

# CMSA'S MISSION STATEMENT

*“To provide the individual and collective professional development of health care case management.”*



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## Presidents Message

**Janette Dawson, RN, MHA**



### President Greetings

Well, 2018 is off to a great start for the CMSA-SCC! We have new members joining our chapter which I believe gives our chapter and case managers strength and a voice. We have a new category on

our web page “Classified Job Listing” there you can find job postings for anyone interested in new opportunities.

We realize everyone is extremely busy, however CMSA-SCC wants you to know how much we appreciate your support and attendance at our meetings. I personally feel the chapter meetings and conferences provide helpful information for you to share with your peers to better serve our patient and families. Healthcare can be challenging and we, especially in case management, need as much support as we can get. Having relationships with our counterparts though networking can be both fun and useful!! Sharing knowledge brings about positive changes which ultimately effect patient outcomes

February 15<sup>th</sup> we had a fantastic conference with phenomenal speakers. **Dr. Hamid Mir, MD, QME** spoke on improving outcomes of spine surgery. There was a speaker panel regarding **tele-medicine** for workers compensation programs. Proving by introducing new concepts and forward thinking we can accomplish better outcomes and quality as well as patient satisfaction. As technologies emerge throughout the healthcare system we will see continued trends in tele-health. This brought us to our final speaker, **Bruce Fishman, MD**, who introduced stem cell therapy as an alternative to traditional surgical interventions. He proved by sharing his case studies using stem cell procedures can have amazing outcomes. The information on these topics and speakers can be found on our website.

WWW.CMSASCC.ORG

CMSA-SCC wants to give a sincere thanks to our sponsors and Vendors. Without your

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## Universal Design

by Rosemarie Rossetti, Ph.D

### The Story Behind The Project

#### My Story



The force of the impact turned the front wheel into a taco shell. Photo courtesy The Chamber Research Used with permission.

On June 13, 1998 my husband, Mark Leder, and I decided to celebrate our anniversary by going on a bicycle ride. It was a beautiful day with a clear blue sky, perfect biking weather. I was riding down the path ahead of Mark, when he heard a loud crack and yelled, “Look over there something is falling!” I glanced back at him and suddenly a 3 1/2 ton tree came crashing down on me, leaving me injured on the bike path. My life was changed in that instant! I was

paralyzed from the waist down with a spinal cord injury.

As I lay in the hospital, I was angry, scared and mad at the world. I could not see myself living with this loss. I was in constant pain. I was so weak that Mark had to feed me. I saw my life as wasted! Everything that I had done in my life was a waste! My eight years of college were wasted! *How am I going to survive? How are my businesses going to survive? My finances, my business and my marriage are in jeopardy. I could lose Mark, our house, everything!*

I cried over the things that I would never be able to do again, things that I had enjoyed before my injury. Mark and I found togetherness in our recreational activities. We not only loved to ride our bikes, but we loved to ski, hike, dance, and play racquetball. I thought I would never get to enjoy them with my husband again. I looked deep within myself and found

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## Editor's Notes

Denise Rounds, RN, BC, CCM, RMN

Newsletter Editor/President Elect



Periodically our Newsletter will contain articles from Professionals outside of Southern California. This issue includes an inspiring personal story and how a professional overcame adversity from her personal traumatic experience. In addition there are articles on safety topics and the Nurse Licensure Compact.

Our next Newsletter will focus on Home Care, Assisted Living, Community programs and Resources available in Southern California.

If you would like to submit an article and/or advertise in our newsletter, please email me at [denrounds@gmail.com](mailto:denrounds@gmail.com)

## Universal Design *continued from page 1*

new strength and new resolve to try and rebuild my life. I used the resources that I had available to me. I told my physical therapist "I am willing to work and do anything you say. I want my life back and I will do whatever you tell me". I pushed myself harder everyday while I was in the rehabilitation center. I wanted to regain the most basic of life skills; feeding myself, grooming, moving in bed, sitting up, pushing myself in a wheelchair.



Photo by Mark Leder

### Coming Home - Frustrations Build

After six weeks of inpatient rehabilitation, I was released. When I arrived home Mark pushed me up a makeshift ramp into the house. I went into my home for the first time as a wheelchair user.



Rosemarie graciously as therapist Diane Brown, of The Ohio State University Coddell Hall Rehabilitation Center, stretches her leg in the therapy pool. (Dienatch photo)

After three years of marriage, Mark was now forced into the position of being my nurse. He got me out of bed each morning. He dressed me and helped me with my personal hygiene. He did the laundry, bought the groceries, did the cooking, yard work, and cleaned our home. He tried to

console me but he couldn't even hold my hand without causing me pain, due to my injury. He tried to make me feel like his wife instead of his patient.

My two-story dream home was a major source of frustration, limiting my mobility, independence, safety, and comfort. I couldn't go down the steps into my backyard garden. The entire second floor of my home and the basement were not accessible due to more stairs. I couldn't reach the dishes in the kitchen cupboards.

Modifications were made. An electric platform lift was installed at the front porch and the porch surface was raised



Rosemarie uses a reacher from her wheelchair. Photo by Mark Leder

in order for me to get into our home. Doors were removed on the bathroom, shower, and laundry room to allow me access. Grab bars were installed in the toileting areas. Cabinet and pantry contents had to be repositioned to allow me access to the most critically needed items. Full extension drawers were installed in the lower kitchen cabinets. Long handled reaching devices were placed in every room.



Rosemarie "fishes" laundry out of her top-load washer. Photo by Mark Leder

Although these modifications helped to improve the quality of my life, problems still exist. I can't go down the steps into the garage to get into my van, so I have to go out the front door, down the lift and around the front walk. When I bring home groceries I have to carry the bags in my mouth while I maneuver down the walk and up the lift. Even getting something out of my freezer requires a trip out the front door.

The laundry room is too tiny to maneuver my wheelchair. I have to use a long handled reacher to remove the clothes from the top loading washer. Rolling on the thickly padded carpet is fatiguing. Some of the closet doorways are too narrow for me to enter, making them inaccessible. Clothing rods are too high for me to reach my wardrobe. The hallways are too narrow for me to turn around in. I can't use my bathtub and the towel bars are out of my reach.

While in physical and occupational therapy for two years, I began to rebuild my life. I worked to regain the strength necessary to take care of my daily personal needs. A red-letter day occurred when I was able to tie my shoes.

I began to rebuild my business and began speaking, training and writing again. I took lessons in adaptive skiing and wheelchair dancing. Life balance was being restored.

### In Search for a Home

After five years, Mark and I realized that our existing home was never going to fully meet my need for independence, so we decided to build a new home. We toured model homes all over the Columbus, Ohio area in search of a lot. We interviewed builders and reviewed floor plans. No universal design features were included in these models and few options were presented to us by the builders. We became very discouraged by the prospect of living in a home that frustrated me and limited my life.



1995 Wedding Photo by Linda McDonald



Fred Astaire Dance Studio 2002 (Dienatch photo)

Mark said, "Why can't anybody understand this, why don't they think this through and make homes accessible for everyone?"

We both wonder why builders aren't incorporating universal design into their existing floor plans. Why aren't

universal design features and benefits discussed with home buyers to identify their current and future needs? Due to the aging baby boomer population, the housing



market has a need for universal design features.

### Discovering Universal Design

Mark and I had been collecting information and researching universal design principles since my injury. We learned that universal design is a framework for the design of living and working spaces and products, benefiting the widest possible range of people in the widest range of situations without special or separate design. Universal design is human-centered design, accommodating people of all sizes, ages, and abilities. A home designed with universal design principles certainly makes life easier, not only for those with mobility limitations, but also for those who are young, old, short or tall. We are a good couple to illustrate the need for universal design, as Mark stands at 6'4" and I am 4'2" tall seated in my wheelchair. Universal design is for everyone!



The US population of baby boomers (78 million) and people with disabilities (54 million) will be able especially able to benefit from universal design. Universal design allows families to age in place. It is less likely that modifications will be needed to the home to accommodate unexpected injuries and illnesses. It is much more cost effective to initially design homes u

### Development of the Universal Design Living Laboratory

We started the design process by hiring an architect in 2004 and added an interior design team once the draft house plans were created. Contributors of products and services were secured. We purchased the home building site in 2006. The groundbreaking was in September 2009. Construction took 32 months. We moved into our home, the Universal Design Living Laboratory, in May 2012. It is the top-rated universal design home in North America receiving three national certifications as well as two national green building certifications.

The Universal Design Living Laboratory will serve to help people better understand how to create a more comfortable living environment that will enhance their quality of life. It will act as a resource to learn from – today and tomorrow. [www.udll.com](http://www.udll.com)

*Byline: Rosemarie Rossetti, Ph.D. Rosemarie Rossetti, Ph.D. consults with remodelers, builders, architects, designers, and consumers that want to create inspired and livable homes. She is an internationally known speaker, consultant, and author ([www.RosemarieSpeaks.com](http://www.RosemarieSpeaks.com)). Her newest learning program, the Universal Design Toolkit, is an illustrated 200-page resource with four hours of online videos and webinars ([www.universaldesigntoolkit.com](http://www.universaldesigntoolkit.com)).*

resources we would have nothing to offer our patients. Our next meeting is **May 17, 2018, 8:00 AM - 2:45 PM** at **The Orange Conference Center**, 300 S. Flower Street, Orange, CA 92868. Venue website

Hope to see everyone there!!

## Submitting an article for our next newsletter

If you provide Case Management for any of the following conditions:

- Home Care
- Assisted Living
- Community Programs (including equipment/supplies)
- Resources

and would like to submit an article please contact: Denise Rounds at [denrounds@gmail.com](mailto:denrounds@gmail.com).

## Welcome to Our New Members

Lisa Bricker

Richard Evangelista

Linda P. Violas, BSN

Pamela Ann Fant, RN, BSN

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## Aging in Place and Brain Injury, A Convergence of Disabilities

By: Christine Baranda Weaver, MAS, OTR/L, CLCP, CBIS

Aging represents the accumulation on changes over time encompassing physical, psychological, and social changes. It is the greatest known risk factors for most human diseases.

According to the Population Reference Bureau report in January 2016, the number of Americans ages 65 and older is projected to more than double from 46 million today to over 98 million by 2060, and the 65-and-older age group's share of the total population will rise to nearly 24 percent from 15 percent. This is due to an increase in the average U.S. life expectancy from 68 years in 1950 to 79 years in 2017, in large part due to the reduction in mortality at older ages. By 2030, the number of Americans age 65 and over has been projected to reach about 71.5 million, nearly 10 millions of whom will be 85 and up.

One-third of American households are home to one or more residents 60 years of age or older.

Not only are people living longer, recent research has shown that most adults would prefer to age in place—that is, remain in their home of choice as long as possible. In fact, 90 percent of adults over the age of 65 report that they would prefer to stay in their current residence as they age.

The U.S. Centers for Disease Control and Prevention (CDC) defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level". The act of aging in place takes place during a period of time in an elderly person's life where they can have the things that they need in their daily life, while maintaining their quality of life. However, traumatic brain injury (TBI) is a significant problem in older adults. In persons aged 65 and older, TBI is responsible for more than 80,000 emergency department visits each year; three-quarters of these visits result in hospitalization as a result of the injury. Adults aged 75 and older have the highest rates of TBI-related hospitalization and death. Falls are the leading cause of TBI for older adults (51%), The age-adjusted rate of hospitalization for non-fatal TBI in the general population is 60.6 per 100,000 population; or adults aged 65 and older, this rate more than doubles—to 155.9.

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The Centers for Disease Control and Prevention has termed traumatic brain injury (TBI) the "silent epidemic," and within this silent epidemic, there is a seemingly silent population: older adults with TBI. However, there is little information available regarding the effects of the natural aging process on individuals with traumatic brain injury (TBI) as multiple variables are at play: age of injury, premorbid functioning, health status, post-injury rehabilitation and recovery. Further work is needed to determine the best measure of outcome(s) after TBI in the elder adults. As the elderly population demonstrate slower rates of functional change after recovery from TBI, this is an important consideration in future interventions.

Per CDC, elders have difficulties with everyday functioning due to:

- Motor functioning: In a 2002 study by Min Soo Kang, it was reported that of the elder population in America, 18% will have a disability. This calculates to 51 million Americans who have difficulties in functioning every day. 32% over age 65 will have difficulty walking, which may require use of walkers, wheelchairs and canes. To make life easier for the elder, some modifications that can aid them are wider entrances, grab rails, elevator chairs on stairs, etc.
- Fine motor functioning: Elders may have difficulty using their fingers, which can be problematic. As a result, modifications to handles, bathroom fixtures, etc. can aid with this problem.
- Cognitive functioning: It was reported in Kochera (2002) that 1 out of 5 people over the age of 55 will have a mental health disorder. Due to the deterioration, the five senses and cognitive capability decrease and cause slower responses. As a result, fire hazards may not be noticed, which can be very important when setting up fire alarms, exits, etc.

Given the overview of normal aging and its similarities to the common disorders sustained after a TBI, it can be reasonable to expect the same course of change in all areas of independence that's observed in the neurotypical level of the elderly population. If so, effective measures are key components of any response to the potentially overwhelming problem of aging and aging with brain injury with a focus on prevention and neurocognitive function preservation as goals to already existing or planned efforts is appropriate and necessary.

It is recognized that the potential protective roles of psychosocial factors (eg, higher education, regular exercise, healthy diet, intellectually challenging leisure activities, and active socially integrated lifestyle) in the pathogenic process and clinical manifestation of aging and brain injury. And with a growing number of elder adults living independently, it's increasingly important to make sure that they're safe at home. Falls, burns, and poisonings are among the most common accidents involving older people.

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The following are suggested prevention techniques to keep the environment safe:

1. Keep emergency numbers handy (911, poison control, family member, healthcare provider contact information)
2. Prevent falls (take a special falls risk assessment, use of adaptive equipment, buy a special bracelet or necklace alarm, carry a cellphone, and etc.)
3. Safety proof your home (well-lit rooms, use rails, get rid of clutter, tape rugs down, remove all scatter rugs, repair frayed carpet)
4. Avoid bathroom hazards (set thermostat heater no higher than 120 degrees Fahrenheit, install grab bars, put rubber mats or non-skid mats in the tub, or use a bath bench)
5. Prevent Poisoning (Install a carbon monoxide detector near all bedrooms and check battery twice a year; keep medications in their original container, request large prints on your medication containers, take medications in a well-lit room, take your medications to your provider to ensure you are taking them correctly; never mix bleach, ammonia and cleaning liquids as it when mixed, cleaning liquids can create deadly gases.)
6. Protect against abuse (Keep your windows and doors locked at all times, never let a stranger into your home when you're alone, talk over offers made by a telephone salespeople with a family member or friend, always ask for written information about any offers, prizes, or charities and wait to respond until you have reviewed the information thoroughly.
7. Arrange furniture to allow for adequate space for safe ambulation between and within rooms.
8. When using oxygen, do not smoke or use open flames.
9. Do not overload circuits and unplug appliances not in use.
10. Wear close fitting sleeves to prevent spills and burns that could happen with loose, long sleeves.
11. Do not stand on chairs and stools.
12. Keep frequently used items within reach.
13. Clean up spills immediately.
14. Keep closet doors and drawers closed to prevent tripping or bruising.
15. Keep electrical wires bound together and tucked away to prevent tripping.
16. Break tasks in smaller steps and carry/transport one (1) item at a time to allow one free hand for stability.

Optimal physical and cognitive function is vital to independence, productivity, and quality of life of the elderly and ones aging with a brain injury.

### Home Modifications in Southern California

Denise Rounds, RN, Editor *(An Interview with Barry Lowe, President of AtHome Living Solutions)*

Home Modifications are a pivotal part of increasing safety, independence and in preventing ongoing accidents for individuals. People with Catastrophic Disabilities or the Elderly who wish to remain in their own homes can be assisted with "barrier free" Home Modifications.

AtHome Living Solutions specialize in ADA Accessibility Design & Construction. Services are provided to all ages from pediatric through geriatric clients and can serve individuals with a wide range of physical, sensory and developmental disabilities including:

- Cerebral palsy,
- MS- MD,
- Spinal muscular atrophy,
- Wheelchair bound,
- Parkinson's

Some of these modifications for houses and mobile homes include:

- Vertical platform lifts
- Stair lifts, Ceiling lifts
- Accessible showers, Accessible Kitchens
- Roll in sinks, Roll in Showers, Bed Bath additions, Bathroom re-modelling including walk-in bath tubs
- 'Non slip tile, comfort height toilets
- Single lever faucets
- Door widening, Flooring, Ramps
- Lever hot and cold handles
- Lift system which enables a paraplegic to access a shower and toilet



AtHome Living Solutions provides a free home assessment in response to requests from Individuals, Families, Case Managers, professional fiduciaries, rehabilitation centers to identify potential

hazards and identify the best equipment to match the person's home accessibility needs including products like grab bars, shower benches, handrails, etc.

AtHome Living Solutions is a Certified Aging in Place Specialist and specializes in ADA Accessibility Design & Construction.

Barry Lowe has been supporting CMSA SCC for over 12 years. If you would like more information about these services, Barry can be contacted at 949 292 1884 and [barry@athome4.com](mailto:barry@athome4.com)



For all questions: email [info@aotss.com](mailto:info@aotss.com) or call 410-358-7269.

Shoshana Shamberg is available for Home Safety Consultations.

### Fall Safety- Stairs

Many falls happen on the stairs during the daytime, and even more happen at night. Consider what happened to Annie who was 74 when she had an accident on the stairs. At 2 a.m. she woke up from sharp pain in her legs. She began heading down-stairs carefully to take her medication. One nightlight provided barely enough light to light the hallway. The bulbs were broken on the stairway light so she could barely see anything. Halfway down the steps, she lost her footing and fell. She missed the stair edge on the last step. How could Annie, or you, prevent this from ever happening?

- Have nightlights turned on along the hallways, that way you will see where the stairs begin and end.
- Turn on the light when you use the stairs. Have a light switch at the top and bottom of the stairs. Even better: install a motion activated light for the stairs. Use low wattage bulbs if glare is blinding. Install lighting along stairs at low height to minimize glare and illuminate the stairs.
- Always hold on to the handrails on the stairs. Hold onto both sides if possible. Install handrails that are easily graspable, non-slip with finger grooves. Install handrails on both sides of stairway.
- If you are weak, or cannot see the stairs properly it's best not to use them. If you must go downstairs, sit down on the steps, and scoot down while sitting. Remember to still hold onto the stair treads. Install stair glide for stair mobility.
- Place colored or glow in the dark duct tape on the edge of each step so you know where each step ends. Tape should be a different color than steps. Or paint the stair edge a contrasting color from the rest of the stair.
- If you have wood steps, place colored non-slip stair treads on steps or stick on non slip edging with sanded finish..
- Do not leave anything on the steps. If you want to remember to take something upstairs, consider hanging a bag on or near the end of the banister and place items inside.
- Do not carry large items up or down the stairs. Wait for someone to help you. Use a shopping bag to carry small items so that both hands are free to hold the stair railing.
- Ladies, do not wear long dresses or nightgowns; you can easily trip on the fabric!

### Lighting

Walk through your home and pay attention to your lights. Do you have enough lighting to walk safely in your home? Is the lighting non-glare? Can you easily locate the lights switches at night? Many falls occur because of improper or inadequate lighting. Follow this checklist to make sure that you will be safe.

- ✓ Nightlights are installed all throughout your home: Bathrooms, bedroom, kitchen and all hallways. Buy special nightlights that turn on automatically when it is dark and turn off automatically in light. They can be purchased at Target or a grocery store.
- ✓ Light switches can be easily found on the walls. If not, paint the switch plate with a color that contrasts the walls. Glow in the dark paint/ tape on switch plates are a good solution.  
'UGlu' Glo Tape can be purchased at Home Depot or Amazon.com. Just remember that the tape needs to be exposed to light during the day in order to glow at night. This tape is unlikely to work in a room without a window such as a closet or bathroom.  
[http://www.homedepot.com/h\\_d1/N-5yc1v/R-100662313/h\\_d2/ProductDisplay?langId=-1&storeId=10051&catalogId=10053](http://www.homedepot.com/h_d1/N-5yc1v/R-100662313/h_d2/ProductDisplay?langId=-1&storeId=10051&catalogId=10053)
- ✓ Light switches are located on either side of the doorway so they can be turned on easily.
- ✓ Lamp or other light source is accessible right next to bed.
- ✓ Flash light can be reached easily next to bed in case of a power outage.
- ✓ Burned out light bulbs are replaced.
- ✓ Install dimmers on all light switches to adjust lighting as needed.
- ✓ Install motion sensitive or photo sensitive lighting in the hallway near the entrances and in rooms where you access and may not have a switch immediately accessible.
- ✓ Important lighting, like by the stairs, should have multiple bulbs. If a light only has one bulb, you won't have any light when it burns out.

### Fall Safety- Rugs

Have you ever tripped on a rug in the front entrance or hallway of your home? Did your family member tell you to remove it so that you don't trip and fall? Did you leave it there because you paid a lot of money for it or because it adds to the décor of your home? If you answered yes to any of these questions, you are at risk for falling. How can you remove that risk? It's simple. Rugs of all sizes are a fall hazard. If possible, remove any rug that you really don't need. If you do need to use a rug, follow these tips:

- Use a non-slip pad underneath the rug AND use double sided tape to tape down the carpet edges. This way your foot cannot get caught underneath the carpet. The tape and pad will wear out over time, so check them periodically and replace as needed.
- Lay the rug perfectly flat so that it is not bunched up in any area.
- Remove throw rugs from access routes.

*Continued next page*



### Fall Safety- Electrical Cords

Electrical cords from TV's, phones, heaters and lamps all produce a huge fall hazard. Mark, a 76 year old man, lives alone. His daughter noticed that he had electrical cords running all over his apartment. She knew this was a fall hazard and put it on her to-do list: to-do within 3 months. Like any other day, Mark walked carefully across some cords to turn on the TV. Even though he was cautious, he tripped on a cord that ran under a rug and a small bookcase. Mark tripped and fell, and the bookcase fell onto his ankle. How could you or Mark prevent this from ever happening?

- Do not place cords under furniture.
- Do not place cords under rugs as it is a fire hazard.
- Place your electronics as close to an outlet as possible. Cords should not run across a room. Rearrange furniture if needed.
- If the electronics requires an extension cord and needs to be plugged in across the room, tape or staple the cord along the wall.
- Use hands free phones and intercom systems.

### Floor Safety

Marla just had her hardwood floors buffed and waxed. After 30 years, they finally looked new again. Marla knew the floors would be slippery for a while, but she had no idea how slippery. As she carefully walked to answer the phone, she slipped and fell. How could you or Marla prevent this from ever happening?

- Make sure your floor is not slippery. If you feel that your floor is slippery right after it is washed, try using less cleaner. If it continues to be a problem, install low pile carpeting or other non-slip flooring.
- If you don't have carpet, wear shoes with non-slip soles. Running shoes, slippers or sandals with backs and rubber bottoms will help keep you from slipping. \*Ladies, skip the high heels and open back wedge shoes. Opt for a low heel, or better yet, a flat shoe. Never wear a backless shoe as they are very easy to slip out of, trip and fall.
- Do not have your floor waxed and do not apply any slippery treatments.

### Burn Prevention

Did you ever get bad sunburn? Accidentally touch an iron or stove? Spill hot liquid on yourself? If so, chances are that you've suffered a first degree burn, when the outer layer of the skin gets burned. You might experience pain in the burned area, and will see redness and swelling.

With age, the sensory receptors in your skin take longer to respond to changes in temperature. You may be washing your hands when the warm water turns boiling hot. By the time your body notices the change in temperature, you may already have a burn.

There are a few steps you can take to reduce your likelihood of burns.

- Adjust the temperature on your water heater. It should be set at 120degrees Fahrenheit or lower.
- If your sink has two levers, turn on the cold water first, then the hot water.
- When using a space heater, make sure that it is a few feet away from you.
- Use the back burners when cooking. This way, you will be less likely to touch the hot elements after your food is cooking. When purchasing a new stove or stove top, obtain ones with staggered burner and front or side controls to prevent burns when reaching over the stove top.
- Turn in pot handles when cooking. You will be less likely to knock over a pot of boiling liquid.
- When microwaving foods, be careful of the burst of steam when you remove the wax paper or anything else covering the food.
- Use oven mitts to carry hot dishes. Don't attempt to hold a hot plate with your hands. You can drop the dish, and risk a burn from the hot liquids.
- If a pot of soup or other dish is too heavy to lift, do not lift it! You risk burning yourself if it drops. Instead, ladle out some soup until it is lighter.
- Use a sturdy wheeled cart to transport hot or heavy items from place to place in the kitchen or to other areas like the dining room.
- Slide hot items along the countertop rather than carrying them from the stove to the sink.

If you have a minor burn and the skin is not broken, follow these steps:

- 1 Run cold water on the area for at least 5-10 minutes. Or apply a cool compress.
- 2 Do not apply butter, oil or ice to the burn.
- 3 Aloe Vera can be applied externally to the burn 3-4 times per day or as needed. This will sooth and heal the burn.

(University of Maryland Medical Center, 2011)

If you burn looks infected or if it is worse than a first degree burn, contact your primary care provider.

*Continued next page*

## Bathroom Safety

John needed help getting in and out of the shower. He didn't mention it to his daughter because it was difficult for him to admit that he needed help. One night John got out of the shower and grabbed onto the towel bar for support. The towel bar came loose and John fell to the floor.

Falls in the bathroom are all too common, yet most can be prevented. Follow this checklist:

### Lighting:

- ✓ Make sure you have adequate lighting so that you can see the toilet, sink, bath and shower. If you open your lights to check and think "Well, I can kind of see.", then you should install another light.
- ✓ Keep a nightlight plugged into your bathroom. Use a nightlight that turns on automatically when it is dark and turns off automatically in daylight. The nightlight should provide enough light so that you can see the main light switch.
- ✓ Motion sensors can be connected to your lights so that they turn on automatically when you enter the bathroom.
- ✓ Replace towel racks and soap holders with grab bars anchored into the wall.

### Grab Bars:

- ✓ Install grab bars in the bathroom. Grab bars provide support getting in and out of the shower, and off the toilet. Install grab bars anywhere you may need stability.
- ✓ Grab bars should be in a color that contrasts to the wall. If your wall is white, install a silver or blue grab bar.
- ✓ Do not use your grab bars for your towels. You could end up grabbing onto your towel... and falling to the floor with it.
- ✓ Use wall anchors to insure that the grab bars are secure to the wall.

### Flooring:

- ✓ Stick non-slip strips into the bath and shower.
- ✓ Place a bath mat by the sink, toilet, and shower entrance. Bath mats should have a rubber backing. As an added precaution, tape down the mat with double sided tape.

### Locks/Doors:

- ✓ Don't lock your bathroom door. If you must, make sure that bathroom locks can be opened from the outside. Leave the key on the door frame above the bathroom door. In case of emergency, someone will be able to help you.
- ✓ Bathrooms door should open to the outside so you may have to change the hinge and door swing.
- ✓ Install a phone at low height that can be reached in case of a fall.
- ✓ Use levered handles and non slip door handles so easy to use when hands are wet or if they hurt with stiff joints or low muscle strength.

### Doorknobs

Doorknobs have come a long way in 30 years. Nowadays you can find a doorknob in so many colors, materials and styles. So why do most doorknobs still look like this? Because they are very inexpensive, builders install these in many homes. With age, it becomes difficult to use these doorknobs especially if you have arthritis.

- An inexpensive solution is to use a simple doorknob gripper. They are also available in 'glow in the dark' so that you can find the door in the nighttime.
- Lever doorknobs are easy to use and are relatively inexpensive. Your hands will thank you! You can purchase them at Home Depot or other hardware store.

### Environmental Control Units

Take a look around your home, and notice how many things require electricity; the lights, TV, thermostat, phone and more. Wouldn't it be nice if you could access all these devices from one system? Environmental Control Units, (ECU's) provide users with the ability to control these devices. Imagine laying in bed and not wanting or not being able to get out of bed to shut the light or turn up the heat? Some units can also open and close doors and make a phone call. The units are simple to use and can be controlled by voice or touch. These units are expensive but are cheaper than full time help for those who need it.

To learn more about the different types of units, visit:

<http://www.breakboundaries.com/> and click 'products'.

### Reaching:

- ✓ Do not keep shampoo and soaps on the shower floor! Either have a shelf installed or buy a rack to hold your soap. The rack goes around the shower head, and can be found at the dollar store, Target or Bed Bath and Beyond.
- ✓ Toilet paper and tissue boxes should be easily accessible from the toilet. If your toilet paper bar was installed so that you have to stretch for it every time, have it installed closer.





## What is the Nurse Licensure Compact and why is it not being considered in California?

The 100 year-old model of nurse licensure is not flexible, adaptable nor nimble enough to best meet the need of case managers. The solution is the Nurse Licensure Compact (NLC) which increases access to care while maintaining public protection at the state level. Under the NLC, nurses are able to provide care to patients located across the country, without having to obtain additional license.

To date, 29 states have enacted eNLC legislation: Idaho, Montana, North Dakota, South Dakota, Nebraska, Wyoming, Utah, Colorado, Arizona, New Mexico, Texas, Oklahoma, Missouri, Iowa, Arkansas, Wisconsin, Kentucky, Tennessee, Mississippi, Virginia, West Virginia, North Carolina, South Carolina, Georgia, Florida, Delaware, Maryland, New Hampshire, and Maine.

eNLC legislation is pending in Vermont, Massachusetts, Michigan, Indiana, Illinois, and New Jersey. That legislation must be signed by the states' governors after advancing through the states' legislatures.

## NLC Participating States



Map courtesy of National Council of State Boards of Nursing

NCSBN  
National Council of State Boards of Nursing

Although nurses may skip the licensing process in the eNLC states, they still must follow the laws and nurse practice act of each state where a patient is located. The eNLC affects registered nurses and licensed practical or licensed vocational nurses; it does not apply to advanced practice nurse.

This act,

1. Enables nurses to practice in-person or provide telenursing services to patients located across the country without having to obtain additional licenses.
2. Allows nurses to quickly cross state borders and provide vital services in the event of a disaster.
3. Facilitates telenursing and online nursing education
4. Makes practicing across state borders affordable and convenient.
5. Removes a burdensome expense for organizations that employ nurses and may share the cost of multiple license

**To date California has not passed the Nurse Compact Act. The Ca Board of RN's has defined these barriers to preventing their support.**

1. Ca requires background and fingerprint checks on all licensees. Not all states require this and Ca does not want to have nurses practice in the state without these checks.
2. Variables in board discipline of violations and complaints among the states.
3. Educational and clinical requirements to obtain a license vary from state to state
4. Concerns about the varying requirements for continuing education among the states
5. Loss of revenue The nurse unions object to the compact for fear out-of-state nurses will flood the state during strike activities. The model legislation includes language to address this issue.

### **Article I Findings and Declaration of Purpose of the Nurse Compact Act**

- Facilitate the states' responsibility to protect the public's health and safety;
- Ensure and encourage the cooperation of party states in the areas of nurse licensure and regulation;
- Facilitate the exchange of information between party states in the areas of nurse regulation, investigation and adverse actions;
- Promote compliance with the laws governing the practice of nursing in each jurisdiction;
- Invest all party states with the authority to hold a nurse accountable for meeting all state practice laws in the state in which the patient is located at the time care is rendered through the mutual recognition of party state licenses;
- Decrease redundancies in the consideration and issuance of nurse licenses; and
- Provide opportunities for interstate practice by nurses who meet uniform licensure requirements.

### **Article II Definitions**

Reference model legislation at [nursecompact.com](http://nursecompact.com).

### **Article III General Provisions and Jurisdiction**

- Eligibility and uniform licensure requirements for a multistate license
- Authority to take adverse action against a multistate licensure privilege with application of state due process laws
- Nurse compliance with state practice laws
- Exclusion of advanced practice nurses (APRNs). There is a separate compact for APRNs called the Advanced Practice Registered Nurse Compact.
- Grandfathering provision

### **Article IV Applications for Licensure in a Party State**

- Required verification of licensure information via the coordinated licensure information system
- Limitation to one home state license
- Outlines process for change of primary residence/ home state

### **Article V Additional Authorities Invested in Party State Licensing Boards**

- Provides authority to § Take adverse action against a multistate licensure privilege § Allow states to revoke a nurse's privilege to practice when a nurse is under investigation § Issue subpoenas § Obtain and submit criminal background checks
- Requires deactivation of multistate licensure privileges when license encumbered

### **Article VI Coordinated Licensure Information System and Exchange of Information**

- Requires participation in a coordinated licensure information system
- Requires the boards of nursing to promptly report to the database any adverse action taken on a nurse, any information gathered during an investigation on a complaint against a nurse; and notification of

- any nurse that has been enrolled in an alternative to discipline program.
- Provides for exchange of information with other party states

### **Article VII Establishment of the Interstate Commission of Nurse Licensure Compact Administrators**

Establishes the governing body as a public agency known as an "Interstate Commission."

### **Article VIII Rulemaking Allows for rules to be adopted directly by the Commission.**

Such rulemaking is legally binding in all party states. There is no requirement that rules be ratified or adopted by individual states. Such rulemaking authority has been permitted and exercised by other interstate compacts. The procedural requirements are based on the national Model Administrative Procedures Act, which is similar to most state APAs and includes:

- Provision for notice to the public of proposed and adopted rules
- Opportunity for comment
- Opportunity for public hearing
- Consideration and voting upon proposed rules
- Responding to comments received

### **Article IX Oversight, Dispute Resolution and Enforcement**

Ensures compliance with the NLC by member states. The procedures to be followed in the event of a failure by a party state to comply with the NLC include:

- A period of technical assistance in curing the default
- Improved dispute resolution processes; and
- Termination from the NLC in the event no other means of compliance has been successful.

### **Article X Effective Date, Withdrawal and Amendment**

Addresses the method for states to enter, withdraw from or amend the NLC.

### **Article XI Construction and Severability**

Provides for the compact to remain valid in a state when any provision is declared to be contrary to a party state's constitution.

***If you have an interest in having California become a Compact Nurse State, compose Your Message and send it to the state officials in your district.***

- [Governor](#)
- [State Senator](#)
- [State Representative](#)

Personalize your message.

Begin your message by identifying yourself, mentioning that you are a constituent, and add any personal reason for wanting this legislation to move forward.

To learn more: National Counsel of State Boards of Nursing [NCSBN.org/nursecompact](http://NCSBN.org/nursecompact) Case Management Society of America [CMSA.org/publicpolicy/msl](http://CMSA.org/publicpolicy/msl) National Center for Interstate Compacts [csg.org](http://csg.org) Contact: Taskforce for Multi-state Licensure for Ca Nurses – [msl-4-ca-nurses@hotmail.com](mailto:msl-4-ca-nurses@hotmail.com)

**Importance** Falls are the leading cause of injury-related morbidity and mortality among older adults in the United States. In 2014, 28.7% of community-dwelling adults 65 years or older reported falling, resulting in 29 million falls (37.5% of which needed medical treatment or restricted activity for a day or longer) and an estimated 33 000 deaths in 2015.

**Objective** To update the 2012 US Preventive Services Task Force (USPSTF) recommendation on the prevention of falls in community-dwelling older adults.

**Evidence Review** The USPSTF reviewed the evidence on the effectiveness and harms of primary care-relevant interventions to prevent falls and fall-related morbidity and mortality in community-dwelling older adults 65 years or older who are not known to have osteoporosis or vitamin D deficiency.

**Findings** The USPSTF found adequate evidence that exercise interventions have a moderate benefit in preventing falls in older adults at increased risk for falls and that multifactorial interventions have a small benefit. The USPSTF found adequate evidence that vitamin D supplementation has no benefit in preventing falls in older adults. The USPSTF found adequate evidence to bound the harms of exercise

and multifactorial interventions as no greater than small. The USPSTF found adequate evidence that the overall harms of vitamin D supplementation are small to moderate.

**Conclusions and Recommendation** The USPSTF recommends exercise interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. (B recommendation) The USPSTF recommends that clinicians selectively offer multifactorial interventions to prevent falls in community-dwelling adults 65 years or older who are at increased risk for falls. Existing evidence indicates that the overall net benefit of routinely offering multifactorial interventions to prevent falls is small. When determining whether this service is appropriate for an individual, patients and clinicians should consider the balance of benefits and harms based on the circumstances of prior falls, presence of comorbid medical conditions, and the patient's values and preferences. (C recommendation) The USPSTF recommends against vitamin D supplementation to prevent falls in community-dwelling adults 65 years or older. (D recommendation) These recommendations apply to community-dwelling adults who are not known to have osteoporosis or vitamin D deficiency.



## May Quarterly Meeting

### WHEN

May 17, 2018  
8:00 AM - 2:45 PM

The Orange Conference Center  
300 S. Flower Street  
Orange, CA 92868

**8:00 am-9:00 am • Meeting the Challenges of Multiple Sclerosis: An Educational Program for Care Managers - Amy Perrin Ross, APN, MSN, CNRN, MSCN- Genentech**

**9:00 am - 9:15 am Break and Visit Exhibitors**

**9:15 am – 10:15 am • The Mobility Patient: Prevent this Low-Cost Solution from Becoming a High-Cost Problem - Steve Henry, Mobility Works**

**10:15 am - 10:30 am Break and Visit Exhibitors**

**10:30 am – 11:30 am • How to Get to 'Yes': Managing Medical Treatment Authorization Under Current California Law - Adam Dombchik, sq., Gordon, Edelstein Krepack Law**

**11:30 am - 12:30 pm Lunch and Visit Exhibitors**

**12:30 pm – 1:30 pm • Workplace Violence - Yassi Zarrin, PsyD**

**1:30 pm – 1:45 pm Break and Visit Exhibitors**

**1:45 pm – 2:45 pm • The Benefits of Vocational Rehabilitation and Vocational Training - Laura Wilson, MBA, Laura M. Wilson & Associates, Inc., Workers' Compensation Vocational Rehabilitation Expert**

### 5 Contact Hours





## OPPORTUNITIES ABOUND at CMSA TO MEET CASE MANAGERS

### Newsletter

Advertise in Southern California CMSA's Quarterly newsletter. Reach 400 Case Managers practicing in the Southern California area that needs to know about your products and Services.

- Business card size ad - \$40**
- 1/3 page ad - \$225**
- Full page ad - \$350**

### Quarterly Conferences

Mingle with case managers as an attendee at one of our conferences held throughout the Southern California area.

**3 CEU/3 CCM Credits**

- CMSA members - \$25.00/\$35.00 at the door**
- Non-members - \$40.00/\$50.00 at the door**
- Full Time Students - \$5/\$10 at the door**

**May Conference**

- CMSA Members - \$40/\$50 at the door**
- Non-Members - \$55/\$60 at the door**

### Exhibit Space

Our conferences have vendor tables available for your firm to display your products and services.

**\$250.00 includes two attendees**

### Extension Exhibit Space

Our conferences have vendor tables available for your firm to display your products and services.

**\$125.00 includes two attendees**

### Full Sponsorship/\$1500

5 Guests

- ❖ Full Page Newsletter Article
- ❖ ½ Page "Thank You" next Newsletter
- ❖ Vendor Table
- ❖ Attendee List

### Half Sponsorship/\$750

2 Guests

- ❖ ½ Page "Thank You" in next newsletter
- ❖ Vendor Table
- ❖ Attendee List

### Web Banner Ad

Ad for 6 Months - \$1000

### The Sky's The Limit

We are not limited by the above, if you have an idea to provide opportunities to our membership please contact

**our website**  
**www.CMSAscc.org**