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Volume 10, Issue 2

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KAHCF Board of Directors

Vision for the Future: Becoming a Champion for Change

“Never doubt that a small, committed group of people can change the world. In fact, they are the only thing that ever has.”

Anthropologist Margaret Mead

A quote attributed to anthropologist Margaret Mead is a favorite of mine and is particularly relevant now in the lives of the professionals carrying out the mission of the Kentucky Association of Health Care Facilities. The saying goes like this: “Never doubt that a small, committed group of people can change the world. In fact, they are the only thing that ever has.”

While perhaps a bold statement, the truth lies in the commitment to the future of long-term care that is demonstrated daily by the involved membership of KAHCF. For the past few years, we have been engaged in the pursuit and use of evidence-based quality programs that have the potential to illustrate important actions, programs and facts of life in nursing centers across the Commonwealth. We have engaged with a number of partners that are on this same path with us, such as Healthcare Excel.

This summer, the KAHCF board and staff leadership spent time reading Jim Collins’ “Good to Great” in preparation for a strategic planning process we made a commitment to develop. As the landscape we have called long-term care changes to long-term living options, KAHCF is taking the Collins’ model for the social sector and asking hard questions to guide us as champions of change in creating a vision for the future.


We care passionately about the needs and desires of aging families, those families planning for a member with a disability, and at the same time, we know we can be an important part of a recovery process for any individual needing rehabilitation. We also know that as more needs emerge and consumers ask for more choice within federal- and state-funded programs, we are a great choice. We have a history of effective and economical outcomes in resident and patient care of all kinds.

We know that long-term care and nursing centers are an important part of a continuum of options sought by consumers and government agencies with the

responsibility to plan for the future. We have a responsibility to collaborate with other groups and create a continuum where we have a significant role.

KAHCF is committed to building coalitions with others engaged in these same passions. We are taking a leadership role in bringing groups together to develop alliances to work toward positive change in public policy.

We acknowledge our image in the public square is often shaped by others. We are committed to engage in telling our story in our local communities. Our commitment to champion change includes our commitment to be involved in our own community as well as engaged in public policy efforts to continue to demonstrate our value to those who need our services. We have strength in the ability of our members, and we have strength in the number of our members. We commit to be increasingly intentional in taking our place in the public square.

To take our place, we are committed to championing change; not just being a part of the change and holding on, but to be a leader in change. We will have the same challenges of our past and we will meet those. Our vision is to commit to seeing tomorrow as filled with opportunities and creating a vision for change that draws on our passion and our strengths. 



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- Influence Public Policy
- Appropriate State and Federal Reimbursement
- Building Coalitions
- Improve Public Perception
- Member growth



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By Ruby Jo Lubarsky
KAHCF President

Safe Workplace Leads to Satisfied Employees, Quality Care

Granted, any inspection is not on your list of “must-do experiences before I retire,” but your employees can rest a bit easier when you take advantage of the educational opportunities Kentucky’s OSHA offers.

Year in and year out, one of the many challenges we hear our members say they face is a shortage of workers. Long-term care facilities vie in a very competitive market to attract employees who can choose among so many other health care settings to ply their gifts.

Recent employee satisfaction surveys conducted by *My InnerView* reveal that higher pay is not the sole factor in improving satisfaction levels. Indeed, those surveys tell us that employees are watching for evidence that management cares and listens.

Have you thought of how easy it is to show your staff you care? We often talk about our residents’ safety being a top concern, but we need to make sure our staff’s safety is also a top priority. One way to ensure the staff’s safety is by providing a safe place for them to work and care for residents. Your staff won’t be the only winners because residents and their families benefit as well.

Common Sense Practices

We know that the Occupational Safety and Health Administration (OSHA) has health care facilities under its microscope – and with valid reason. OSHA’s statistics indicate there are a large number of accidents reported by long-term care workers. Those incidents cover anything specific to our profession such as injuries occurring while lifting patients or suffering cuts from a sharp instrument, to something that could happen in any work environment, such as slipping on a wet floor.

Most of these accidents can be prevented by practicing good common sense, such as your staff using aids in lifting patients or putting sharps in their proper container. Post warning signs on wet floors, and watch for cords left where employees or patients can trip over them. Check that chemicals are stored in

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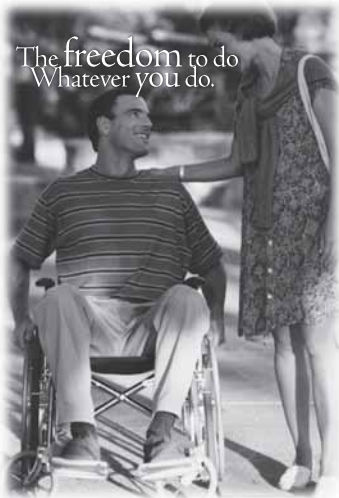
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their proper place. And don't forget the food preparation areas – ensure all safety precautions are followed in the kitchen, such as guards in place on slicing machines and other tools used to prepare meals.

Do these suggestions seem too simple? Yes, but aren't most accidents caused by carelessness? Think of your own mishaps at home. You cut your finger making dinner because you weren't paying attention, and the knife slipped. You throw your back out when you slip on the floor or don't bend your knees when you pick up that heavy box.

Granted, any inspection is not on your list of "must-do experiences before I retire," but your employees can rest a bit easier when you take advantage of the educational opportunities Kentucky's OSHA offers. Their educational staff expressed thanks to us for allowing them to address safety concerns in this issue. They also encouraged long-term care facilities to take advantage of consultative visits where surveys are done by the educational arm of the state office. Facilities then can correct problem areas without the threat of fines.

Staff, Residents Win

Actions often speak louder than words, especially to employees. They hear employers saying they are appreciated, but they want to see it. Providing a safe environment is one step toward proving staff does matter.

When employees see their administrators stressing safety, it provides a sense of security that the administration does care. That knowledge can come from frequent training sessions on safe practices or from regular walks through the building focusing only on safety issues. Taking prompt action to address concerns shows the administration desires to provide a safe workplace environment.

That doesn't mean our employees don't need to be diligent about their own on-the-job practices. Administrators can't dispose of every sharp, and they can't make sure lift aids are always used. But providing the necessary educational training empowers the workforce to practice good safety habits during their shifts. And when employees know that their workplaces are safe, they are free to focus on providing quality care to residents – our true focus for being there.

Those same *My InnerView* employee satisfaction surveys mentioned earlier showed that out of the more than 100,000 surveys completed, 75 percent rate their workplace's safety as good or excellent. The fact that employees scored that category so highly shows they are paying attention to their work environment.

Take the time to provide a safe workplace. When employees feel better about where they work, residents and their families will feel better about their residences.



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KyOSHA Inspections: Be Prepared!



By David H. Stumbo
Occupational Safety and Health Technologist,
Master of Public Administration
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On the U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) Web site, the agency points to national statistics as the reason behind continued emphasis on employee safety in long-term health care facilities. OSHA notes that, "Today nursing homes and personal care facilities employ approximately 1.8 million workers at 21,000 work sites. The nursing home industry injury incident rate is 13.9 injuries and illnesses per 100 full-time workers. This is more than double the incident rate of 6.1 of industry as a whole."¹

Employee safety and health should be a vital concern in every nursing home because of the tragic circumstances that surround work-related injuries and illnesses. Employees may experience not only the physical pain from their injuries, but also the emotional pain of living with a debilitating condition. The human cost of workplace injuries and illnesses may first become evident on the faces of loved ones stationed in an urgent care waiting room, but then more fully illustrated with the legacy of diminished capacity; for example, no longer able to help a spouse carry in groceries or bathe a child. Certainly, prevention must be considered a moral imperative for employers.

Then there are the financial costs associated with occupational injuries and illnesses that should not be overlooked. Studies of these costs are often given in two major categories: direct costs and indirect costs. In 1992, these costs were reported at approximately \$132.5 billion nationally.²

The direct costs of injuries and illnesses linked to the workplace make up \$38.3 billion of those reported costs. Breaking those costs down even further, the medical costs total \$26 billion, while administrative costs of medical insurance (\$5.5 billion) and indemnity insurance (\$6.8 billion) make up the rest.

The indirect costs of those same injuries and illnesses total \$94.2 billion. The indirect costs entail everything from lost

wages to restaffing and training new employees. Included in these numbers are lost earnings, \$67 billion; fringe benefits, \$15.7 billion; home production, \$9.3 billion; and workplace training, restaffing and disruption, \$2.2 billion (see charts).

With costs like these, the Kentucky Office of Occupational Safety and Health (KyOSH) offers opportunities for administrators to educate and train their employees on safe practices in the workplace.

The Carrot and the Stick

KyOSH is the state agency responsible for ensuring that employees throughout the Commonwealth are protected from workplace hazards. Since 1972, KyOSH has sought to accomplish its mission using a two-pronged approach simply but accurately characterized as the “carrot and stick.”

The Division of Education and Training, or the carrot, administers a number of programs designed to help employers prevent and control workplace hazards. The Division of Compliance comprises the stick and enforces Kentucky’s occupational regulations and statutes. The Division of Compliance is authorized under Kentucky Revised Statute Chapter 338 to conduct workplace inspections and cite employers for non-compliance.

What Initiates an Inspection?

Any number of incidents can trigger an inspection by KyOSH. (See bottom right chart showing what has triggered inspections at all worksites). Understanding the inspection process can aid administrators in gauging their workplace safety practices.

The Opening Conference

After the initiation of an inspection, a compliance safety and health officer (CSHO) is dispatched to the worksite to open the inspection with the employer. By statute, KyOSH cannot give advance notice of inspections. Upon arrival, the CSHO will present credentials and request to speak to the highest ranking management official. Employers should be sure to assess the validity

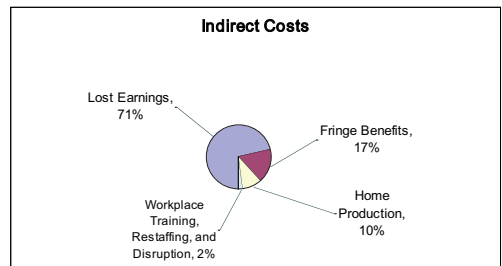
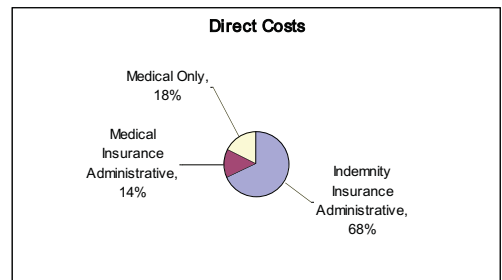
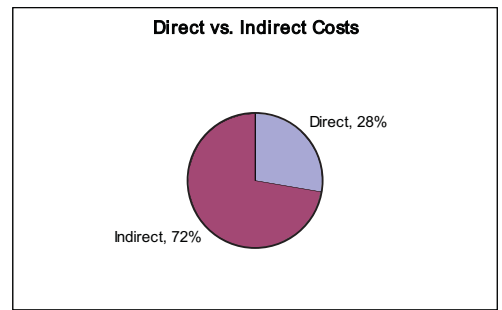
of the CSHO’s credentials, which will include a photograph of the officer. During this opening conference, the CSHO will inform the management official of the reason for the inspection and request to begin. If employees are represented collectively at the worksite, an employee representative will be given the opportunity to participate in the opening conference and other inspection activities.

The Inspection Itself

Following the opening conference, the CSHO will determine the course of the inspection. Management officials and employee representatives are allowed to accompany the CSHO throughout the inspection as long as they do not impede the process. The essential task of the CSHO is to determine the employer’s compliance with KyOSH regulations and statutes. Certainly, he or she will ask numerous questions about topics such as personnel, operations and the workplace itself. Also, the CSHO may review a variety of the employer’s documents, such as OSHA 300 injury and illness logs, accident reports and training records. During the course of the inspection, the CSHO also will conduct interviews with employees. These interviews are conducted in private with the CSHO so employees will be more comfortable speaking candidly.

A Sort of Tour

The CSHO’s inspection will invariably include a “walkaround,” a physical inspection of the facility. For long-term care facilities, the walkaround could include resident areas, storage rooms, mechanical rooms, kitchen, the



grounds, etc. The CSHO will be looking for hazards and other instances of non-compliance and will document those. Depending on the nature of the violation, inspection documentation may involve taking digital photographs and video, collecting samples of hazardous chemicals, taking measurements and other documentation.

The Closing Conference and Further Actions

Once the inspection is essentially finished, the CSHO will conduct a closing conference. During this

Division of Compliance - Number of Inspections by Type - FY 2006	
342	Employee Complaint Against Employer
280	Referral From Outside Agencies (fire, police, etc.)
249	Random Inspection
219	Special Emphasis Programs
165	Follow-up of Previous Inspection to Ensure Abatement
157	Interagency Referral
49	Investigation of Fatalities and Other Accidents

conference, the CSHO will discuss the preliminary findings, identify any significant issues of concern found during the inspection, and provide information on any conditions that may result in the issuance of citations. When the CSHO leaves the facility, it should not be assumed that the inspection is over because the officer may need to return to gather additional information. Once the active phase of the inspection is finished, the CSHO will write a report detailing the findings and, if applicable, recommend citation of the employer for items of non-compliance. Following administrative review, if issues of non-compliance are found to be adequately substantiated, then the employer will be issued citations.

Citations and Options

If issued, the citation(s) will be delivered via registered mail. The date of delivery is very important because the employer has only 15 workdays to contest the action. Employees are also afforded the same right to contest. Although most employers simply correct the violation(s) and pay any accompanying fine(s), should a notice of contest be filed, the matter will be litigated before the Kentucky Occupational Safety and Health Review Commission. Following the issuance of citations, employers are offered the opportunity to again meet with the CSHO in an informal conference, intended to resolve any issues relative to the inspection and citation(s).

Education and Training: Free Carrots

KyOSH offers several opportunities for educating the workforce that employers can take advantage of. To help employers comply with KyOSH requirements, the Division of Education

and Training administers a number of partnership programs of which the Safety and Health Achievement Recognition Program (SHARP)³ is perhaps the most applicable to nursing homes. SHARP is designed for small employers whose operations are

considered highly hazardous. Nursing homes currently fall within this group. The Division of Education and Training also offers several cost-free compliance assistance services.

A couple of those opportunities include tailored, onsite training

Typical Nursing Home Hazards

Any number of workplace safety and health hazards could exist in a nursing home. Here are three major categories of hazards:

- 1. Physical hazards**
 - Musculoskeletal injuries (e.g., lifting patients)
 - Slips, trips and falls (e.g., wet floors)
 - Workplace violence (e.g., aggressive residents)
- 2. Biohazards**
 - Blood-borne pathogens (e.g., needle sticks)
 - Tuberculosis (e.g., sputum)
- 3. Chemical hazards**
 - Housekeeping agents (e.g., bleach-based cleansers)
 - Hazardous drugs (e.g., antineoplastics)

Materials from KyOSH highlight the following areas all workplaces should pay particular attention to:

- Don't recap razors or other sharps; simply place them in the sharps container.
- Make sure safety policies and procedures are in a manual, readily available and that your staff has been properly trained on them.
- Ensure sprinkler systems (wet or dry) are properly maintained by your maintenance person and that internal inspections are completed and documented.
- Review chemical storage to ensure it meets guidelines and that a proper cabinet is utilized.
- Check that eye wash stations are of the one-step design and located in accessible locations.
- Ensure proper signage is in place and egresses are well marked and lighted.
- Verify data sheets are current and readily available.

RESOURCES

The following Web site from OSHA is an eTool designed for nursing facility operators and offers direction for various areas throughout the building: www.osha.gov/SLTC/etools/nursinghome/index.html.

Other suggested Web resources:

www.labor.ky.gov/osh/oshregulations/GeneralIndustry.htm

www.labor.ky.gov

www.osha.gov/dts/osta/oshsoft/index.html

www.osha.gov/pls/imis/citedstandard.sic?p_esize=&p_state=FEFederal&p_sic=8052

Nursing homes as an industry have been targeted by the Division of Compliance in recent years as a high-hazard industry based on high rates of injuries and illnesses.

KyOSH Division of Compliance

Nursing Care Facilities

North American Industrial Classification System #623100

Fiscal Year	Number of Inspections
2002	0
2003	25
2004	41
2005	20
2006	14
2007	5

and Population Center Training seminars held annually across the Commonwealth. There are also consultative surveys where consultants visit your workplace and identify safety and health hazards, discuss specific safety and health problems and concerns, and assess the effectiveness of an employer's safety and health program.

Preparing for an Inspection

Maintaining compliance with KyOSH regulations can be a challenging task. Entire books have been written on how to prepare for an OSHA inspection, and a wealth of information is available online.

For the complete novice, getting familiarized with the basic tenets of occupational safety and health regulation is a good first step. (References are given below.)

- Browse the OSHA⁴ and KyOSH⁵ Web sites.
- Read the OSHA publication: "All About OSHA."⁶
- Attend KyOSH Population Center training, especially the "Overview of the KyOSH Program" course.⁷

- Have the Division of Education and Training conduct a consultative survey at your workplace. Consultants with the Division of Education and Training can help you get started in developing the safety programs you need.⁸

Compliance is best achieved when safety and health efforts are managed programmatically, and some specific programs are mandated under KyOSH regulations. Some of the most important aspects of good program management are:

- **Formal responsibility.** The responsibility for developing and/or managing the program must be assigned to someone and that person held responsible for the quality of its management. These duties should be translated into established personnel systems such as performance evaluations, disciplinary action and incentive programs.
- **The support of top management.** The individual(s) responsible for the program will need the resources and



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authority to successfully manage it. This could include finances to purchase personal protective equipment, time for in-house training and the authority to execute disciplinary actions to ensure that safety rules and requirements are met.

- **Continuity.** Like any other program, safety and health must be continuous over time and between successive managers. Management systems such as those developed by the American National Standards


Institute (ANSI)⁹ and/or the International Organization for Standardization (ISO)¹⁰ are often utilized to ensure continuity.

Most KyOSH regulations and statutes are designed to prevent and/or minimize a given type of hazard or hazardous condition. In order to ensure compliance, personnel will need to learn basic hazard recognition. Once a hazard has been recognized, the applicable regulatory requirements can be determined. Information on hazard recognition is available on

OSHA's Nursing Home and Personal Care Facilities Web page¹¹, and through its Nursing Home e-tool.¹² A number of other informational sources are available online. Try a search using the term "hazard recognition."

Once you've become proficient at spotting hazards, like the tripping hazard posed by an extension cord carelessly run across a hallway, or an employee who has forgotten to put on gloves while drawing blood, the key then is to periodically check the workplace for hazards. The ability to prevent and minimize hazards in the workplace can be greatly leveraged by training all of the staff in hazard recognition.

Conclusion

Certainly, no manager can be happy to have an inspection by the KyOSH Division of Compliance. The possibility of being cited for non-compliance can be greatly minimized by acting proactively toward workplace safety and health through in-house programs, seeking assistance from the KyOSH Division of Education and Training, or both. Nursing home executives must ensure that safety and health is treated as a function of management. These administrators bear both legal and moral obligations to see that the workplaces under their direction are maintained free of hazards that could cause serious harm to their employees. 

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- ³SHARP. (502) 564-3070, Ext. 461.
- ⁴OSHA. (800) 321-OSHA. www.osha.gov.
- ⁵KyOSH. (502) 564-3070. www.labor.ky.gov.
- ⁶"All About OSHA." www.osha.gov/Publications/all_about_OSHA.pdf.
- ⁷www.labor.ky.gov/osh/educationtraining/trainingprograms/pct.htm.
- ⁸www.labor.ky.gov/osh/educationtraining/consultativeservices
- ⁹ANSI. (202) 293-8020. www.ansi.org.
- ¹⁰ISO. www.iso.org
- ¹¹www.osha.gov/SLTC/nursinghome/index.html
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LTC Facilities Offer Safeguards Against Blood-Borne Pathogens



By Sally Baxter, R.N.
Vice President of Clinical Services
Provider Management & Development Corporation

Long-term care facilities continue to be a focal point for OSHA inspectors. In keeping our employees safe, we should pay particular attention to blood-borne pathogens, which are covered under Standard 29 CFR 1910.1030. Violations of this standard are among the top citations long-term care facilities receive during OSHA inspections.

The standard's purpose is to protect employees who can "reasonably anticipate" they will come in contact with blood or other potentially infectious products as part of their job. Fluids considered potentially hazardous are semen, vaginal secretions, cerebrospinal fluid, synovial fluid, amniotic fluid, blood, and body fluids that are difficult to differentiate.

What's the Plan?

Facilities must have a protection plan in place, which includes requiring employers to identify in writing tasks, procedures and job classifications involving exposure to blood and bodily fluids. This plan also must describe how the employer will conduct an investigation into the circumstances surrounding an exposure incident.

All healthcare providers are required to enforce universal precautions as standard work practice. Hand washing is still considered the number one line of defense against infection. Appropriate personal protective equipment such as gloves, gowns, masks, CPR mouthpieces and resuscitation bags must

be made available to employees at no cost. And, in the case of a potentially infectious material getting in an employee's eyes, eye wash stations must be available every 100 feet and not behind locked doors.

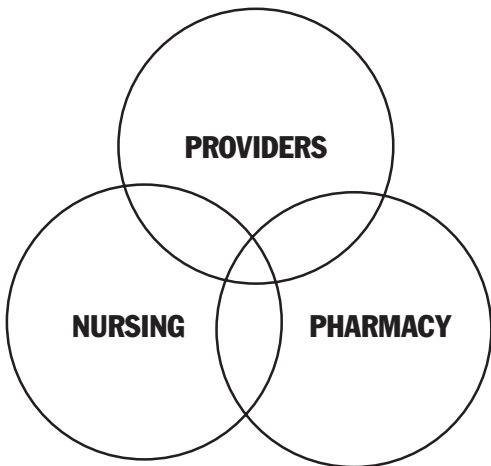
Furthermore, the standard requires a written schedule for cleaning and decontamination following contact with blood or other potentially infectious fluids. Other departments, such as laundry, must address the handling of contaminated laundry.

Educating employees on how to protect themselves against blood-borne pathogens begins as soon as they are hired. All employees who work in occupations with potential exposure to blood and bodily fluids must be offered, at no cost, the Hepatitis B vaccine under the direction of a physician or licensed healthcare provider within 10 working days of employment. If the employee elects not to receive the vaccination, a declination form must be signed. At any time, the employee can change his or her mind and receive the vaccine, still at no cost.

The standard also requires all employees be trained upon hire and then annually on the dangers of blood-borne pathogens and what measures are in place to protect them. The training must include the regulation contents, general discussion of blood-borne diseases and their transmission, exposure control plan, engineering and work practical controls, personal protective equipment, Hepatitis B vaccine

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and emergencies involving blood. There must be an opportunity at this training for employees to ask questions.

In Case of Exposure

If an employee has been exposed to a potentially infectious fluid, it is important to follow protocol; but offering employees peace of mind is equally important.

There is an extensive outline of how to care for that individual and protect their confidentiality. A post-exposure evaluation and follow-ups must include a confidential medical evaluation, which documents the circumstances of exposure, identification of the source individual if possible, testing of their blood with their consent and prophylaxis. Follow-up checks are required for several weeks.

The guidelines recently changed for prophylactic treatment post-incident. For possible HIV exposure, it is recommended that the individual receive an antiretroviral drug for four weeks. With exposure to Hepatitis B, it is recommended that the Hepatitis B immunization series be given if the person has not been vaccinated and the person receives HBIG or Hepatitis B immune globulin. The recommendation for Hepatitis C exposure is the immune globulin.

Of course the first treatment in any incident is to clean the area with soap and water. The incident should be considered an urgent medical concern. A complete investigation should be conducted into the circumstances of the incident, and protective measures should be implemented to prevent additional incidents.

The medical record of any employee who experiences an occupational exposure must be kept for the duration of employment and then 30 years after

employment is terminated. This record must be kept confidential and contain the employee’s name and Social Security number, Hepatitis B vaccination status and any follow-ups to the exposure incident.

Safe Medical Equipment

Over the past several years, there have been great safety advances in medical devices. Needleless syringes, infusion systems and retractable needles have greatly reduced the incidents of accidental exposure to blood-borne

pathogens. As part of the blood-borne pathogen standard, the facility must elicit evaluations of products by the staff using the products on a regular basis.

While any inspection can be nerve-racking for facility staff, an OSHA inspection can be a reaffirming experience if all aspects of the standard have been successfully implemented.



Sally Baxter also serves on the KAHCF Board of Directors as the representative of the Kentucky Board of Nursing.

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Frequent Communication Key in Keeping Employees Safe

By Dave Inman
Internal Communications Consultant
Kindred Healthcare

Providing a safe work environment for your employees while meeting OSHA compliance is a priority for any business, large or small.

For an organization the size of Kindred Healthcare – which operates a nationwide network of more than 250 nursing centers and 80 long-term acute care (LTAC) hospitals with about 51,000 employees – education, training and aggressive injury prevention efforts are vital to ensure employees are returning home in the same condition in which they arrive. Kindred’s commitment to safety involves the employment of dedicated safety professionals in the field as well.

Here is an abbreviated look at Kindred’s approach to ensuring OSHA compliance. These ideas also may work in your facility.

Monthly Meetings

Each Kindred location institutes an active Safety/Environment of Care (EOC) Committee that meets monthly to implement, coordinate, manage and evaluate OSHA programs and processes. The Safety/EOC Committee’s responsibilities are to reduce the frequency and severity of workers’ compensation claims and to ensure facilities are in compliance with OSHA standards.

Each Safety/EOC committee is made up of the safety co-

chairpersons and that location’s executive director. The safety committee co-chairs are the plant ops or maintenance person and the trainer or employee health nurse at each location. These employees have a direct impact on promptly addressing and resolving compliance-related issues at each location. The remainder of the committee is made up of more than 50 percent frontline employees representing as many departments and shifts as possible.

The Safety/EOC Committee’s responsibilities include:

- Reviewing Occupational Incident Investigations and developing Process Improvement Plans for the prevention of work-related injuries. Kindred uses a single form so each location can conduct an onsite investigation at the time of injury. The committee reviews the completed form to analyze the cause of injury and to ensure the appropriate actions are being implemented so the injury will not occur in the future.
- Assessing current compliance with Loss Prevention/Risk Management Safety Program, State Specific OSHA, FDA standards and Joint Commission standards where they apply. For each OSHA standard that governs us, we have created a tool to make sure we have OSHA compliance in place at each location.

Issues the committee determines need some work but do not require a completed detailed action plan are classified as “Quick Fixes” and would be expected to be completed within 30 days of identification. If there is more than one issue to address and/or the process needs to be modified or improved, a Safety Performance Improvement Plan must be completed.

This form is meant to be a “working document” with changes, additions and completions noted.

A sample Safety/EOC Committee meeting agenda could include:

- Developing measurable goals for the year.
- Have employees with new injuries attend committee meetings to discuss their incident and plan to prevent injury from reoccurring.
- Review “Quick Fixes” and safety performance plans from previous months. Determine if the plans are completed, effective or if further changes/refinements are needed.
- Each member presents data he/she is responsible for, and the committee determines if further action is required (handle “Quick Fixes” or problems noted that could cause actual harm immediately and do not wait for the next Safety/EOC Committee Meeting).
- If “Quick Fixes” are not completed during the month, consider completing a Safety Process Improvement Plan.
- Establish the date and time for the next Safety/EOC Committee meeting.
- Hand out next month’s blank self-evaluation(s) to the assigned person(s). These forms facilitate our annual evaluation of OSHA programs in each location. Typically, each location chooses someone from one department to evaluate another department. For example, maintenance department evaluates the nursing department, or the activities department evaluates the dietary department.

Other Measures to Follow

There are many other guidelines Kindred facilities follow to ensure employee safety. Briefly, those areas are:

General OSHA Compliance

- OSHA walkthroughs and compliance inspection guidelines to ensure compliance. These measures are handled by various members of the Safety/EOC Committee.
- In-service guide for employee safety orientation
- OSHA logs from the past five years on file
- Accident reporting on fatalities or multiple hospitalizations
- Response to written OSHA citations

Blood-borne Pathogen Exposure Control

- Self-evaluation in Hepatitis B vaccination training and documentation
- Annual review and evaluation
- Education/post-test packet
- Blood spill cleanup procedure
- Body fluid logs from last five years
- Employee education record and training outline

Ergonomics

Each facility must implement a system to prevent or reduce injuries related to lifting and/or repetitive motion, following OSHA’s Ergonomic Guidelines for Nursing Homes, which can be found at www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html. The plan includes

employee education and training, an office/worksites ergonomic evaluation and information on lifting, transferring and positioning patients.



Hazard Assessments and Communication

Elements of these programs include a self-evaluation, non-routine task description, departmental assessments, appointment of responsible person, chemical inventory form and employee education and training.

Lockout/Tagout

Lockout/tagout guidelines protect employees from the unexpected start-up or release of stored energy of machines and/or equipment while performing service or maintenance. Lockout is the preferred method of isolating machines or equipment from energy sources. If not possible, a tagout system may be used. Elements of the program include:

- Information on electrical safety
- Self-evaluation
- Annual evaluation of authorized employees
- Management designations
- Employee education and training

Other OSHA Standards/Issues

- General employee safety responsibilities – slip/trip/fall prevention, fire, sharps, chemicals, compressed gas storage
- Emergency response manual
- Procedure to account for employees/residents following any evacuation
- Spill cleanup
- Workplace violence prevention and self-evaluation
- Measures to prevent entry into confined spaces
- Access to employee exposure and medical records
- Tuberculosis exposure control plan

Kindred is committed to providing a safe working environment for employees as well as providing high-quality patient care and outstanding customer service to become the most trusted and respected provider of healthcare services in every community we serve. Our daily management of compliance and risk is one of many efforts ensuring we achieve that goal.



OSHA's Ergonomic Guidelines for Nursing Homes

www.osha.gov/ergonomics/guidelines/nursinghome

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Kentucky's Advancing Excellence Participants

As of Sept. 17, 2007, there are 5910 nursing facilities nationwide that have committed to work on the Advancing Excellence campaign's goals. One hundred fourteen KAHCF member facilities have joined the campaign. Facilities in BOLD are trailblazers for signing up by May 14. If your facility hasn't signed up yet, please contact KAHCF or visit www.nhqualitycampaign.org.



1. **Auburn Health Care**
2. **Bashford East Health Care**
3. **Berea Health Care Center**
4. **Bon Harbor Nursing & Rehabilitation Center**
5. **Boyd Nursing & Rehabilitation Center**
6. **Bradford Square Rehab & Nursing Center**
7. Britthaven of Bowling Green
8. Britthaven of Prospect
9. Britthaven of South Louisville
10. **Cardinal Hill Rehabilitation Unit**
11. **Carter Nursing & Rehabilitation Center**
12. **Cedars of Lebanon Nursing Center**
13. **Christopher East Health Care Facility**
14. **Colonial Manor Rehab & Nursing Center**
15. **Countryside Health Care**
16. **Crestview Rehabilitation & Nursing Center**
17. **Danville Centre for Health and Rehabilitation**
18. Edgemont Healthcare
19. **Edmonson Health Care Rehab & Nursing**
20. **Elizabethtown Nursing & Rehab Center**
21. **Elliott Nursing and Rehabilitation Center**
22. **Fair Oaks Health Systems, LLC**
23. **Fordsville Nursing & Rehabilitation Center**
24. **Franciscan Health Care Center**
25. Friendship Manor
26. Glen Ridge Health Campus
27. **Golden LivingCenter Camelot**
28. Golden Living Center Frankfort
29. **Golden LivingCenter Green Hill**
30. **Golden LivingCenter Hillcreek**
31. **Golden LivingCenter Mt. Holly**
32. **Golden LivingCenter St. Matthews**
33. **Golden LivingCenter Stanford**
34. **Golden LivingCenter Vanceburg**
35. **The Grandview**
36. **Grant Manor Rehabilitation and Center**
37. Harborside HealthCare Bowling Green
38. **Harborside Healthcare – Louisville**
39. Harborside Healthcare – Madisonville
40. **Harborside Healthcare – Owenton**
41. **Harrodsburg Health Care**
42. Hart County Health Care
43. Heritage Hall Health and Rehabilitation Center
44. **Heritage Manor Healthcare Center**
45. **The Heritage**
46. **Hillcrest Health Care Center**
47. Hillcrest Nursing Home
48. **Hilltop Lodge**
49. **Hopkins Rehabilitation and Nursing Center**
50. **Irvine Health and Rehabilitation Center**
51. Jackson Manor
52. Jefferson Place
53. **Kensington Manor**
54. **Kenwood Health & Rehab**
55. Kindred Louisville Skilled Nursing Unit
56. Kingsbrook Lifecare Center
57. **Klondike Manor Rehab & Nursing Center**
58. **Letcher Manor Nursing & Rehabilitation**
59. **Liberty Care Center**
60. **Loretto Motherhouse Infirmary**
61. **Madison Health and Rehab**
62. **Maple Manor Healthcare & Rehab Center**
63. **Martin County Health Care Facility**
64. Masonic Home of Louisville
65. **Masonic Home Shelbyville**
66. **Maysville Nursing and Rehabilitation Facility**
67. Meadowview Health and Rehab
68. **Medco Center of Bowling Green**
69. **Medco Center of Brandenburg**
70. **Medco Center of Campbellsville**
71. **Medco Center of Franklin**
72. **Medco Center of Hardinsburg**
73. **Medco Center of Henderson**
74. **Medco Center of Paducah**
75. **Metcalfe Health Care Center**
76. **Middlesboro Nursing & Rehab Facility**
77. **Morganfield Nursing & Rehabilitation Center**
78. Nazareth Home
79. North Hardin Health and Rehabilitation Center
80. **Northfield Center for Health & Rehabilitation**
81. **Oakmont Manor**
82. Oakview Nursing and Rehabilitation Center
83. Pembroke Nursing & Rehab Center
84. **Professional Care Health & Rehab Center**
85. Redbanks
86. **Regency Rehabilitation & Nursing Center**
87. **Ridgeway Nursing & Rehabilitation Facility**
88. **Ridgewood Terrace**
89. River Valley Nursing Home

continued on page 22

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- 90. Riverside Manor Health Care Center
- 91. Robertson County Health Care Facility
- 92. Rockford Manor
- 93. Rosedale Manor
- 94. Rosewood Healthcare Center
- 95. Salyersville Health and Rehabilitation Center
- 96. Shady Lawn Nursing Center
- 97. Somerset Nursing & Rehabilitation
- 98. South Shore Nursing & Rehabilitation
- 99. Spring View Health & Rehab Center, Inc.
- 100. Springfield Nursing & Rehabilitation
- 101. Stanton Nursing and Rehabilitation Center

- 102. Summerfield Health & Rehab
- 103. Sunrise Manor
- 104. Tanbark Health Care Center
- 105. The Terrace Nursing & Rehabilitation
- 106. West Liberty Nursing & Rehabilitation
- 107. Williamsburg Nursing Home
- 108. Winchester Centre for Health & Rehab
- 109. Windsor Care Center
- 110. Wolfe County Health Care Center
- 111. Woodcrest Manor
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Tentative calendar – topics and dates are subject to change.

November 2007

13-15 Annual Meeting, Louisville

December 2007

4-5 LTC Management Training, Louisville

6-7 Advanced MDS Training, Louisville

February 2008

12-13 Method of Instruction Training, Louisville

March 2008

4-5 Basic MDS/RAI Training, Louisville

6-7 Basic Social Services

10-14 State Training for Activity Coordinators

April 2008

22-24 Spring Training, Bowling Green

For more information or details on a specific program, please contact Angela Porter, KAHCF Director of Professional Development, at (502) 425-5000 or aporter@kahcf.org.

Educational Offerings

Pertinent Educational Seminars

Fulfilling the continuing education needs of Kentucky's long-term care professionals is an essential service provided to KAHCF's membership. In today's dynamic professional environment, KAHCF has endeavored to identify, develop and offer a wide variety of innovative and relevant educational opportunities that truly satisfy the educational needs of our members and their staffs. The programs are planned by the Education/Convention Committee, which identifies timely needs of the profession.

In addition to the offerings at our Annual Meeting and Spring Training, KAHCF offers a number of educational programs throughout the year including: LTC Management Training (course for new department heads in LTC including administrators and DON), RAI/MDS Basic and Advanced Training Programs, State Training Course for Activity Coordinators, Nurse Aide Training "Method of Instruction" Course, plus a number of freestanding seminars on the current "hot" topics in long-term care.

Annual Convention and Trade Show

KAHCF holds the largest convention and trade show in Kentucky for the long-term care professional. The event includes more than 30 educational sessions covering the spectrum of long-term care topics. Continuing education credits are offered for administrators, social workers, registered nurses, activity directors, certified dietary managers, registered dietitians and other staff members.

Social and entertainment events are scheduled for fun and networking. We also recognize the state's top

volunteers, administrators and other staff members and facilities through our Annual Awards Competition. Our trade show features more than 100 exhibitors showcasing the latest technology and services available to long-term care professionals.

Request for Presentation

Are you interested in presenting a program for the Kentucky Association of Health Care Facilities? In addition to our fall Annual Meeting and Spring Training conference seminars, KAHCF offers more than 20 freestanding educational programs each year on a variety of topics and for a wide range of audiences.

We invite you to become a part of our educational programs by submitting your presentation for consideration. Requests for Presentation will be reviewed for inclusion at the Annual Meeting and other KAHCF educational seminars offered throughout the year. All presentations will be kept on file and, if not selected for the Annual Meeting, will be considered for other speaking opportunities.

The Request for Presentation form is available online on our Web site at www.kahcf.org/presentation.htm.

Metcalfe Facility Finds Grant To Help Resident Move Into New Home

Metcalfe Health Care Center in Edmonton was spotlighted last summer for its efforts in helping a resident move into a new home.

Vicky "Peaches" Costello had been a resident of the facility since July 2003 after being stricken by encephalopathy, a disease that affects brain function. While at the facility, Peaches underwent therapy to overcome her disabilities. She progressed so well that she no longer needs the tracheotomy or feeding tube and can talk.

The staff at Metcalfe Health Care worked to obtain funding via a Kentucky Housing Corporation grant for a new handicapped-accessible home. This new home allowed Peaches to leave the facility and move into her new home with her parents.

The event drew media attention from the Glasgow Daily News, which covered a ribbon-cutting for the new home.



Vicky "Peaches" Costello listens as Metcalfe Health Care Center administrator Amy Wilson Neighbors congratulates her on her new home.

Six KAHCF Members Earn AHCA recognition

Six KAHCF members were recognized in Boston during the American Health Care Association's annual meeting in October.

The six members received AHCA Step Awards for Quality. Those members are Step I recipients **Heritage Manor Health Care Center** in Mayfield, **The Terrace Nursing and Rehabilitation Center** in Berea, **Boyd Nursing and Rehabilitation** in Ashland, **South Shore Nursing and Rehabilitation** in South Shore and **GoldenLiving Center – Hillcreek** in Louisville. **West Liberty Nursing and Rehabilitation Center** was named a Step II recipient.

The Quality Award recognizes the facilities' commitment to a continuous quality improvement process at nursing facilities, assisted living residences and residences for persons with mental retardation or developmental disabilities. According to AHCA/NCAL, Step I awardees developed a solid vision, mission statements and systems to meet customers' expectations and needs. Step II honorees addressed leadership, strategic planning, information gathering and analysis, human resource development and process management.

KAHCF Announces New Director of Communications/ Membership Development



Steve McClain has been named Director of Communications and Membership Development of the Kentucky Association of Health Care Facilities. McClain joined KAHCF on April 16, 2007.

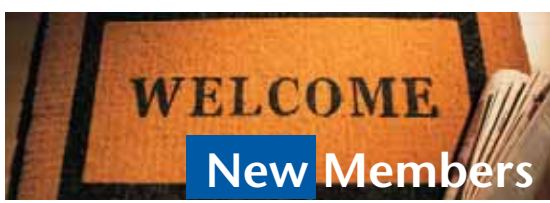
He will be responsible for association communications, including *Heroes of Long Term Care*, *CareLink* and other KAHCF publications. He also will work on the Facility of the Year Competition, press releases, media kits and membership.

McClain, a native of Kentucky, has 13 years of experience as an editor at various daily newspapers throughout Kentucky, North Carolina and Tennessee. He also served as director of communications for a public school system and communications coordinator for the Kentucky School Boards Association. He is a graduate of Eastern Kentucky University with a degree in political science and an emphasis in journalism. He has been married to Sara for 15 years and has a daughter, Julia, age 10.

McClain is available to help members with their communication needs, including training onsite on working with the media during a crisis event and getting your good news published. He looks forward to serving KAHCF members and visiting them during his trips out in the state.

Please join us in welcoming Steve to KAHCF.





We welcome the following new members approved for KAHCF membership as of September 14. We appreciate their investment in the Kentucky Association of Health Care Facilities.

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Contacts: Greg Smith
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Contact: Howard Labow

Prism Health Care Solutions
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Contact: Kathy Perry

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Woodland Oaks and Oakmont Manor are committed to quality. That's why we were among the first participants in the national Advancing Excellence campaign. To learn more about creating a culture of quality for long term care residents and staff, please visit www.nhqualitycampaign.org.



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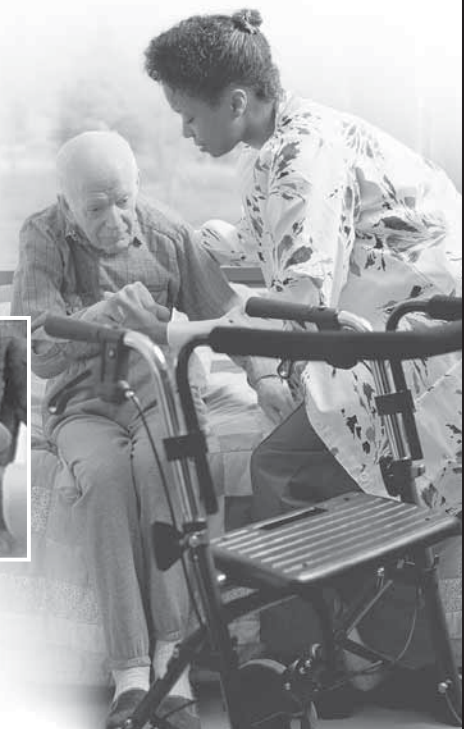
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