. All workshops will be held in Portland. Interested administrators should contact Sue Ann Johnson at (503) 244-6116 or log onto their Website at [www.pcc.edu](http://www.pcc.edu).

WORKSHOP	DATE	TIME	COST	CE HRS.
• Transformational Power of the Expressive Arts	1/21/2005	8:30am - 5:30pm	\$119.00	7
• Chronic Wound Management	2/19/2005	8:00am - 12:00pm	\$115.00	4
• Bloodborne Pathogens: OSHA Regulations	2/22/2005	8:30am - 12:30pm	\$ 93.00	4
• Current Concepts in Care of the Diabetic Patient	3/1/2005	8:00am - 4:00pm	\$130.00	7
• Physical Assessment Extensive - 2 Day	3/10-11/2005	9:00am - 5:00pm	\$200.00	14
• Geriatric Pharmacology	3/11/2005	8:30am - 3:30pm	\$119.00	6

**PRECEPTOR TRAINING WORKSHOP**

A preceptor training workshop has been tentatively scheduled in March 2005 from 1 p.m. to 4 p.m. at the OASHS office in Tigard. If you have been licensed for 3 years, you are eligible to become a preceptor. Enroll for the first time or re-enroll to brush up on your skills and knowledge. This is also an excellent opportunity to meet the Board’s Chair and Executive Officer; we’ll be there and we welcome the opportunity to meet you. Preceptors can expect to receive personal satisfaction, peer respect, community gratitude and continuing education credits for their efforts. Don’t miss this annual opportunity to receive your training in a workshop environment. Contact OASHS at (503) 684-3788 and register today!

**OASHS HIPPA TRAINING**

The clock is ticking toward the compliance deadline date for the Security Rule of the Health Insurance Portability and Accountability Act (HIPPA). Oregon facilities that are impacted must comply with the Security Rule by April 21, 2005, or will risk substantial penalties. Will **you** be ready? OASHS is offering a telephone seminar that will provide you with practical strategies and tools for implementing your facility’s HIPPA security compliance program. A touch-tone phone with muting capability is the only equipment needed for participation in the seminar. The contact person from each facility will be provided the hand-outs and additional information needed to participate. **Any number of staff from your facility may participate in the seminar.**

- Seminar: The HIPPA Security Rule: What Oregon’s Nursing Facilities Need to Know
- Date & Time: January 12, 2005; 10:00 a.m. to 11:30 a.m.
- Cost: \$69-\$89
- CEUs: 1.5 hours ethics credit
- Registration or Questions: Contact OASHS at (503) 684-3788.

**COMMUNITY EDUCATION, LLC OFFERS ONLINE CEUs @ \$5 PER UNIT (HR)**

[www.communityed.com](http://www.communityed.com)

- Alcoholism in Long Term Care ..... 6 CEUs
- Arthritis ..... 4 CEUs
- Dementia Fundamentals ..... 5 CEUs

FROM THE GOVERNOR'S OFFICE **Continued from page 4**

"We need to make sure caregivers know the signs of abuse and how to report it," said the governor. "Proper reporting to law enforcement could literally be the difference between life and death."

The governor also announced that he will work with his staff, the legislature and community activists on the task force's recommendation of an "Oregon Elder Justice Act of 2005" that would change statutory language to better protect older Oregonians.

"Whether it is kids who are just starting out in life or our elderly community who have enriched this state so much, we must strive to protect Oregon's most vulnerable citizens," said the governor.

Elder abuse is a multidimensional problem that impacts a large number of Oregonians each year - much of it undetected. Experts anticipate that between 1 in 5 to 1 in 14 cases of abuse or neglect go unreported each year.

The complete report of the Governor's Elder Abuse Task Force and a list of task force members is available online at [http://governor.oregon.gov/Gov/press\\_102504.shtml](http://governor.oregon.gov/Gov/press_102504.shtml)

It takes no more time to see the good side of life than to see the bad.

- Jimmy Buffet

## IMPORTANT REMINDERS

### **NHA Licenses Expire June 30, 2005**

Just a gentle reminder that all regular NHA licenses will expire in six months, or on June 30, 2005. A personalized continuing education (CE) update is included with this newsletter and will be provided with the April newsletter as well. Please examine your CE status and your requirements for renewal. The board's Website is a great resource for those of you requiring additional hours. Approved activities are posted on a monthly basis as well as online, correspondence and ethics sources. The board is in the process of transitioning to a new Website format, which includes the aforementioned sources. You may view the board's new Website at <http://egov.oregon.gov/NHABD/>.

### **Transitioning From Inactive Status to Active Status**

The board's laws allow a licensee who is not employed as an Oregon Nursing Home Administrator to renew under Inactive status with payment of a lesser renewal fee. Additionally, the board's laws require an Inactive licensee to revert to full Active status if they work as a Nursing Home Administrator in Oregon for six months or longer during the two-year license period. Given this, Inactive licensees may receive an NHA License Activation form if it appears that they have been employed as a nursing home administrator for six months or longer during the license period. Licensees are provided an Exclusion Option in the event they have not worked as an NHA for six months or longer. While the board office attempts to monitor employment changes, it is ultimately up to the Inactive licensee to notify the board when they have surpassed the six-month allowance.

### **NHA NAME CHANGES**

#### **FROM**

Cassie K. Kaiser  
Marie A. Ketchum

#### **TO**

Cassie K. McAllister  
Marie A. Congleton

Acceptance of what has happened  
is the first step in overcoming the  
consequences of any misfortune.

--William James

NHA LICENSES ISSUED

September 2004 to December 2004

NHA LICENSES

The Board extends congratulations to the following newly licensed administrators:

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>	<u>LICENSED BY</u>
➤ Ralph R. <b>Barnes, III</b>	Valley West Healthcare Center	Eugene	Endorsement
➤ Shannon S. <b>Dickerson</b>	Marquis Care at Autumn Hills	Portland	Exam
➤ Michelle A. <b>Lane</b>			Exam
➤ David L. <b>Looper</b>	Oregon Veterans' Home	The Dalles	Endorsement
➤ Charles A. <b>McGee</b>	Evergreen Vista Health Center	La Grande	Exam
➤ Kathleen S. <b>McKinney</b>	Laurel Hill Nursing & Rehab	Grants Pass	Endorsement
➤ Kevin J. <b>McNamara</b>	Corvallis Manor	Corvallis	Exam
➤ Elizabeth A. <b>Nolan</b>			Exam

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PROVISIONAL LICENSES

<u>NAME</u>	<u>FACILITY</u>	<u>LOCATION</u>
➤ Elizabeth M. <b>Ihde</b>	Meadow Park Health & Specialty Care Center	St. Helens
➤ Marsha L. <b>Shuflin</b>	Evergreen Portland Health & Specialty Care Center	Portland
➤ Shannon <b>Struthers Smith</b>	Creswell Care Center	Creswell
➤ Lennette M. <b>Watson</b>	Care Center East Health & Specialty Care Center	Portland
➤ Don P. <b>Wessels</b>	Aidan Healthcare of Florence	Florence

WHERE ARE THEY NOW?

<u>NAME</u>	<u>FACILITY</u>
➤ Don <b>Bottemiller</b> , Interim	Evergreen Milton-Freewater Health & Rehab Center, Milton-Freewater
➤ Kent <b>Brooks</b>	Village Manor, Troutdale
➤ Kathy <b>Elias</b>	Aidan Healthcare of Albany, Albany
➤ Kent <b>Emry</b>	Sheridan Care Center, Sheridan
➤ Scott <b>Fredrickson</b> , Interim	Sherwood Park Nursing & Rehab, Keizer
➤ Kimberly <b>Kern</b>	Clackamas Rehab & Specialty Care, Gladstone
➤ Bob <b>Marcoff</b>	Myrtle Point Care Center, Myrtle Point
➤ Janese <b>Mitchum</b> , Interim	Evergreen Windsor House Health & Rehab, Salem
➤ James <b>Munn</b>	Cascade Manor, Eugene
➤ Kevin <b>Ricker</b>	Beaverton Rehab & Specialty Care, Beaverton

In July 2004, Troy Anderson, Owner and President of Aidan Healthcare, Inc., was selected as an AHCA Future Leader of Long Term Care. By being selected, Troy was invited to Salt Lake City, Utah where he spent two days in planning and leadership seminars with Chip Roadman and Hal Daub. Troy and twenty other Long Term Care leaders were selected from all over the United States and will participate throughout 2004 / 2005 in various leadership and committee roles with AHCA.

HR ANSWERS Continued from page 5

If we were to apply these observations, it's easy to see how a person with core needs left unfulfilled in the tasks they perform daily will ultimately lose interest in their work. Employees inevitably depend on coffee breaks, day dreaming, problem-solving of non-work related activities, or interrupting co-workers to satisfy their core needs while "physically present" at work. Carried to an extreme, such activities lead to lower productivity, morale problems, and possible dismissal or resignation. Unfortunately, Berens confirms that individuals will seek to satisfy these core needs on a daily basis regardless of the corporate agenda. These destructive activities, therefore, won't decrease until they're converted into constructive activities. In other words, they must be accounted for in each employee's daily work so that they can be fulfilled.

How then do we stop valuable employees from walking away, or worse, being fired? Organizations must plan to use the personality diversity of the members in the group in planning group direction. When a work group can identify the different values based on perspectives it contains, the group can plan on using those differences to better conduct its planning and problem solving. By allowing for differing perspectives to be recognized in problem solving or process improvement, the entire group wins by moving out of "group think" traps. Additionally, the individual wins by seeing his or her solutions used to solve problems plaguing the team. We've all been on athletic teams or involved in groups that were just plain fun to be on because we contributed to the group's success. Wasn't it hard for you to leave that team or group?

Don't make it easy for your employees to leave, make it hard – build communities within the organization, with the clients and customers, with other organizations. It is not hard to build a plan to get employees involved, but it does take time and a commitment to do so. So now is the time to build a plan to incorporate personality diversity into your organization's future if you want to retain your employees and capture their ideas.

A key question that we suggest our clients ask when having a separation discussion is not "Why are you leaving?" but rather, "Why did you first start looking for another job?" This approach results in the discovery of much more useful information – information that can result in action.

## AIT PROGRAMS COMPLETED

The Board congratulates the following individuals who have successfully completed their AIT program.

### October 2004

<u>NAME</u>	<u>FACILITY</u>	<u>PRECEPTOR</u>
➤ Denise <b>Gould</b>	Marian Estates, Sublimity	Maurice Reese
➤ Brian <b>Hart</b>	South Hills Rehab Center, Eugene Corvallis Manor	Jillian Harvey Rene' Dumas
➤ Mark <b>Henrikson</b>	South Hills Rehab Center, Eugene Green Valley Rehab, Eugene	Jillian Harvey Jillian Harvey
➤ Allison <b>Sansom</b>	Clatsop Care Center, Astoria	Anita Schacher
➤ Marsha <b>Shufflin</b>	Evergreen Windsor Health & Rehab Center, Salem	Kathy Elias
➤ Shannon <b>Struthers-Smith</b>	Oregon City Health and Rehab, Oregon City	Beth Biggs
➤ Don <b>Wessels</b>	Siuslaw Care Center, Florence Evergreen Milton-Freewater Health & Rehab	Jennifer Abbott Troy Anderson

## FLU INFORMATION RESOURCES

**Posters & Handouts**

Flu prevention posters and handouts are available at the American Healthcare Association's Website located at <http://www.ahca.org/flu/posters.htm>. Interested persons may download, print and display the materials. Be sure to check this out. The materials are excellent!

**Free Influenza Training**

AHCA/NCAL is pleased to offer an exclusive, online facility staff education module, created by Silverchair Learning Systems ([www.silverchairlearning.com](http://www.silverchairlearning.com)), for preventing the spread of influenza in senior care facilities or communities. This course describes ways employees can protect themselves from and prevent the spread of influenza. Participants learn what the flu is and how the flu is spread, ways to prevent flu and ways to treat the flu. This course has been developed for front-line employees, management and administrative staff working in senior care organizations and is provided in English and Spanish. Please access the program at: <http://www.silverchairlearning.com/flucourse>. Note that facility leaders must register their facility so that their employees can take this course free. When they do this, they will get a password to share with their employees so they can log in to the course. There is no obligation incurred and, again, **there is no cost**.

**CDC Resources**

To provide more information to health care professionals and the public about influenza and influenza vaccine, CDC has launched 1-800-CDC-INFO, a new 24/7 central telephone hotline available in English and Spanish. This number will enable people to obtain information from CDC. The number for the hearing impaired is 1-800-243-7889 (TTY/TDD). For more news and information about the flu, visit the CDC Website: <http://www.cdc.gov/flu>. Also you can review previous AHCA/NCAL alerts and other information about the vaccine situation at [www.ahca.org/flu/](http://www.ahca.org/flu/).

**Facts About Flu Vaccine**

English: <http://www.cdc.gov/flu/protect/keyfacts.htm>

Spanish: <http://www.cdc.gov/flu/protect/espanol/preventing.htm>

**"Infection Control for Flu Transmission in Health Care Facilities"** (English)

<http://www.cdc.gov/flu/professionals/pdf/healthcarefacilities.pdf>

**"Hygiene/Cough Etiquette in Health Care Facilities"** (English)

<http://www.cdc.gov/flu/professionals/pdf/resphygiene.pdf>

**National Immunization Hotline:** 1-800-232-2522 (English); 1-800-232-0233 (Spanish); 1-800-243-7889 (deaf and hard of hearing)

## FACILITY CHANGES

FACILITY NAME/OWNER CHANGE

**Previously:** Sunny Vista Care Center

**Presently:** Trinity Mission Health & Rehab of Portland

**Owner:** Trinity Mission Health & Rehab of Portland, Limited Partnership.

**Effective:** May 20, 2004

## PARDON OUR ERROR

Please note the following correction to page five of the October 2004 newsletter.

**Center for Ethics in Health Care, Oregon Health & Science University**

**Conference Contact**

Jill Hauben, Project Director  
(503) 494-3854

**OREGON BOARD OF EXAMINERS OF NURSING  
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PORTLAND, OR 97232**

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**Moving?**

**Change In Employment Or Employment Status?**

Please remember to notify the Board of any changes in address, employer and employment status.