



ALPHA BITS



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LETTER FROM THE PRESIDENT

Welcome to 2007. Although the winter was very slow to arrive, it is here now. I am glad that it is. I am happy to see Alpha Omega growing and still developing into a stronger and better company each and every year. The appreciation for how much we have improved over the past 19 years goes to many people. Most are working in each of our regions at this very moment. All of you have worked very hard. You have provided excellent services to the clients we serve. I am very proud of you.

It has been a successful year. It has been fulfilling and at the same time, frustrating, stressful, and so hectic that it feels like a roller coaster ride with many twists and turns and peaks and valleys. Don't you just love rides like that? It is life at its best for me. While this creates pressure and stress, a wonderful thing is happening that makes me extremely proud. It reminded me, when I needed to be reminded, of why we have chosen the work that we do.

Why do we put all of this effort into what we do? Why do we stay on this roller coaster ride? It is my thinking that we put the effort in because we are here to help people. We are here for people who have a really difficult time helping themselves. We are here to help people who might not survive, if not for the efforts, skill and nurturing services we provide. We are here doing this work because there are people who cannot always help themselves and they need someone like us who do give their all to help others. There are other agencies that provide some of these services and I am glad they are there to help. You, each one of you, are the individuals that make this happen for the people we strive to serve. I appreciate you very much. So, you can see how important the work that we do is for others and ourselves at Alpha Omega Health, Inc. Thank you from my heart.

This month reminded me that the stress and frustration are not as overwhelming when I remember all of the people we serve who are

better because we care and we are there for them. People at Alpha Omega always go the second mile for others. I appreciate you for it. I know that your hearts and minds care about what goes on here for others. I am reminded that this is not just what we do; it is what we have to do for others that give each of us self-respect and dignity. It is all of this together that makes Alpha Omega a company of which we can be proud.

It is easy to understand the feeling that there is so much to do and just not enough time to do it all. Every one of us has that feeling from time to time. We do the best we can to accomplish all that we can accomplish in whatever time available.

For those of you who have not heard my story, I would like to share it with you. Most of you know that my children mean the world to me. My son, daughter and I were critically injured in a car crash on October 25, 1988. JK was three years old at the time and Rebecca was 12 years old. They are now ages twenty-one and thirty respectively. All three of us received such severe injuries that we continue to have to deal with them even today. Everyone in the car that hit us was killed on impact. I am so thankful that we survived the collision and the ordeal that followed. Every one of us knows from that experience how quickly life can change. We know how quickly sometimes that time runs out. We survived. There is still time. The time ran out for those in the other car.

Regardless of what anyone has to face, it has always been my philosophy that we can do anything that we want to do. I believe this and it is what my children have been taught. This is a thinking world. We just have to think and sometimes figure out a different way to do those things that we want to do. We just need to take on the challenge and work through the problems.

When we are young I think we worry about

our legacy. We worry that the worth and value of our lives will not continue in others and the world when we are no longer living. I believe that everything that we do impacts on others and that outcome is our legacy. My children and I have talked many times about giving scholarships to Universities and just giving unconditionally to help others. I have always considered this to be very important to developing one's self worth and dignity.

I have tried to explain to my children that when we give to for others we have already established our legacy. It is not about the name on the building that is the legacy. It is heart in you that causes you to give unconditionally the money (resources, time, energy, caring, nurturing, ideas, commitment, dedication, and work) that provides the building for others that is the legacy. The challenges to overcome adversity are the same for us all. It is like the intent of the Crocodile character in Peter Pan. He is not really a crocodile at all. He is a symbol of time. Tick tick. Tick tick, Tick tick. He is symbol of the time that chases us all. Tick tick, Tick tick.. Tick tick. The crocodile time will always overtake us at

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REGIONAL NEWS & EVENTS

Coastal

Happy Birthday!

Regina Bryant 2/1
Anita Pickett 2/7
Andreza Jones 2/13
Patricia Arroyo 2/19
Melissa Fineman 2/28
Bobby Grady 3/4
Gary Gupton 3/18
Darlene Ballard 3/23
Maretta Ozolua 4/1
Marsha Meade 4/2
Jeanna Schalk 4/3
Bridget Milliken 4/5
Natalie Pridgen 4/10
Theresa Mauldin 4/28
Kim Lewis 4/20

Anniversaries

1 year - Patricia Arroyo, Kevin Barone, Anita Brown, Courtney Coley, Patricia Howe, Gerald Jones, Tricia Pike
2 years - Angela Blackmore, Rebecca Hamilton, Annie Hayes, Gloria Owens, Branden Wells, Carolyn Worley
3 years - Darlene Ballard
4 years - Sharon Jenkins, Tyesha Wilson
5 years - Marsha Meade
6 years - Delores McCumbee, Maretta Ozolua
7 years - Phyllis Oliver
9 years - Ernest Beatty

Mountain

Happy Birthday!

Iva Edwards 2/5
Julie Hoyle 2/12
Louella Buchanan 2/28
Mark Smith 3/2
Alvin Grindstaff Jr. (Jr.) 3/2
Sally Ogle 3/6
Cody Burleson 3/9
Angela Reagan 3/18
Holly Pritchard 3/19
Joleen Eastridge 3/21
Mary Wood 3/25
Kim Johnson 3/30
Carolyn Frye 4/8
Yvonne Martin 4/8
Susan Bremer 4/9
Jada Ellis 4/15
Kristie Ring 4/21
Jillian Ream 4/27
Janet Rhudy 4/30

Anniversaries

1 year - Brandy Chester, Rhonda Parker, Angela Reagan, Stephen Welborn, Jerri Wiseman
2 years - Amanda Robinson
4 years - Susan Bremer
7 years - Fran Buchanan, Joleen Eastridge, Betty Greer, Jessica Vance

North Central/Chapel Hill

Happy Birthday!

Rashana Lashley 2/4
Dora Escalante 2/7
Louis Mitchell 2/8
Kiona Pruitt 2/9
Zachary Oden 2/10
Alice Kearney 2/10
Cheston Green 2/12
Nytisha Middelijin 2/21
Chris Rhone 2/23
Julia Farrar 3/2
Aundra Foster 3/4
Donna Allison 3/5
Tinny Perry 3/13
Jermaine Puryear 3/13
Reginald Wilkerson 3/17
Pandora Jones 3/21
Nakisha Strickland 4/1
Willie Lawrence 4/22
Mary Branch 4/23
LaVerne Perry 4/23
Paul Plummer 4/27

Anniversaries

1 year - Ernestine Allen, Teneille Baskerville, Mary Branch, Shamelia Bullock, Alfreda Cotton, Agwena Hall, Danielle Headen, Linda Reid, Joanne Turrentine
2 years - Julia Farrar, Syreeta Henderson, Mary Jones
3 years - Tondra Jones, Zach Oden
4 years - Kristy Beal, Alice Kearney, Paul Plummer, Cynthia Stroud
5 years - Vickie Bullock, Shirley Williams
6 years - Sheila Oakly
7 years - Pandora Jones, Lisa Ragland
8 years - Sandra Thorpe, Beatrice Springs
9 - James Clark, Pamela Foster, Tinny Perry, Valerie Williams

Triangle

Happy Birthday!

Elaine Rodgers 2/4

Edward Gant 2/10
Hazel Moore 2/16
Tammy Robinson 2/16
Kathryn Ray 2/20
Carlton Smith 2/27
Millie Fullwood 3/4
Yvonne Coley 3/9
David Mwangi 3/12
Shareen Judkins 3/21
Kelli Vega 3/27
Lora Walker 3/27
Linda Bailey 3/27
Sheila Smith-Dickson 3/28
Kendra Richardson 4/22
Myra Mercer 4/25
Latesha Hardy 4/27
Quinn Dunn 4/29

Anniversaries

1 year - Lloyd Johnson, Kathy Raynor, Kendra Richardson
2 years - Edward Gant, Dorothy Oates, David Spruill
3 years - Yvonne Coley, Sandra During, Ivy Huey, Hazel Moore, Tracy Norfleet, Billy Peacock, Jr., Tanesha Pettway
4 years - Carlton Smith
8 years - Elaine Rodgers

Western

Happy Birthday!

Linda Beverly 3/22

Anniversaries

8 years - Lanicia Carter

Residential

Happy Birthday!

Rholonda Artis 2/2
Tiffany Hall 2/13
Christina Mejan 2/21
Regina Nickerson 2/23
Dorothy Walker 2/28

Anniversaries

1 year - Anthony Artis, Rholonda Artis, Rosetta Holmes, Theresa Joyner
3 years - Teresa Cutchember, Chenese Williams

NEWS FEED

Community mental health firms face audits

By Lynn Bonner

The state Department of Health and Human Services is preparing to audit companies providing a new type of community mental health service because state officials suspect the service is being overused.

Companies began offering a service last year called “community support” that is considered the first step in getting help for mental illnesses or drug – abuse problems.

Private companies and nonprofit agencies figure out what kinds of help people need, then do some of the basic work, such as helping clients work on social skills.

The new service was part of a package of offerings the state designed and Medicaid agreed last year to pay for. It is part of an array of services the state laid out that is key to its goal of offering people treatment close to home and, in some cases, in their homes.

An early review of the new programs led state officials to suspect that community support is being used as an inappropriate replacement for more

intensive treatment.

Company requests for community support payments increased from about 23 hours for each person in July to about 31 hours per person in December.

“We wouldn’t have expected to see that level of growth,” said Leza Wainwright, deputy director of the state division that oversees mental health services.

The reviews will check patients’ records to see whether companies are recommending the right kinds of treatments, she said.

Based on the results, officials may recommend changes in how requests for community support are approved.

Some mental health advocates said the private providers need more time to adjust to the new system and learn how to use it.

Bob Hedrick, executive director of the N.C. Providers Council, which represents private service providers, said that in some places, the community support service may be the best option because nothing else is available.

“There are only so many of these other services out there across North Carolina at this time,” he said.

But John Tote, executive director of the Mental Health Association in North Carolina, a private nonprofit organization that provides mental health services, said companies that offer community support are keeping patients and the government payments for themselves, rather than referring them to others that can offer more appropriate treatment.

“It’s a monetary issue,” he said.

Tote’s group operates “clubhouses” where people with mental illnesses get job training, take classes and get help learning to live outside hospitals.

Some of the companies offering community support don’t know much about clubhouses and don’t recommend them for clients, he said.

Attendance at a clubhouse in Wilmington dropped in the past year, which Tote attributes to people not moving among the options beyond step one.

“I understand that people are still feeling their way,” he said. “We can’t keep asking consumers to wait.”

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one point or another. No one ever knows when. It is enough to enjoy every day and every moment as long as you can and not worry about the incessant ticking



of the clock in the stomach of the Crocodile. We all seem to have this fear inside that we will not prove ourselves to the world. I think we just can’t always see it yet. I can see the efforts of all of you working toward the single goal of providing the best services our clients can receive

Alpha Omega’s legacy depends on all of us. I know we have wonderful, qualified and dedicated people working to provide helpful services to people in need across most of the state. We have the heart and ability to be the best at what we do in helping others. We all hear the incessant clock ticking inside of the crocodile time.

There is so much to do and just not enough time to do it all we think. I prefer to think that there is just enough time for the important things in life. I am totally confident that we will do what we have to do to meet the needs of the people in our charge. I believe that from the mountains to the coast, Alpha Omega will give its all, resources, time, energy, caring, nurturing, ideas, commitment, dedication, and work to provide the healing and building of others and ourselves. That to me is our legacy. Thank all of you for your contribution in helping that legacy be realized.

J. K. Horne, Jr. January 17, 2007

MARCH SAFETY TOPIC - INFECTION CONTROL

VI.21 - INFECTION CONTROL POLICIES

Scope: This section outlines Alpha-Omega Health, Inc. Policies and Procedures for infection control. This section includes guidelines for infection control, management of exposures from TB, HIV or HBV, reporting of personnel exposure, client infections and management of equipment in relation to infection control.

Purpose:

1. To provide guidelines for infection control to all Alpha-Omega Health, Inc. personnel to prevent and control infection.
2. To protect clients, Alpha-Omega Health, Inc. employees and caregivers from infection.
3. To monitor the incidence of infection among individuals and employees to attempt to prevent infectious complications with all individuals.
4. To provide personnel with set guidelines for the prevention of occupational exposure in infectious disease.

Policy:

1. Alpha-Omega Health, Inc. has adopted practices to prevent, identify and control infection.
2. The infection control program is monitored and evaluated on a quarterly basis.
3. The infection control policies were established from recommendations of The Center for Disease Control.
4. All Alpha-Omega Health, Inc. employees will follow Universal Precautions with all individuals.
5. Communicable diseases will be managed to protect against further spread of the disease.

6. Aseptic technique, proper hand washing, gloving and the use of protective clothing shall be the basis for infection control.
7. All infectious waste will be managed according to Alpha-Omega Health, Inc. policy and according to CDC Guidelines.
8. Procedures shall be in place for the management and reporting of personnel exposures to TB, HBV and HIV.
9. All testing of clients for HBV, HIV and TB will follow guidelines to protect the client and the employee.
10. Infection control logs will be maintained to record and monitor infections involving all clients and employees.
11. Data from infection control logs will be aggregated and analyzed in a quarterly basis by the Infection Control Committee. Any patterns and trends will be identified and corrective actions developed.
12. All equipment used by Alpha-Omega Health, Inc. will be cleaned and decontaminated with an appropriate germicide. These procedures will be documented.
13. All Alpha-Omega Health, Inc. employees will complete an orientation program and participate in on-going inservices regarding appropriate procedures and prevention of occupational exposures.

CAUTION



INFECTIOUS WASTE
Handle with Care

DEFINING INFECTIOUS WASTE

In the hierarchy of wastes, hazardous is rated as more dangerous than infectious. That means that when a waste contains both hazardous and infectious components, the rules for dealing with hazardous waste override those for handling infectious waste.

Infectious, regulated medical, biohazardous, and biomedical waste are all the same thing and are defined as any waste that has the capability of transmitting disease to an individual exposed to it. Also remember that certain factors must be in place before a disease can be transmitted, i.e., a susceptible host,

a virulent pathogen, and a means of getting into the body, such as a skin cut or puncture.

The Centers for Disease Control and Prevention (CDC) lists four basic categories of infectious waste:

1. Blood and blood products (i.e. serum, plasma, waste blood)
2. Laboratory waste (i.e. cultures and stocks of infectious agents, vaccines)
3. Pathological waste (i.e. tissues, organs, body parts)
4. Sharps (i.e. needles/syringes/ scalpels, razors, glass lab slides).

NATIONAL PATIENT SAFETY GOALS 2007

These will be discussed by supervisors at the next staff meetings

Note: Changes to the Goals and Requirements are indicated in **bold**. Gaps in the numbering indicate that the Goal is inapplicable to the program or has been "retired," usually because the requirements were integrated into the standards.

- Goal 1 Improve the accuracy of client identification.
- 1A Use at least two client identifiers when providing care, treatment or services.
- Goal 2 Improve the effectiveness of communication among caregivers.
- 2A For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.
- 2B Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.
- 2C Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- 2E Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.
- Goal 3 Improve the safety of using medications.
- 3B Standardize and limit the number of drug concentrations used by the organization.
- 3C Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.
- Goal 7 Reduce the risk of health care-associated infections.
- 7A Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines when providing services to a high-risk population, or administering physical care.
- 7B Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.
- Goal 8 Accurately and completely reconcile medications across the continuum of care.
- 8A There is a process for comparing the client's current medications with those ordered for the client while under the care of the organization.
- 8B A complete list of the client's medications is communicated to the next provider of service when a client is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. **The complete list of medications is also provided to the client on discharge from the facility.**
- Goal 13 **Encourage clients' active involvement in their own care as a client safety strategy.**
- 13A **Define and communicate the means for clients and their families to report concerns about safety and encourage them to do so.**
- Goal 15 **The organization identifies safety risks inherent in its client population.**
- 15A **The organization identifies clients at risk for suicide.**