

WASHINGTON STATE NEWSLETTER

SEPTEMBER 2007 EARLY FALL EDITION

SSWLHC ADVOCACY, PRIORITIES, ISSUES & ACTIVITIES

- OCTOBER 1, 2007
 WAHSA
 "HEALTHCARE DECISION-MAKING WORKSHOP"
 DOUBLETREE HOTEL,
 SEATAC, AIRPORT
- OCTOBER 5, 2007
 NASW-WA CHAPTER
 JONATHAN BEARD, MSW, LICSW
 "SOCIAL WORK ETHICS: MORE THAN JUST THE CODE"
 RED LION BELLEVUE INN
 BELLEVUE, WA
- NOV 2, 2007
 PSYCHO/ONCOLOGY SYMPOSIUM
 SWEDISH CANCER INSTITUTE
 "STRENGTHENING FAMILY RESILIENCE IN TIME OF CRISIS: INSIGHT AND TOOLS FOR CLINICIANS"
 GLASER AUDITORIUM, SWEDISH MC,
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- NOV 2, 2007
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 "CONDUCTING EFFECTIVE MENTAL STATUS AND RISK ASSESSMENTS"
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"BUSH ADMINISTRATION CHANGES WILL LEAVE WASHINGTON CHILDREN WITHOUT CARE"—GOV. GREGOIRE

OLYMPIA – Aug. 29, Governor Chris Gregoire criticized the recent federal restrictions that will make it more difficult for Washington to make sure all children have access to health coverage. The Bush administration, in a letter to state Medicaid directors, said that the federal government will impose additional requirements for children's coverage.

In a letter to Health and Human Services Secretary Mike Leavitt, Governor Gregoire said:

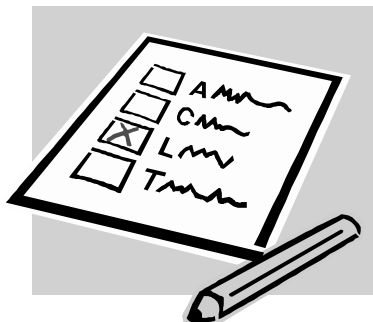
"In Washington, we know that taking care of our kids not only makes good economic sense, but it is the right thing to do. This is why I have led an effort in our state to make sure that, by 2010, all Washington kids have access to quality, affordable health care coverage and care. We know that healthy kids learn better and are better able to become successful adults. Good, routine care costs much less than emergency room care that is inevitable when illness goes untreated."

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SSWLHC WA CHAPTER ANNOUNCES SLATE FOR 2008

The slate of officers for the year 2008 has been selected by the Nominations Committee however the current Chapter officers will continue to accept additional nominations until September 15th, 2007. The Ballot will be mailed October 1, with return required by October 31. The slate includes:

Sandi Johnson, MSW, President-Elect: a three year commitment to the



Executive Committee including responsibilities of President-Elect [Education Committee chair], President [Executive Committee Chair] and Past President [Membership Committee Chair],

Carole O'Brien, MSW, Secretary: a one year commitment to the Executive Committee as Recording secretary.

Continued on Page 8

UW SSW STUDENTS PARTICIPATE IN NEW GERONTOLOGICAL PRACTICUM PARTNERSHIP (GPP)

BY LYNN CARRIGAN, MSW

Eleven social work students and 14 agencies to date are participating in the second year of an exciting grant-funded program designed to develop competencies in gerontological social work, through a rotational model that exposes students to a broad range of agencies serving elders.

The Practicum Partnership Program (PPP) is funded by the John A. Hartford Foundation of NYC, which has provided nearly 49 million dollars for gerontological social work curriculum development and preparation of geriatric faculty scholars and doctoral students. See the website of the Hartford Geriatric Social Work Initiative (www.gswi.org) to learn more about the Practicum Partnership Program and the Hartford Foundation.

The UW School of Social Work project, called the Gerontology Practicum Partnership (GPP), is part of a national network of 36 PPP sites in social work programs. Schools were selected through a highly competitive review process by national gerontological leaders. Six demonstration sites were funded 2000-04, which allowed the testing and evaluation of the rotational model of field education. There will be one more round of funding for additional PPP sites in 2008. The grant is administered by the New York Academy of Medicine's Social Work Leadership Institute.

Principal investigator Nancy Hooyman is overseeing the project, along with Co- Project Directors Kate Turpin from Senior Services of Seattle King Co., and Lynn Carrigan, Practicum Coordinator, who began working with the project as Evaluator and assumed the Co-Director position when Liz Roberts died in March. Turpin serves on the agency-based Coordinating Council and assists with reviewing and rating of student applications; attending all GeroEnrichment seminars, orientation training for PIs, and the end of year events, including meeting with the New York Academy of Medicine and Hartford Foundation..

PROGRAM GOAL AND EXPECTED OUTCOMES

The goal of the PPP model is to increase the number of MSW students prepared with advanced gerontological social work competencies to enhance the health and well being of older adults and their families. The intended outcomes of the PPP model are:

- Creation and implementation of an excellent field education program for graduate social work students specializing in aging.
- Increased interest in aging as a field of practice among students
- An increased cadre of well-qualified geriatric social workers available to work in the community.

The primary components of the PPP model are leadership development, University-community partnerships, the rotational model of field education, competency-driven field education, expanded roles for field instructors, sustainability of the program, and evaluation.

A UW SSW component of the study is to ask Practicum Instructors to rate student competencies upon entering and leaving their rotation, so that we can compare aggregate student reports to PI perceptions of areas of need and growth over time.

GPP Student Benefits and Responsibilities

The GPP Fellows, all MSW advanced year students, benefit from the following opportunities:

- They receive a scholarship of \$2700 at the beginning of fall quarter (unless they are already receiving a stipend placement, as at the VA Hospital);
- they experience a unique rotational model for their second year practicum that exposes them to more than one practice setting with older adults.

GERONTOLOGICAL PARTNERSHIP, CONTINUED

- They participate in monthly on-line integrative seminars along with quarterly topical Gero Enhancement seminars held in agency settings..

GPP students have several responsibilities as grant recipients, including

- Rating themselves on the PPP Competencies Rating Scale in order to select the priority competencies to be achieved in each rotational setting and to identify the learning opportunities to attain those competencies.
- Completing online evaluations required by the Hartford Foundation, including a pre and post self assessment of their competencies.
- Participating in special end of the year events, such as a Resource Fair about their practicum experiences or meetings with the Hartford Foundation

GPP Student Cohorts

GPP grant recipients are placed in at least two sites, either in different agencies or different units of one agency, to learn about the spectrum of services for older adults. This year the students and their placements for 2007-08 are:

Georgia Rigler: Swedish Homecare and Northshore Senior Center;

Stephanie Bonigut: Senior Services and Alzheimer's Association of Washington State;

Kathlyn Neal: Group Health Cooperative Home and Long Term Care, clinical and administration;

Rina Tsujimoto: Asian Counseling and Referral Service and a community agency to be determined;

Diane Swanberg: Northwest Hospital's Center for Geropsychiatric Services, inpatient and outpatient;

Galen Main: Snohomish County Human Services and Elderhealth NW.

Judy Jeong: Washington Center for Comprehensive Rehabilitation, and UW Center for Human Development and Disabilities, Adult and Elder Project

Christy Pruitt: Veterans Administration Hospital, Oncology and Primary Care;

Laura Vaughan: St. Joseph's Hospital (Bellingham) Adult Day Health and Center for Senior Health;

Emma Sorensen-Jolink: Veteran's Administration Hospital, GRECC unit and Administration;

Lynda Hinz: Evergreen Geriatric Regional Assessment Team and another community based placement to be determined;

Last year, the 2006-2007 GPP students and their placements were:

Amy Astle-Raen: internal rotation in DSHS, Olympia, with Secretary of DSHS.

Cheryl Beardslee: internal rotation at VA starting with GRECC program.

Kelly Green, GPP practicum: external rotation, City of Seattle Aging and Disability Services and Washington Center for Comprehensive Rehabilitation.

Sarah Roberts: United General Hospital, Behavioral Health and Skagit Hospice;

Hiroko Spees: Elderhealth and Providence Elderplace;

Kristen Summers: Swedish Home Health and Hospice and Swedish Cancer Institute;

The career information available to date on cohort 1 GPP graduates is promising:

Kelly Greene has been hired by her second rotational site, the Washington Center, a skilled nursing home and rehabilitation center in Seattle

GERONTOLOGICAL PARTNERSHIP, CONTINUED FROM PAGE 5

Cheryl Beardslee was hired by the Seattle VA for the summer and will work in the Minneapolis VA GRECC effective fall 2007.

Hiroko Spees has been hired by a skilled nursing facility in the Seattle area.

As a result of her placement, Amy Astle-Raaen has been hired as a research analyst by the Secretary of the Washington State Department of Social and Health Services

Sarah Roberts has been hired by her placement, United General Hospital Behavioral Health;

Kristin Summers has moved out of state and is job-hunting.

Academic Benefits

The GPP has also had benefits for the classroom curriculum. The enrollment in our core aging courses, *Multigenerational Policy and Services* (Fall 2006), *Multigenerational Relations and Social Justice* (Spring 2007), and *Advanced Multigenerational Practice* (Winter 2007) increased compared to prior years. Both classes have included GPP students as well as students in other areas, such as child welfare, who are interested in learning about how aging issues affect the family across the life course. Overall, the GPP has created a "buzz" about gerontological social work within our School, with more students attending special aging-related events and requesting meetings with Dr. Hooyman.

Plans for sustainability.

Dr. Hooyman has been actively working with our School's Director of Development, Assistant Director of Development, the Dean, and the Chair of the School's Campaign for UW committee. A case statement for fund-raising for student scholarships, as part of a more comprehensive proposal for Center for Elder Well-Being and Dignity within the Institute for Multigenerational Practice, Health, and Equality, is nearly complete, and has been reviewed by all the individuals

mentioned above. The Chair of the School's Campaign for UW is actively identifying potential donors to approach related to the Center and specifically student scholarships. Overall, the School's Campaign for UW has been successful at raising scholarships under an initiative entitled Social Work Students First Fund

A proposal was submitted in late winter to the Secretary of the Washington State Department of Health and Human Services for stipends of \$4500 each and tuition for 12 students, to be funded by the state's Mental Health Transformation Initiative. Dr. Hooyman and Dr. Fredriksen-Goldsen are meeting with the Secretary during the summer regarding this proposal. If funding is not feasible through the new mental health initiative, a proposal will also be submitted to the Governor's Long-Term Care Task Force for student support.

Meanwhile, students report great satisfaction with the opportunities for multiple placements, and agency instructors, challenged to condense student learning into shorter time frames, are aided by the standardized geriatric competencies, which help focus student learning.

A copy of the student assessment is included with this Newsletter issue.

Lynn Carrigan, MSW, is Lecturer and Practicum Coordinator for the UW SSW. She is also the Chair of the SSWLHC Social Health Policy Committee and VP of NASW – WA Chapter for Social & Political Action. Lynn can be reached at (206) 221-7459 or: lrc@u.washington.edu



Improving Transitions of Care for Older Adults Overlake Hospital's Approach

**By Debbie Anderson, MSW, Director,
Senior Care Program
Overlake Hospital Medical Center**

Overlake Hospital Medical Center's Senior Care Program is celebrating 20 years of successful service to seniors and their families in the Eastside Community. Founded in 1987, Senior Care was developed to "connect care" from the hospital, physicians offices and the community to improve the quality of life for older adults and their family members.

The impetus for development of this program was Emergency Room visits of seniors with chronic illness and their subsequent unmet medical/social needs at discharge. The program got its start when:

- (1) Administrative staff realized the need for a proactive response to DRG's by helping to manage length of stay for Medicare patients.
- (2) Medical staff began to request assistance with non-medical needs of the elderly, and
- (3) Hospital RNs were requesting assistance with supporting patients and their families through the many issues presented as they were discharged to home.

Debbie Anderson, MSW, was hired as a consultant by Overlake Administration to do the preliminary interviewing of hospital staff and to present a program plan. She was subsequently hired to develop the plan and has been manager of the program since its inception.

WHY FOCUS ON TRANSITIONS?

The older adult with chronic illness, admitted for a brief time to acute care, will experience multiple physicians and transitions in care on their way to the community and home. These transitions require multi-disciplinary settings and approaches in order to improve the care of the senior.

Literature reviews and many studies show that transitions from hospital to home or to nursing homes, assisted living or adult family homes are vulnerable crossings for seniors and their caregivers. Important health care information learned in one setting does not often make it to the next setting intact and understood. Medications often change as patients go from one setting to another and often neither the patient nor the family, fully understand the implications of the changes. Patients often experience acute confusion (delirium) during and after acute care stays and may be at increased risk for falls. Patients may leave hospitals with clear discharge records but their primary care doctor is often not in the loop as they transition from nursing home back home. Furthermore many seniors and their families are unaware of the many community resources that can support them to remain independent.

Overlake Hospital Medical Center's Senior Care program is designed to better manage, over time, the older adult with chronic illness. Senior Care extends across many settings with the goal of empowering the senior with knowledge and support.

Senior Care offers:

(a) Improved hospital care through implementation of a NICHE program (Nurses Improving Care to Hospitalized Elders).

(b) Two Senior Health Clinics offering multi-disciplinary primary care for seniors,

(c) Wide-reaching community services such as:

(1) Information, assistance & resource coordination,

(2) Community case management for poorly functioning, medically complex patients with limited social supports,

OVERLAKE'S SENIOR CARE PROGRAM, CONT. FROM PG. 5

(3) ARNP rounding in nursing homes and assisted living facilities,

(4) Community education and caregiver support programs,

(5) Fitness programs.

SENIOR CARE INTEGRATION WITH ACUTE CARE: THE IMPORTANCE OF NICHE

The key to effective use of Senior Care knowledge and expertise about community resources and timely assistance with transition issues is careful integration into the hospital setting. Systems in place that integrate Senior Care with Acute Care are:

(1) Collaboration with hospital-based discharge planning – weekly planning meetings, telephone referral line, preparing and supplying resource guides, vendor fairs, meetings with LTC providers.

(2) Senior Care identified as an option on Discharge Instructions to Patient.

(3) Senior Care community resource information displayed on every unit of the hospital.

(4) Follow-up phone calls to discharged patients – 500+ follow-up phone calls per month (phone calls focus on patients understanding of medications, timely follow-up with primary care physician, referral to community resources, and caregiver support).

(5) Geriatric Clinical Nurse Specialist working primarily in Acute Care to improve day to day care of the elderly patient also promotes awareness of and use of Senior Care among hospital nursing staff.

SENIOR CARE – OUTCOMES

Senior Care's emphasis on support in managing chronic illness over time and connecting those services to Acute Care has resulted in:

(1) Improved quality of life for senior patients and their caregivers,

(2) Fewer hospitalizations,

(3) Fewer Emergency Room visits,

(4) Increased connectedness to community services,

(5) Increased safety,

(6) Maintaining independence,

(7) Reduced costs of hospitalizations.

REFERRAL TO SENIOR CARE

Referrals to Senior Care come primarily from four main sources:

(1) Care Management in the Hospital,

(2) Physician's offices,

(3) Overlake's Emergency Department,

(4) Eastside seniors and their families.

So far, in 2007, Senior Care has received 1,096 referrals and over 1,000 Information and Assistance calls. The 12,000 members of Senior Care Connections, our senior membership program hear about our services through the Connections newsletter as well as at Connections luncheons. Overlake patients and families are often told about Senior Care at discharge from the hospital where the service can be checked on their discharge instructions. In addition, a 4 page newsletter, "[Caresharing](#)" with articles and resources for family caregivers of older adults is published three times per year.

FINANCIAL

Senior Care Community Services is largely underwritten by hospital operations but an active Auxiliary group raises funds for Senior Care as well as Overlake Hospital Foundation. Through sponsorships, special events, consultation contracts and modest fees for some services, Senior Care underwrites

OVERLAKE'S SENIOR CARE PROGRAM, CONT.

about 25% of its budget.

ADDITIONAL SENIOR CARE RESOURCES

Aside from offering personalized assistance and home visits to patients, Senior Care has developed an extensive list of resource guides to help families transition. We are continually updating guides on:

- *In-Home Services
- *Assisted Living
- *Skilled Nursing Facilities
- *Senior Housing
- *Support Groups
- *Fall Prevention
- *Medication Tracker
- *48-page Community Resource Guide



The Senior Care Team celebrates their 20th year. Included in the Celebration are: (L-R) Charlene Raunio, Ed Coordinator, Aaron Frey, ARNP, Joanne Padgett, AA, Greg Beeks, MBA, Charlice Wenger, RN, Martha Agostinelli RN, Debbie Anderson, MSW, Director, Regina Bennett, MSW, Irene Peters, CNS, Mia Barbera, Exercise Physiologist, Karin Miller, MSW, Marcia Johnson, RN, MN, MHA, VP for Patient Care Services and Carolyn Ream, Executive Asst.

AWARDS

In October 2006, Overlake Hospital Medical Center Senior Care was honored with the Washington

State Hospital Association 2006 Community Health Leadership Award.

Leo Greenawalt, president of the Washington State Hospital Association, said, "Senior Care is the kind of program that makes Washington state hospitals so special. As the population of the state ages, Senior Care will be an invaluable model for other communities."

WSHA and its Hospital Governing Boards Committee give the Community Health Leadership Award every year. The award recognized organizations that have gone outside their walls to identify and serve broad community health needs in an exemplary manner.

Debbie Anderson received her undergraduate degree in English from Colby College in Waterville, Maine in 1970. She spent two years in the Peace Corps in Senegal, West Africa developing community health programs. She attended the University of Washington, School of Social Work focusing on community development and aging graduating in 1975. Throughout her career she has been focused on the development of health and wellness programs for seniors that are community based. As the Manager of the Older Adults Program at Eastside Mental Health from 1979 to 1984 she developed programs for caregivers of older adults, group and individual therapy programs and nursing home consultation. As the Director of Senior Care at Overlake Hospital Medical Center since January 1987, Debbie has developed and overseen a wide variety of community based programs designed to improve the care and support of older adults from one setting to another and promote increased health, independence and informed participation in health care decision making.



Debbie Anderson, MSW

WELCOME TO NEW & RETURNING SSWLHC MEMBERS

The WA Chapter of the SSWLHC welcomes new and returning members. As of August 31, these include:

M. Penny Abnet, Clinical Social Worker, Providence Centralia Hospital, Curtis, WA

Leanna Anderson, Clinical Social Worker, Skagit Hospice, Camano Island, WA,

Lynn Behar, PhD, Mercer Island, WA

Karen Campbell-Wood, Student, UW SSW, Gig Harbor, WA,

Karin Cotner, Medical Social Worker, Yakima Regional Medical Center, Yakima WA,

Brian Giddens, Associate Director, Social Work & Care Coordination, UWMC, Seattle WA

Linda Johnson, Seattle, WA

Midge Levy, Retired, Seattle, WA

Teresa McCorkle, Social Worker, Pierce Co Providence Sound Home Care and Hospice

Dana Lynn Neil, University Place, WA

Christi Sahlin, Social Work Supervisor, Swedish Medical Center Care Coordination, Seattle WA

Sara Schott, Social Worker, Group Health Eastside Women's Center, Redmond, WA

Shari Stewart, Social Worker, Providence Hospice of Seattle, Kirkland WA

Pamela Woodroffe, Seattle, WA.

We thank you for your continuing interest in the Society and invite your participation in several professional work groups:

Education—Kathleen Fellbaum: kath@fellbaum.com

Newsletter—Jacqueline Durgin:
jackiedurginbeck@comcast.net;

Social Health Policy—Lynn Carrigan:
lrc@u.washington.edu

NOMINATIONS FOR OFFICERS REMAIN OPEN

Continued from Page 1

Erica Taylor, MSW, Treasurer: a two year commitment to the Executive Committee as fiscal manager, budget developer and bookkeeper,

Jacqueline Durgin, MSW, Communications Coordinator: a one year commitment to the Executive Committee as Editor of the Newsletter and website coordinator.

New Members at large include: Carmen Washington, student, UW SSW, and 2007 SSWLHC Scholarship winner, **and Christina Brown Gossman**, MSW, perinatal social worker in Spokane, WA and 2004 SSWLHC Scholarship winner

Officers who will continue to serve include: **Kathleen Fellbaum, 2008 President, Diedrich Meinken, Past President, Hildur Gleason, MSW, Member at large.**

Nominations for office will continue to remain open until September 30, 2007.

President: Diedrich Meinken, MSW
 President Elect: Kathleen Fellbaum, MSW
 Past President : Pam Haithcox, MSW
 Secretary: Alice Chang, MSW
 Treasurer: Erica Taylor, MSW
 Communications Coordinator, Jacqueline Durgin, MSW
 Member at Large: Hildur Gleason, MSW
 Education Chair: Kathleen Fellbaum, MSW
 Membership Chair: Linda Batway, MSSA
 Newsletter Editor: Jacqueline Durgin, MSW
 Scholarship Chair: Sandi Johnson, MSW
 Social Health Policy Chair: Lynn Carrigan, MSW

SSWLHC ANNOUNCES SLATE FOR 2008



Sandi Johnson, MSW,

Sandi Johnson, MSW, Supervisor of Social Work at Swedish Cancer Institute since December 2006, has accepted the challenge as President-Elect of the SSWLHC—WA Chapter. For the prior 16 years, Sandi worked in Oncology at Evergreen Hospital where she developed their Cancer Support Services Program and was a manager of their Hospice Program. She leads support groups for Cancer Lifeline and was awarded Cancer Lifeline's Faces of Caregiving award in 2004.

Sandi has been very active with SSWLHC, WA Chapter. In the past two years, she has chaired the Scholarship Committee and been active on the Executive Committee. Active in NASW, Sandi was recently elected Treasurer-Elect of the WA Chapter. In her free time, Sandi enjoys hiking, movies, and reading.



Carole O'Brien, MSW

Carole Henry O'Brien, MSW, retired from Evergreen Hospital Medical Center in June 2007 after 30 years of service and finds herself 'on the run'. She did however, accept the call to be Secretary for SSWLHC. Carole worked as a clinical social worker and lead social worker in the Care Management Department and escorted the Social Work staff members through many changes from small public hospital to large medical center.

Carole has been a member of the SSWLHC for many years, and previously served on the Executive Committee. Carole was also involved in the early development of the Eastside Sexual Assault Center, now known as the Children's Response Center and served on that Board for 20 years. Carole is married, has two sons, a daughter and granddaughter.



Erica Taylor, MSW

Erica Taylor, MSW, is a clinical social worker at the VA Puget Sound. A UW graduate, Erica has been active with the SSWLHC and has agreed to run for a second two year term as Treasurer. A 2002 graduate of the UW SSW, Erica has been active in providing services in the Puget Sound area for more than 10 years.

Erica has been a member of SSWLHC—WA Chapter since 2005 and is completing her first two year term as Society treasurer. Erica's additional professional activities include work as the Assistant Editor of the VA Synergy, a social work publication of the VA. Erica is married and has one child.



Jacqueline Durgin, MSW

Jacqueline Durgin, MSW, is a retired social worker who has agreed again to run for Communications Coordinator. In that capacity, Jackie produces and edits this Newsletter, and is learning how to maintain the SSWLHC WA Chapter website. In her spare time, she is providing clinical social work services on a per diem basis at Highline Medical Center and Seattle Cancer Care Alliance.

Otherwise, Jackie can be found entertaining her two granddaughters, driving somewhere, lunching with friends, traveling with her spouse, and generally enjoying life. While not quite a baby boomer, Jackie is enjoying the freedom that retirement offers with its many options. Jackie has a son and a daughter, and two granddaughters.

SCHIP CHANGES, CONT. FROM PAGE 1

Washington has led the nation to help low-income, working families provide health insurance for their children. Governor Chris Gregoire, in partnership with the Legislature, set a goal to provide access to health care coverage to every child in Washington by 2010. With the additional steps taken this past legislative session, Washington is on track to reach that goal.

Key to reaching this goal is the partnership that the state has with the federal government through the State Children's Health Insurance Program (SCHIP).

SCHIP is scheduled to end September 30, 2007 unless Congress reauthorizes it. Governor Gregoire and forty-three of the nation's governors sent a letter to Senate and House leadership and the President urging them to provide and fully fund coverage for children from lower income families who earn too much to qualify for Medicaid.

"The reauthorization of SCHIP is a priority for all governors; none of us can stomach the idea of children in our states going without the care they need to lead happy, healthy lives," said Governor Gregoire.

Washington's congressional delegation, particularly Senator Cantwell and Congressmen Inslee and McDermott, have looked after our state's interests, ensuring equity for our state while also taking the lead in expanding access to health care to millions of uninsured American children.

President Bush has threatened to veto the current SCHIP reauthorization bills making their way through Congress.

The new standards for the Children's Health Insurance Program were outlined in a letter sent to state health officials in late August, according to the New York Times.

The letter from Dennis Smith, the director of the federal Center for Medicaid and State Operations, set a high standard for states that want to raise eligibility for the program above 250 percent of the poverty level, the Times said.

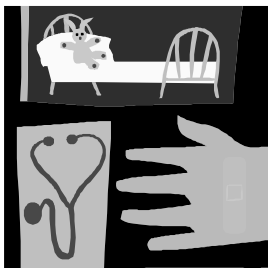
Before making such a change, Smith said, states must demonstrate that they have "enrolled at least 95 percent of children in the state below 200 percent of the federal poverty level" who are eligible for either Medicaid or the child health program, the newspaper said.

Administration officials said the changes were aimed at returning the focus to low-income children and to make sure the program did not become a substitute for private health coverage, the Times said.

Deborah Bachrach, a deputy commissioner in the New York State Health Department told the paper: "No state in the nation has a participation rate of 95 percent."

California wants to increase its income limit to 300 percent of the poverty level, from 250 percent. Pennsylvania recently raised its limit to 300 percent, from 200 percent. The New York state legislature recently passed a bill that would increase its income limit to 400 percent of the poverty level, up from 250 percent, according to the newspaper.

Governor Gregoire's Web Site: More Information: <<http://www.governor.wa.gov/news/news-view.asp?pressRelease=621&newsType>



Book Review:

Internal Bleeding: The Truth Behind America's Terrifying Epidemic of Medical Mistakes

by Robert M. Wachter, MD and Kaveh G. Shojania, MD

Despite the lurid title, this book does an excellent job of outlining how medical mistakes can happen in today's high-tech world. Wachter and Shojania review the literature on medical errors, including root cause analyses of some high profile cases.

One of the main areas of weakness in our current system occurs when information and/or responsibility is passed from one person to another. Messages are not always received or understood, assumptions are made, details are forgotten. We need to devise systems that protect our patients from the simple fact that even good, intelligent, hard-working, well-meaning people make mistakes every day.

It is not hard to see how important such systems would be in hospital discharge planning, where care is transferred from a very high tech, high staff environment to a wide range of settings, most of which have fewer resources at their disposal. Wachter and Shojania cite a 2003 study in which nearly 20% of patients experienced an adverse event in the transition from hospital to home, and 2/3 of these events could have been ameliorated or prevented with better care in the transition. With all the pressure these days to discharge people sicker and faster, the potential for error increases. We must develop systems to catch errors, for the safety of our patients.

Kathleen Fellbaum, social worker at Regional Hospital in Seattle, a Long Term Acute Care facility, will take on the responsibility as President of the SSWLHC organization in 2008. She offers this book review to underscore the importance of transition planning as identified in the article written by Debbie Anderson of the Overlake Senior Care Program. Kathleen can be located at kath@fellbaum.com



PSYCHO/ONCOLOGY SYMPOSIUM

**“STRENGTHENING FAMILY RESILIENCE IN TIME OF CRISIS:
INSIGHT AND TOOLS FOR CLINICIANS”**

SWEDISH CANCER INSTITUTE:

6TH ANNUAL PSYCHOONCOLOGY SYMPOSIUM

NOVEMBER 2, 2007

7:30 TO 4:30 PM

The family is an essential part of all illness experience. As clinicians we all work with a wide variety of patients and family members, some easily and some with difficulty: family involvement can be challenging. How can we collaborate with family and help family members increase patient resilience? How can we help families cope with the disruption caused by medical crises? The goal of this year's Symposium is to help us all understand the roles family members play in the development and course of illness, and to build clinical skills in working with families in difficult circumstances.

To receive a brochure: call 206-386-2755 or email: cme.registration@swedish.org



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Washington Association of Homes & Services to the Aging

WAHSA

**“Healthcare Decision-Making
Workshop”**

October 1, 2007,

DoubleTree Hotel, SeaTac, Airport

\$79.00 /\$129 8:30 AM to 4:30 PM

- Legal and Regulatory Framework
- Advance Directive Electronic Database
- POLST
- Use of POLST in Eastern WA
- “End of Life Conversation”: Register?

**Contact WAHSA, 1-253-964-8870 or
www.wahsa.com**



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