Does it Matter if You’re Tired at Work?

By: Jean Henry, RN, Risk Control Wellness Nurse

Sleep affects how we look, feel and perform on a daily basis, and can have a major impact on our overall quality of life. It is a risk management issue because it directly impacts work performance.

According to the American Academy of Sleep Medicine, healthy adults should get a range from seven to nine hours of sleep per night to feel rested. During sleep physical and mental processes take place to clear our minds and restore our bodies. Sleep helps the brain commit new information to memory; hormones are secreted to help regulate metabolism and weight; cell repair occurs; the immune system is boosted; the heart and cardiovascular system slow to reduce blood pressure, to list a few.

Sleep deprivation occurs any time that you get less sleep than your body needs. Studies reveal that 40 per cent of Americans averaged less than six hours per night. When sleep is cut short, the body doesn’t have time to complete all of the processes. Chronic lack of sleep can lead to obesity, heart disease and diabetes. The ramifications range from minor to major, depending on your accumulated sleep debt.

Sleepiness and an overall decreased ability to think clearly are the biggest complaints and effects of not getting the required number of Z’s. Thinking becomes muddled and capacity for decision making and judgments may be compromised, resulting in risky decision making. There may be difficulties with learning, concentration and memory.

For employers, this may lead to on the job accidents or errors. The risk for injuries in general has been correlated with the degree of sleep deprivation. Errors made by fatigued healthcare workers can endanger our residents. Often ignored, sleep deprivation is frequently the root cause of decreased productivity, poor work performance, work place accidents, incidents and mistakes, car accidents, increased absenteeism, increased staff turnover and increases in healthcare costs, workers’ compensation costs, and early disability.

These are real dangers associated with a sleep-deprived employee. In the healthcare industry, shift work and long work hours can be the cause. To add to the sleep debt, many times employees are leaving work to care for children or parents, work a second job or run errands. The CDC, NIOSH and the Joint Commission encourage employers to set up workplace systems that reduce risks linked to fatigue from sleep deprivation with these suggestions:

- Maintain adequate environmental conditions (heat, air condition, lighting) across all work times.
- Schedule trainings, administrative meetings, social programs and counseling to accommodate evening and night shift workers so they do not need to interrupt their optimal sleep times.
- Avoid staff meetings at the end of night shift when staff is often very tired.
- Attempt to schedule two or more workers per areas during night shifts and other difficult schedule times so staff can promote each other’s alertness.
- Provide quiet, comfortable areas for staff to nap over breaks and meals.
- Provide education regarding sleep deprivation, its effects and making sleep a priority in the HCW’s life.
- Examine and improve work schedules and staffing. Schedule shifts to allow for sufficient time between work shifts. At least ten consecutive hours per day of protected time off-duty allows workers to obtain seven to eight hours of sleep.
- Involves staffs in the design of the schedule.
- Limit caregiver hours to twelve hours per day and sixty hours per week.
- If scheduling 12-hour shifts, intersperse with days off, such as two rest days after three consecutive 12-hour shifts.
- 12-hour shifts increased risk for error by 28 per cent. Allow for rest breaks every two hours to reduce risk, which is more effective than every four to six hours.
- Shorter shifts are better tolerated during the evening and night shifts.
- Consider allowing naps during the work shift. This includes policies to allow naps during the work shift, good nap environments, systems to schedule naps and awaken a napping worker, and adequate staffing to cover the work.
- Consider fatigue as a factor in all adverse events.

Healthcare is a 24/7 industry. It is inevitable that staff must work when the rest of the world sleeps. By re-examining the scheduling processes of the facility and using evidenced-based strategies to help reduce risk, you can work towards happier and healthier staff and provide a safer environment for all.
Flu Shot Time Again

For the infection control nurse in your facility, “back to school” doesn’t mean the time of year when thousands of children return to their institutions of learning; it means flu season. The next flu season is 2017 – 2018, which runs from October 2017 through May 2018 with the peak four-month period being December through March.

Influenza (flu) is a contagious respiratory illness that can cause mild to severe symptoms. It is not “just a bad cold”. Symptoms include a high fever, severe body aches, extreme fatigue and harsh dry cough. Complications, especially for the elderly, very young, and those with chronic illness, include hospitalization for pneumonia and other infections, sometimes resulting in death.

The flu is spread mainly by droplets that are transmitted by coughing, sneezing and talking. Microscopic droplets enter the unsuspecting victim by inhaling the droplets into their lungs or by touching flu-contaminated surfaces with their hands and then touching their eyes, nose or mouth. Healthy adults can infect others beginning one day BEFORE symptoms develop and up to five to seven days after becoming sick. That means you can spread influenza to your residents, coworkers and family even if you are not sick or have symptoms.

The first and most important step to prevent getting or transmitting the flu is to get a flu vaccination. The CDC recommends a yearly flu vaccination for everyone six months and older by the end of October.

The flu shot does not cause flu illness. Common side effects are soreness, redness, tenderness or swelling at the injection site. Low-grade fever, headache and muscle aches may also occur.

Other preventive actions include having family members vaccinated, frequent handwashing, cover your cough or sneeze, throw tissues away immediately, wipe work surfaces with approved anti-viral products, and stay home if you are sick.

Protect yourself, residents, family and co-workers by getting your influenza immunization this year.

Megarule Date to Remember

The Centers for Medicare and Medicaid Services (CMS) finalized a major new rule in 2016 to make significant changes to improve patient care and safety. The “Megarule” as some in the industry call it sets high standards for:

- Resident care
- Targets infections
- Hospital readmissions
- Staffing practices
- Resident safety

The new rule’s compliance obligations are being implemented in three phases that began last November 2016 and extend through 2019, and represent the largest update since 1991.

Phase 2 compliance date is November 28, 2017 and includes implementation of action items in the following categories:

- Freedom from abuse, neglect and exploitation
- Admission, transfer, and discharge rights
- Comprehensive care planning
- Nursing services
- Behavioral health services
- Pharmacy services
- Dental services
- Food and nutrition services
- Administration (Facility Assessment)
- Quality assurance and improvement
- Infection control
- Physical Environment

Phase 3 compliance is scheduled for November, 2019.
The PACAH 2017 Fall Conference is scheduled for September 11 through September 14, 2017 at the Sheraton Pittsburgh Hotel at Station Square.

The PELICAN trainings include:

**SESSION ONE – “A FUTURE OF AMERICA’S NURSING HOME INDUSTRY”**

With all the changes happening on our health care system, the future of America’s nursing home industry is at risk. As reimbursement changes encourage the creation of more and more preferred provider networks, those SNFs not selected as preferred providers are likely to become Medicaid only facilities.

With 35 state Medicaid Programs reimbursing over $20 a day less than the actual cost of providing care, these “non-preferred” facilities will begin increasing their Medicaid occupancy and in doing so, further exasperate their financial decline. Unfortunately, this downward spiral also leads to difficulty in not only maintaining existing staff but recruiting new staff as well. This naturally leads to an increase use of staffing agencies, a steady decrease in quality of care for the residents with a corresponding increase in survey deficiencies. Estimates suggest that 30 percent or more of our nations’ nursing facilities could fall into the “non-preferred” status.

The purpose of this session is to discuss these serious issues but more importantly, offer those facilities in the non-preferred facilities status specific opportunities to develop new programs and services capable of generating new revenue sources that will help counter the lost revenue when Medicare and Medicare managed care referrals disappear.

*John Whitman, Executive Director*
*The TRECS Institute*

**SESSION TWO – “LEGIONELLA RISK MANAGEMENT/SUSTAINABILITY AND ENERGY USE”**

Facility owners and managers can learn about and follow Legionella standards published by the CDC and the American Society of Heating, Refrigeration and Air Conditioning Engineers. Topics covered will include options to minimize risk through the process of identifying potential risks, developing appropriate control measures, monitoring of control measures, establishing a corrective action plan and program documentation and verification of activities pertaining to risk management.

The concept of sustainability is often integral to new buildings and renovations as it pertains to cost effectiveness and energy savings. This presentation will help the Executive Director/Facility Manager to better understand the concept of sustainability and the role that the Mechanical, Electrical, Plumbing Engineer plays in sustainability. Attendees will learn to differentiate between various green rating systems, understand the impact of code requirements on energy usage, and understand the typical sources of energy use and emerging trends related to energy use. The presentation will allow participants to become familiar with the various ways of projecting and verifying energy use, such as energy modeling and commissioning. As utility costs increase and more emphasis is put on energy by codes and rating systems, the participant will be familiar with options to reduce energy consumption.

*Jason A. Borowski, P.E., Senior Mechanical Engineer*
*Century Engineering, Inc.*

For information regarding the PACAH 2017 Fall Conference or the PELICAN trainings, contact your Risk Control Specialist.

---

**PELICAN Grant Program**

*For more information, contact Keith Wentz by phone at (717) 736-4724 or kwentz@pacounties.org.*

---

**Risk Control Staff Contact Information**

- **Keith Wentz**, ARM-P, ARM, SPHR
  - Risk Management and Underwriting Manager
  - (800) 895-9039 x 3324
  - mobile (717) 385-1201
  - kwentz@pacounties.org

- **Jeanie Henry**, RN
  - Risk Control Wellness Nurse
  - (800) 895-9039 x 3382
  - mobile (717) 226-5384
  - fax (717)526-1020
  - jhenry@pacounties.org

- **Kelly Kyzer**
  - Risk Control Specialist
  - (800) 895-9039 x 3395
  - kkyzer@pacounties.org

- **Dennis Cutler**, CSHM
  - Senior Risk Control Specialist
  - (800) 895-9039 x 3210
  - mobile (412) 600-6189
  - dcutler@pacounties.org

- **Maureen McMahon** CSP, ARM
  - Senior Risk Control Specialist
  - (800) 895-9039 x 3306
  - mobile (412) 760-1421
  - mmcmahon@pacounties.org

- **Andrew Smith**
  - Risk Control Specialist
  - (800) 895-9039 x 3369
  - mobile (717) 439-6076
  - asmith@pacounties.org
Long-Term Care Reform: CMS Final Rule Phase 2 – Join us for a webinar on October 26, 2017 @ 10 a.m. EDT.

Presenter: Susan Lucot, MSN, RN, MLT (ASCP), CPHRM Senior Patient Safety and Risk Consultant. Susan possesses a diverse background in healthcare, which includes extensive experience in patient safety and risk management.

Objectives: The next phase of the new federal requirements of participation for long-term care facilities will be implemented on November 28, 2017. This webinar will support facilities by discussing changes to the CMS Interpretive Guidance specific to phase 2 requirements. Explain the intent regarding revisions to the long-term care regulations. Review the new F tag designations along with their regulatory sections and describe the revised survey process and protocols to be initiated.

This program has been submitted (but not yet approved) for continuing education for one total clock hours from NAB/NCERS.

Registration information will be sent to all PELICAN administrators pending continuing education approval.