

Center

FALL 2008



Christian
Health Care
Center

Life



Infection Control and Prevention:

BUILDING A HEALTHIER COMMUNITY STARTS HERE



MESSAGE TO THE COMMUNITY

In the midst of our daily, busy lives, the need to avoid infections and the germs that cause them has become ever more important for all of us. It has become commonplace for bottles of Purell® or other antibacterial hand sanitizers to be found in briefcases, pocketbooks, school knapsacks, and vehicle glove compartments. As a health-care organization serving many individuals with compromised immune systems, we have long been vigilant in protecting the physical well-being of those we serve in the midst of also attending to their emotional and spiritual well-being.

Throughout history, infection control and prevention – or lack thereof – has shaped society, the economy, and the population. In short, it has had a major impact on nearly every aspect of life. This issue of *Center Life* is intended to share some of the cutting-edge approaches that we have successfully employed to prevent, detect, and limit the existence and/or spread of infections so that our readers, in turn, can use this knowledge to guard and protect their own health and those at Christian Health Care Center whom they may come to visit.

Before advancements in infection control in the latter part of the 19th Century, only conditions deemed near-fatal would warrant surgical intervention. An unfortunate and frequent side effect was the development of sepsis, a systemic response to infection which can result in organ failure and/or death. Scientific advancements in the early 20th Century resulted in monumental advances in infection diagnosis and treatment. The most notable pioneer in this area is Sir Alexander Fleming, a British bacteriologist who unknowingly ushered in the era of modern drugs while researching influenza in a laboratory in 1928. Sir Alexander laid the basis for the development of penicillin when he observed that the mold contaminating one of his specimen plates had destroyed the bacteria.

Eleven years later, British pathologist Sir Howard Walter Florey and German-British biochemist/pathologist Ernst Boris Chain took Fleming's observations a step further. After isolating and concentrating penicillin, the pair demonstrated the drug's effectiveness, antibacterial potency, and non-toxic qualities in animals and humans. Full-fledged production of penicillin coincided with World War II. The antibiotic is credited with greatly reducing Allied casualties. As a testament to their indispensable discovery and research, the 1945 Nobel Prize in medicine was awarded to the three scientists.

Since then, advancements in infectious disease research, diagnosis, and treatment have been extraordinary. Despite this progress, infection control and prevention remains a major focus in health care, particularly among the elderly who may have chronic illnesses and increased susceptibility to infection that has risen dramatically over the past several years.

At Christian Health Care Center our goal is to prevent infection or, when an infection does develop, minimize its impact. We are blessed with infection-control experts – physicians and nurses – who are diligent in their efforts to contribute to our mission and are recognized nationally for their knowledge and expertise. In addressing this complex and important issue, the best advice and most effective practices can be found in the lessons that we all heard from our mothers when we were growing up – “Go wash your hands!”



**Douglas A. Struyk and
Sandra De Young, EdD**

A handwritten signature in blue ink that reads "Douglas A. Struyk".

**DOUGLAS A. STRUYK, CPA, LNHA
President and CEO**

A handwritten signature in blue ink that reads "Sandra De Young".

**SANDRA DE YOUNG, EdD
Chair, Board of Trustees**

ACCOLADES AND ANNOTATIONS

The following e-mail was received after Christian Health Care Adult Day Services of Wayne presented a program on Alzheimer's disease during Disability Awareness Week at Midland Park High School.

Thank you so much for your participation in our Disability Awareness Week. We received only positive feedback from faculty, staff, students, parents, and administration. All parents that I have come in contact with commented that their children couldn't stop talking about all the programs. I really feel that students learned a great deal and will have more patience when grandma tells the same story numerous times."

Jane Bandstra, Midland Park High School Disability Awareness Week organizer

**Center
Life**

is published by the
Marketing Department of
Christian Health Care Center.

**DOUGLAS A. STRUYK
President and CEO**

**CARLA DEWITT
Vice President, Marketing**

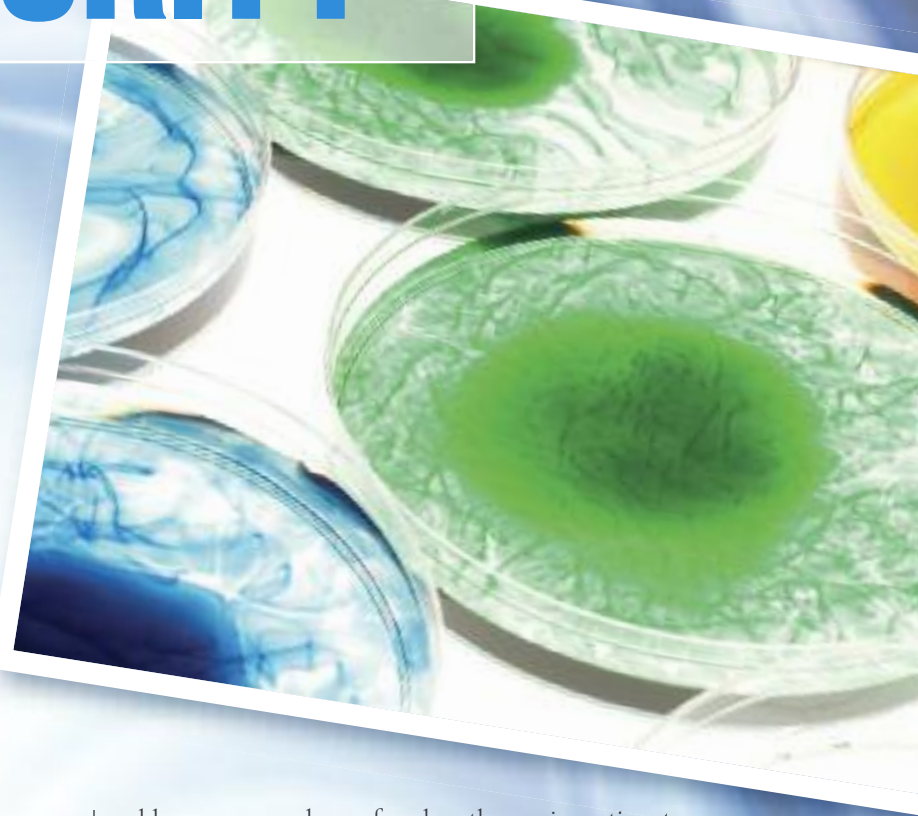
**KAREN P. HOCKSTEIN
Editor
Director, Publications**

**MELANIE E. ANTHONY
Director, Marketing**

Infection Control and Prevention:

A TOP PRIORITY

This year, Christian Health Care Center (CHCC) will provide care for approximately 1,000 residents in Heritage Manor Nursing Home, Southgate behavior-management unit, The Longview Assisted Living Residence, Hillcrest Residence, and Evergreen Court; 200 clients at Christian Health Care Adult Day Services of Wayne and Wyckoff; 950 patients in Ramapo Ridge Psychiatric Hospital; and 650 clients at the Ramapo Ridge Partial Program, Christian Health Care Counseling Center, and Pathways. A large majority of these individuals are 65 and older – a population highly vulnerable to infections.



“Infection control and prevention is a major focus in elder care because the acuity level of today’s seniors has risen dramatically over the past several years,” says Mary Ann Kellar, RN, BSN, CHES, CIC, Infection Control Director at CHCC. “So many factors put the elderly at an increased risk of infection. At CHCC we work diligently to prevent infection or, when an infection does develop, minimize its impact.”

Several factors place seniors at an elevated risk. With aging comes a decline in antibody production and immunological function. Underlying diseases, such as diabetes and cellulitis, play a role as well, as do thinning skin and mucous membranes, poor nutritional status, decreased activity, swallowing difficulties, impaired mental status, incontinence, and medications affecting resistance to infection.

The most common infections among individuals in elder-care residences are urinary tract infections, influenza, pneumonia, skin and soft tissue infections, gastroenteritis, and conjunctivitis. Because of seniors’ impaired immunity, infections that tend to be mild in other populations may be more severe.

“Detecting infection among the elderly can be a challenge because they often have atypical symptoms,” Ms. Kellar says. “Rather than having classic signs, such as a fever, chills, or pain, an

older person may be confused, restless, or incontinent when an infection develops. The nursing staff plays a major role in detecting and investigating these signs.”

Infections spread through a source, means, and host. The source is a person, object, or animal which serves as the carrier of an infectious agent. Means is transmission via one of four routes: direct contact, indirect contact, airborne, and vehicle transmission. Direct contact is person to person. Indirect is person to object to person. The airborne route is via droplets or particles in the air, and

vehicle transmission is through items such as food and water. The host is the person that enables an infectious agent to thrive.

“At the Center we concentrate our efforts on transmission,” Ms. Kellar says. “Since the major route of transmission is direct contact, we are diligent about

teaching and enforcing proper hand hygiene. Every month, each member of the Infection Control Committee is required to execute unannounced hand-hygiene observations among various disciplines and review proper techniques.

“We also have individualized infection control policies and procedures in place for all our programs. We provide information about infection control to all employees during general orientation and a more intensive orientation to clinical staff. In-depth

“We also have individualized infection control policies and procedures in place for all our programs. We provide information about infection control to all employees during general orientation and a more intensive orientation to clinical staff.”

educational programs are offered throughout the year and as-needed by specific units.”

CHCC also practices Standard Precautions and Transmission-based Precautions. Standard Precautions, which are designed to protect all residents, patients, and clients, consist of nine components:

1. routine hand washing/sanitizing;
2. consistent and correct glove use (changing gloves and hand washing/sanitizing between residents, patients, and clients);
3. appropriate use of masks, eye protection, and face shields, when required;
4. appropriate use of gowns, when required;
5. routine cleaning or disposal of patient-care equipment;
6. routine cleaning of all environmental surfaces;
7. appropriate handling of contaminated linen;
8. strict adherence to occupational-safety requirements; and
9. effective management of individuals with poor hygiene behaviors.

Transmission-based Precautions are measures used in addition to Standard Precautions to help further reduce the risk of infection transmission. The measures are specifically based on the infection and potential for transmission.

“In a hospital, a patient with an infectious disease can be put in isolation. Infection control and prevention in the elder-care setting, however, is unique because it is a home for residents. The respect, dignity, safety, and comfort of our residents is of the utmost importance. Infection control and prevention must be balanced with resident needs and rights,” Ms. Kellar says. “Because



this is the seniors’ home, we look at each resident and infection individually. When necessary and appropriate, we try to cohort – place two residents of the same sex with the same diagnosis or infection – in the same room until the infection is gone.”

Infection data and surveillance reports are distributed internally to

appropriate staff and departments.

“One report that I maintain lists individuals who have resistant organisms,” Ms. Kellar says. “Departments that need access to that list include Housekeeping so the staff knows to clean those resident rooms last. Rehabilitation Services also needs the list so that therapy can take place in the resident room instead of the therapy room.”

Federal and state regulations require that long-term care facilities have an infection-control program to investigate, control, and prevent infections. Currently, the only data that must be submitted to state agencies are reports of outbreaks, but Ms. Kellar predicts that will change in the future.

“Organized infection control programs began to grow in long-term care residences in the 1980s,” she says. “More regulations concerning infection control and prevention have been issued in recent years than in the entire history of infection control. Because of the rapid escalation of drug-resistant organism, it’s only a matter of time before health-care facilities of all types are required to submit data to state and federal agencies in an effort to protect the health and well-being of every resident, no matter where he or she lives in the community.”

BUGS ARE HER BUSINESS

In a manner of speaking, Mary Ann Kellar, RN, BSN, CHES, CIC, is the “exterminator” of Christian Health Care Center (CHCC).

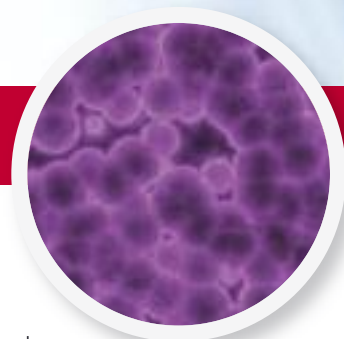
As the Infection Control Director, she focuses on germs and resistant microorganisms and enforces precautionary policies and procedures to help prevent their spread. She got hooked on the bug business more than two decades ago when she was living in Virginia.

“I saw an ad in the newspaper for an infection-control nurse at a local hospital, which also operated an adjacent long-term care facility,” says Ms. Kellar, who holds a bachelor of science in nursing

from Boston College and a master’s in health education from Montclair State University. “The administration sent me for training at the Centers for Disease Control and Prevention in Atlanta, GA. That organization is the gold standard when it comes to infection control.”

Ten years later she moved to New Jersey and managed ambulatory care clinics for local hospitals and the student health center for an area university before joining the CHCC staff five years ago.

“Infection control in long-term care started to gain momentum in the 1980s because of regulations and guidelines issued by the federal government, national organiza-



H A N D H Y G I E N E :



T H E U L T I M A T E P R O T E C T I O N

In the battle against germs, good hand hygiene is your strongest ally. Proper hand hygiene performed frequently reduces the transmission of germs and risk of infection.

"It's so simple, yet so effective," says Mary Ann Keller, RN, BSN, CIC, Infection Control Director at Christian Health Care Center. "You accumulate germs on your hands from a variety of sources throughout the day. If you don't clean your hands frequently, you can spread germs to others. You can infect yourself, too, if you touch your eyes, nose, and/or mouth."

Always clean your hands after coughing, sneezing, using the toilet, before and after preparing food, before eating, after touching an animal or animal waste, before and after treating a wound or cut, after changing a diaper, before and after touching a sick or injured person, after handling garbage, and before and after inserting or removing contact lenses.

A quick rinse won't do the trick. To properly wash your hands, adhere to the following guidelines:

1. Turn on the faucet and wet your hands with warm water. Keep the water running.
2. Using liquid or bar soap, lather your hands for 15 seconds. Be sure to cleanse all surfaces, including the backs of your hands, wrists, between fingers, and under your fingernails.
3. Rinse well.
4. Dry your hands with a clean or disposable towel.
5. Turn off the water with the towel.

When soap and water are not available or hand-washing facilities are inadequate, an alcohol-based hand sanitizer containing at least 60-percent alcohol is an acceptable substitute, according to the Centers for Disease Control. To effectively use an alcohol-based sanitizer, apply a half teaspoon of sanitizer to the palm of one hand and rub your hands together until dry. Be sure that the surfaces of both hands and all your fingers were cleansed.

"Alcohol-based sanitizers significantly reduce the number of microorganisms on the skin, are fast-acting, and contain an ingredient that prevents dryness," Ms. Keller says. "If hands are visibly dirty, though, a sanitizer isn't effective. Soap and water is necessary."

tions like the Joint Commission, and state agencies," says Ms. Keller, who is certified in infection control and epidemiology by the Association for Professionals in Infection Control and Epidemiology (APIC). "Today, infection control and prevention is one of the fastest growing areas of health care, particularly long-term care, because of resistant organisms, like methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* (C. diff), and the movement toward mandatory reporting of infections."

At CHCC Ms. Keller ensures that regulations from national organizations, like the Joint Commission, Centers for Medicare and Medicaid Services, and the Occupational Safety and Health Administration, as well as the New Jersey State Department of Health and Senior Services, are enforced.

"Infection control involves a lot of data, paperwork, and record keeping. I enjoy the challenge."

"In general, these organizations have different regulations regarding infection control for long-term care, assisted living, adult day services, ambulatory mental-health care, and acute mental-health care at CHCC," says Ms. Keller, who is also a certified health education specialist. "The regulations are similar but there are nuances, which need to be explained in policies and procedures and enforced."

Among Ms. Keller's additional responsibilities are conducting surveillance of infectious diseases and resistant organisms, providing an introduction to infection control to new employees, leading inservices for the clinical staff, and chairing the Infection Control Committee along with Gary Knackmuhs, MD, an infectious-disease specialist on staff at The Valley Hospital in Ridgewood. On a national level she will serve as the 2009 Chair of APIC's Long-term Care Section.

"Infection control involves a lot of data, paperwork, and record keeping. I like that. It's also an autonomous job. You have to be self-directed and self-motivated," Ms. Keller says. "I don't come in and do the same thing every day. Each day is different. I enjoy the challenge."



Every year, approximately 10 percent of the U.S. population gets the flu, an acute viral infection that targets the respiratory system. Symptoms, which start one to four days after the virus enters the body, include the rapid onset of fever over 101 degrees, dry cough, sore throat, chills and sweats, headache, muscular aches and pains, fatigue and weakness, nasal congestion, loss of appetite, nausea, vomiting, and diarrhea.

“The flu comes on suddenly. You feel like you’ve been hit by a truck. Your whole body hurts,” says Mary Ann Kellar, RN, BSN, CHES, CIC, Infection Control Director at Christian Health Care Center (CHCC). “Most cases last several days. Some cases last for two weeks.”

The flu is highly contagious. Adults can infect others beginning one day before symptoms develop and up to five days after becoming sick. Children can spread the virus for seven days. Individuals 50 and older, people with chronic disorders like

Harbinger of Autumn

Autumn heralds the start of the new school year, a change in foliage... and increased rates of influenza. Armed with knowledge and an ounce of prevention, the risk and impact of the flu can be diminished.

diabetes and heart disease, and those with weakened immune systems are more at risk to develop influenza. These high-risk populations tend to develop additional complications, such as pneumonia, acute sinusitis, ear infections, and bronchitis, from influenza. The flu can also make chronic problems, like asthma, worse. The elderly and young children are most vulnerable to severe complications from the flu.

Three types of viruses cause the flu: A, B, and C. Type A causes deadly pandemics that occur every 10 to 40 years. Type B leads to smaller, more localized outbreaks. Type A or B, which constantly change, causes the flu that circulates

during the winter. Type C is fairly stable and not associated with large epidemics.

“Once you’ve had the flu you develop antibodies to the virus that caused it. Those antibodies don’t provide protection against new strains, which is why you should get a flu shot every year,” Ms. Kellar says. “Some people choose not to get it because they think they can get the flu from getting the shot, but that’s not true. The viruses contained in the vaccine are dead. A small percentage of individuals will experience minor side effects, such as soreness or redness at the injection site, a low-grade fever, and mild aches, but they only last a day or two.

“The vaccine is about 80 percent effective. Although you can come down with the flu even if you’ve been vaccinated, your symptoms will be milder. The most beneficial time to get it is October or November so that your body can develop antibodies before the flu season starts its peak in December.”

CHCC offers the flu vaccine to its residents, employees, and volunteers from October to March. Because the main means of flu transmission is direct contact via person to person, employees are strongly encouraged to get vaccinated. Ms. Kellar describes this as “herd-munity:” if you immunize the “herd” – CHCC employees – you increase protection for CHCC residents, patients, and clients.

“Compared to other health-care facilities we have a good percentage of employees who get the vaccine. Employees who choose not to get vaccinated must complete a flu intention form and state why they are opting out,” says Barbara

THE GERMS STOP HERE

Help stop the spread of germs!

- When you cough or sneeze, cover your nose and mouth with a tissue, not your hand. Discard the tissue after using.
- Wash your hands frequently with soap and water. If water isn't available, use an alcohol-based hand sanitizer. (See *Handwashing: The Ultimate Protection* on page 3.)
- Refrain from touching your eyes, nose, and mouth.
- Try to stay away from people who you know are sick.
- Stay home from work or school if you develop a contagious illness.



Lucia, RN, BSN, Employee Health Nurse. “We report flu-like symptoms to the local health department so the severity of the flu in the community can be determined.”

Additional measures to help prevent contracting the flu, or to lessen its impact, include practicing proper hand hygiene, exercising regularly to boost the immune system, eating a healthy diet, getting plenty of rest, and avoiding crowded places during flu season.

Treatment for the flu generally includes bed rest, drinking plenty of fluids, and taking pain relievers to alleviate symptoms. Some cases may be treated with antiviral medications like Tamiflu. These prescription drugs work by deactivating the enzyme that the flu virus needs to thrive and spread. Antibiotics are not effective since the flu is caused by a virus.

“In general,” Ms. Kellar says, “it just takes time for the flu to run its course.”

INFECTION DETECTION: TRACKING ILLNESSES

Good infection control and prevention involves a bit of detective work and analysis. At Christian Health Care Center, this includes tracking illnesses, not only among the individuals we care for, but also among the people providing the care.

“By comparing resident and patient infections with employee infections, we can spot outbreaks. Quite often, when there is an outbreak among either population, you’ll see it overlapping. We will put measures in place, such as reinforcement of proper hand hygiene, which can help prevent the further spread of infection,” says Barbara Lucia, RN, BSN, Employee Health Nurse, who reviews surveillance data with Mary Ann Kellar, RN, BSN, CIC, Infection Control Director.

Ms. Kellar monitors resident and patient infections via laboratory reports and antibiotic administration. Ms. Lucia tracks employee illnesses via information reported by employees when they call out sick. A section in the Center’s attendance/timecard software program enables employees and supervisors to

input symptoms and diagnoses. Directors of larger departments, such as Food Services, will often call Ms. Lucia immediately if a high number of employees are calling out with similar symptoms.

“I encourage all employees to provide specific symptoms when they call out sick. The more detailed information we have, the better we can address an outbreak,” Ms. Lucia says. “Do you have a headache? Fever? Body aches? Respiratory issues? How long have the symptoms been persisting? Does anyone else in your house have similar symptoms? Have you been to the doctor? How is the illness being treated?”

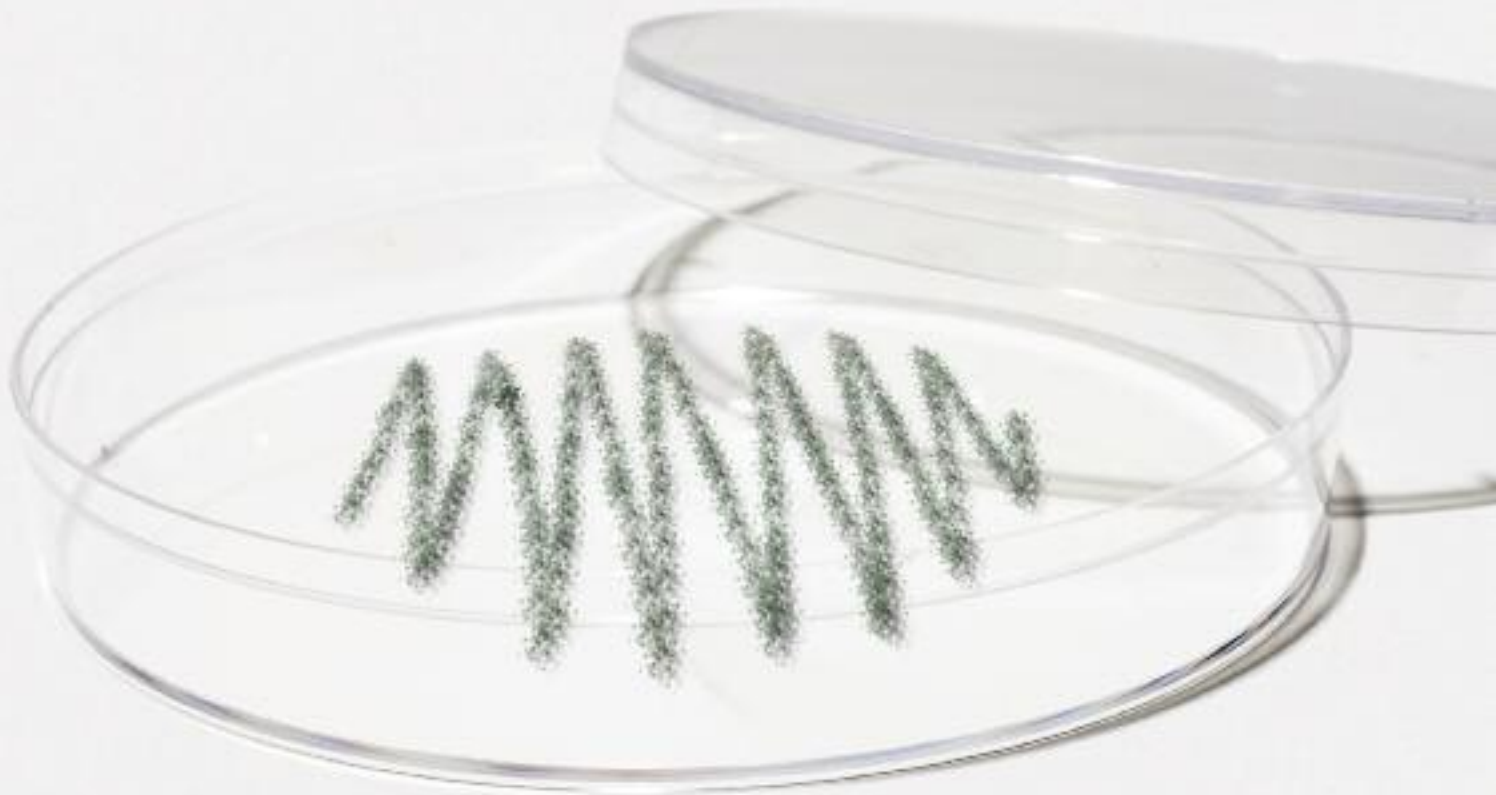
In general, the most prevalent illnesses among employees tend to be gastrointestinal and respiratory infections.



“If you work in health care, you work with germs. It’s unavoidable,” Ms. Lucia says. “Fortunately, employees today are much more conscious about good infection-control practices, especially proper hand hygiene. The more conscientious they are, the better their own overall health and the health of those in their care.”

MRSA: A Growing Concern

MRSA – methicillin-resistant staphylococcus aureus – is at the forefront of infection control and prevention in the U.S. More than 2.3 million people have been diagnosed with MRSA, a statistic that has risen dramatically over the past two decades. Currently, 85 percent of cases are hospital-acquired, and the remaining 15 percent are community-acquired.



“Staph bacteria is generally harmless unless it enters the body through a cut or wound. MRSA causes staph infections resistant to treatment with many antibiotics. This resistance develops when bacteria change or adapt in ways that allow them to survive in the presence of antibiotics designed to kill them,” says Mary Ann Kellar, RN, BSN, CHES, CIC, Infection Control Director at CHCC. “MRSA was one of the first ‘super bugs’ to outwit all but the most powerful antibiotics.”

MRSA infections look like pimples, boils, or spider bites which can quickly turn into deep, painful abscesses that require surgical draining. These abscesses can potentially cause serious infections in bones, joints, surgical wounds, the bloodstream, and lungs.

“MRSA exists because of several factors,” Ms. Kellar says. “Unnecessary and/or misuse of antibiotics leads to germ mutation and the growth of ‘super bugs’ like MRSA. Also, antibiotics can make their way into our food and water supply via beef, poultry, and pork products and feedlot water runoff.”

“The good news is that MRSA is preventable. At Christian Health Care Center we’re ahead of the game because the preventive measures against MRSA are the same measures we already have in place to help prevent the spread of infection in general.”

Two strains of MRSA exist. They have different genetic compositions and affect different populations. Hospital-acquired MRSA, which began to surface in the 1970s, occurs most frequently among the elderly, particularly seniors who live in elder-care facilities; individuals who have undergone invasive medical procedures or have weakened immune systems; and hospital patients. Community-acquired MRSA, which started to appear in the 1990s, tends to affect young athletes.

Not all individuals with MRSA develop symptoms, but they can still spread

the bacteria to others. They are described as being colonized, or carriers.

“New Jersey was the first of only four states in the nation to require mandatory screening for MRSA upon admission to an acute-care hospital. This is done by performing a culture of the nostril,” Ms. Kellar says. “Christian Health Care Center receives MRSA information when an individual comes to the Center directly from a hospital, or when a current resident is admitted to a hospital for acute care and returns to the Center.”

MRSA’s primary risk factors/transmission routes are known as the five Cs: direct person-to-person skin contact, crowded conditions, compromised skin with cuts and abrasions, contaminated items and surfaces, and lack of cleanliness.

“The good news is that MRSA is preventable,” Ms. Kellar says. “At Christian Health Care Center we’re ahead of the game because the preventive measures against MRSA are the same measures we already have in place to help prevent the spread of infection in general. These include proper use of antibiotics, proper hand-hygiene practices, the use of Standard Precautions and Transmission-based Precautions, and enforcement of infection control policies and procedures.”

Proper hand hygiene is also a preventive measure for community-acquired MRSA. Additional measures for this strain also include the avoidance of sharing athletic equipment and towels, showering after athletic games or practices, keeping wounds covered, and declining to participate in an athletic event if you’re concerned about a skin infection.

A powerful antibiotic called Vancomycin is often used to treat both strains of MRSA. Some individuals do, however, develop cases of MRSA which are resistant to even Vancomycin. In these situations, physicians will generally drain the abscess rather than use antibiotics.

“If you’re concerned about the appearance of a wound or cut, don’t hesitate to see your physician,” Ms. Kellar says. “It’s better to be proactive when it comes to MRSA, or any infection.”



Use Antibiotics Properly

Antibiotics have revolutionized health care. The transformation began with the introduction of penicillin in 1943 and continues to this day, with more than 200 antibiotics in use to treat many serious and life-threatening infections. Misuse of these powerful medications, however, has resulted in the growth of bacteria resistant to antibiotics.

Antibiotics are effective with bacterial infections, such as sinus infections, strep throat, urinary tract infections, and wound and skin infections; certain fungal infections; and some types of parasites. They are not beneficial to viral infections, such as colds, the flu, most coughs, and most sore throats.

When an antibiotic is used for a viral infection or when the entire dose is not consumed as prescribed, antibiotic-resistant germs – often called super bugs – can grow. Since the antibiotic has failed to kill its targeted germs, the surviving germs become resistant to that particular drug and potentially other antibiotics as well. Physicians then may administer a stronger antibiotic, but these superbugs learn how to defeat these medications, too. A dangerous cycle has developed.

By using antibiotics responsibly, you can protect your health, your family’s health, and your community’s health.

- Don’t pressure your physician to prescribe an antibiotic when your condition doesn’t warrant one.
- If he/she does prescribe an antibiotic, take it exactly as prescribed.
- Never “stockpile” antibiotics for use with a future illness.
- Educate yourself on the different types of infections and appropriate medications for treatment.

Veteran Reveals Guarded Secret OF WORLD WAR II



dered in August 1945, the War Department revealed the truth about the Iroquois Division, which had been a very guarded secret during the war.

“We never knew why we stayed in Hawaii and were never sent out to the front,” Mr. De Boer says.

“Every time we were ready to go overseas, the order

came at the last minute to stay put. They were afraid there would be another invasion through Alaska, so we stayed in Hawaii ready to be sent anywhere we were needed.”

Mr. De Boer, then a resident of Paterson, was drafted on Armistice Day, November 11, 1942. He spent the first week at Fort Dix, a year in Camp Breckenridge in Kentucky, three months of maneuvers in Tennessee, and several months in Camp Rucker in Alabama before being landing at Fort Lawton in Seattle, WA, where he was shipped out to Hawaii. He remained there until the end of the war.

Ironically, after all the combat training, Mr. De Boer never experienced any combat.

“We were trained for jungle combat, hand-to-hand combat, you name it,” Mr. De Boer says. “But we never saw any.”

Joseph De Boer was part of a guarded secret of World War II – but he didn’t know it until after the war ended.

Mr. De Boer, a resident of Hillcrest Residence at Christian Health Care Center, was part of Company D of the 389th Infantry Regiment, which was formed as part of the 195th Brigade, 98th Infantry (Iroquois)

Division. The Iroquois Division holds a special place in military history because it was a big secret of the war in the Pacific. It wasn’t until the war ended and Mr. De Boer came back to his home in New Jersey that he learned that his division was specially trained for combat and stationed in Hawaii in case there was another invasion. After the Japanese surren-

AROUND THE CENTER

Awards Recognize Care, Initiatives

Christian Health Care Center (CHCC) staff and initiatives were recognized for excellence by state and national organizations. The New Jersey Association of Homes and Services for the Aging presented five awards to CHCC. Anthony Van Grouw Jr., MD, former board Chair, received the Facilities Trustee of the Year. Marion Miller, Lead CNA, received the Staff Person of the Year Award, and junior volunteer Steven Kanczewski was recognized as Junior Volunteer of the Year. The Heritage Manor Nursing Home Activity Box Project was recognized as Innovation of the Year, and the Marketing Department was feted for community outreach efforts.

Additionally, *Center Life* and the 2006 annual report received awards of merit in the 27th Annual Healthcare Advertising Awards, and the Center’s ad campaign, *A Reflection of Our Communities*, received a Silver Award in the 17th Annual National Mature Media Awards.



Christian Health Care Center (CHCC) representatives pictured, from left, at the New Jersey Association of Homes and Services for the Aging awards ceremony are, from left, Douglas A. Struyk, President and CEO; Karen P. Hockstein, Director of Publications; Marion Miller, Lead CNA; Alison Argott, Heritage Manor Nursing Home Activities Director; and Anthony Van Grouw Jr., MD, former CHCC Board Chair.

Innovative Position ENHANCES CARE

As part of its service-excellence initiative, Heritage Manor Nursing Home developed a team-centered approach to care called the Neighborhood Project. The project aims to improve Heritage Manor's home-like atmosphere and individualized care. Each wing is a neighborhood where staff, families, and residents work and live.

As part of this project, a new position – Lead Certified Nursing Assistant – was created. Each Lead CNA receives a morning report and provides input to the Charge Nurse regarding nursing assignments. The Lead CNA ensures that assignments are complete and ensures the quality of care that CNAs provide to residents. The Lead CNA also works with support services, such as Activities and Admissions, to ensure that each resident receives the best care possible. Lead CNAs are provided with extensive leadership training, including communication skills, coaching, decision-making skills, motivation, and team building.



Lead CNAs, standing from left: Maxine Campbell, Carmen Samuels, Pauline Russell, Marion Miller, Eda Daring, and Shelley McQueen-Davis. Lead CNAs, seated from left: Tamieko Johnson, Maxine Mullings, Norma Tate, and Elaine Wright.

New Director AT HELM OF PATHWAYS

Jennifer Puskas, LCSW, was named Director of Pathways, a partial-hospitalization program to treat adults who experience both a developmental disability and a co-existing psychiatric disorder. Ms. Puskas joined Pathways in 1999 as a Clinician before being promoted to Assistant Director. Ms. Puskas replaces Bart Mongiello, LCSW, who was named Director of Social



Work at Ramapo Ridge Psychiatric Hospital.

Pathways provides a supportive environment within the community in which psychological, social, and rehabilitative growth may occur. The primary goal is to teach coping skills, which can lead to a more satisfying lifestyle. The program objectives focus on helping consumers communicate more effectively, increasing their problem-solving and coping skills, and elevating their sense of competence and self-worth to help them realize their potential.

For more information about Pathways, call (201) 848-7549.

BETWEEN SUNDAYS: PASTORAL REFLECTIONS

Slow Me Down, Lord

By Rev. Timothy Dunn, LCSW, LCADC, Chaplain, Ramapo Ridge Psychiatric Hospital and Southgate

When I was a busy associate pastor at a local church and a graduate student in the theological seminary, I was shopping for a new key chain in a Christian book store with my youngest son Jesse. At the time, Jesse was learning to read and he was assisting me in finding a new key chain. As we browsed among dozens of key chains on a rotating rack, I was amazed when Jesse suddenly pointed to a key chain which had the saying "Slow Me Down, Lord" imprinted on it. This caused me to pause; I wondered if Jesse was communicating a message that I was a busy father who needed to slow down.

My mind had been preoccupied on other possible key chains, but I realized that my son discovered the key chain which was right for me, which I might not have found for myself. The experience of his saying, "Dad, that's the one for you," reminded me of Jesus' often-quoted saying, "out the mouths of babes" we can learn from children, which can be a humbling experience for us parents.

Modern technology has provided us with a multitude of time-saving devices, but it appears that the more time-saving devices we have, the busier we have become. And very little of the time that has been saved is used to slow down. Unfortunately, we may not slow

down until we are given a doctor's order for "bed rest," or it may be too late to enjoy lost pleasurable, meaningful moments that may never be repeated again.

The saying "slow me down, Lord" is a simple prayer, one that can take just a few seconds to recite. But it is also one that not only God can answer, but one that most probably we need to answer for ourselves.

Even though Jesse discovered that key chain for me nearly 20 years ago, I still use it to remind me of that simple prayer, "slow me down, Lord." And I have since discovered that I alone must frequently be the one to answer that prayer for myself.

Honors, Memorials, and Church Gifts

The Christian Health Care Center (CHCC) Foundation acknowledges those who share in the ministry of the Center by making contributions in honor or memory of individuals or occasions. The Center also deeply appreciates the ongoing financial support of various churches.

The following contributions were received prior to June 30, 2008.

Key

- ## Annual Fund
- ^ Christian Health Care Adult Day Services of Wayne
- ^^ Christian Health Care Adult Day Services of Wyckoff
- # Employee Fund
- + Restricted

In honor of

Len Cheringal

In his honor
Gladys Haboob

Karel and Catherine de Waal Malefyt

In honor of their 60th wedding anniversary
Jane de Waal Malefyt

Genevieve Douma

In honor of her 80th birthday
Garry and Anna Mae Dykstra

Garret and Raeann Dykhous

In honor of their 60th wedding anniversary
Herman and Betty Brandes
Elroy and Wilma Dyksen
Robert and Esther Dyksen
David Krentel
Douglas, Vicky, Carly, and Juliana Struyk

Bill and Judy Van Dyke
Dr. and Mrs. Anthony Van Grouw
Betty and Jack Vander Plaats

Gladys Hazekamp

In honor of her 90th birthday
Barbara and Bob Hazekamp

Jack and Annamae Hulsebos

In honor of their 50th wedding anniversary
Edward and Beth Prol

Russell and Pat Kamp

In honor of their 50th wedding anniversary
Stan Blom

Howard and Susan Kocmond

In their honor
Mr. and Mrs. W. Rogers Benson Jr.
+
Mr. and Mrs. Brian G. Clark +
Mr. and Mrs. R. G. MacDougall +
Susan E. Naumann +
Mr. and Mrs. Charles M. Young +

Virginia Lee

In honor of her 94th birthday
Margit Goocey
Martha Moore
Elsie Murley
Mabel Vander Hook

Ed and Mae Pruim

In honor of their 50th wedding anniversary
Clarence and Alice Baker
CHCC co-workers of Mae Pruim
Ruth Knyfd
Barbara and Harry Vriesema

Patricia Trommelen

In honor of her 65th birthday
Donald and Joanne Hartensveld

Anthony Van Grouw Jr., MD

In honor of his retirement
His family at Van Grouw
Orthopedics

Jack and Betty Vander Plaats

In honor of their 60th wedding anniversary
Wilma Kohere

In memory of

Walter J. Andres

Lisa and Juan Arroyo
Berth G. Boer

Mr. and Mrs. George Burger
Frank and Gale Gilabert
Mario and Eileen Gilabert
Michael and Grace Gilabert
Shirley and Harry Grout
Mr. and Mrs. William L. Munson
Gustav C. Schmitt
Dave and Phyllis Wiley

Garry Boonstra Jr.

Alice K. Boonstra

Nicholas M. Bruining

Willard E. Marcle

Benjamin Bruinooge

Lucille and Andrew Bastanza
Elizabeth Bruining
Julian Howard Burgess
Emma Stanivukovich
Yan and Ruiz families

Vincent Campbell

Thomas J. Leathem

Irene V. Casey

James C. Dallas ^^

Henry J. Chapin

Susan Dorward

Marie G. Colling

Chris and Judy Weiler

Gertrude de Waal Malefyt

Jane de Waal Malefyt

Marilyn DeBlock

Dick and Mary Carr

Josephine DeLise

Evergreen Court Residents +

Carlton S. Dougherty

Ruth M. Dougherty

Hermina Dunkirk

John and Anita De Korte
Herman and Marjorie Jeffer
Betty Ann McWilliams
June E. Miller
Wilma Sikkema

John Englishmen Sr.

Sarah and Kurt Bell
John and Gertrude Borst
Kristen Carrotto
Jane de Waal Malefyt
Iva M. Englishmen
Bill and Jan Fischer
Adolph and Sarah Koenig
Mr. and Mrs. William Krewson
Peter and Sharon Ott
Bernice Policastro
Rob and Diane Roy

Mr. and Mrs. William W. Smith
Mr. and Mrs. Donald G. Sporn
Spray Beach Chapel
Jeffrey K. Thompson
Norma A. Turner
Rev. and Mrs. Elton Van Pernis
Garret and Carolyn Vermaas

Rosemary P. Erdmann

Chris and Doris Capozza ^
Mr. and Mrs. Norman Healy ^
Vito and Kathleen Kepenis ^
Mr. and Mrs. Ronald Panicucci ^
Paul R. Riedel ^
Timothy Riedel ^
Karen and Richard Serra ^

Anne Fairchild

James and Karen Mericle +
People's United Bank +

Michele Gilabert

Juan and Lisa M. Arroyo
Arlene M. Baker
Christine J. Blossom
Kay Cerrina
Mary Crone
Mario and Eileen Gilabert
Michael and Grace Gilabert
Shirley and Harry Grout
Gunnar Harstead
Mr. and Mrs. William Lacey
Mr. and Mrs. Robert Myers
Pompton Lakes Educational Association Inc.
Barbara Vanderberg
Lauretta and Anthony Verga
Robert and Susan Winter

Evelyn V. Gleason

Kathleen Emerson +

Joseph Gratzel

Embassy Bank
Alice and Frank Gallagher
Nancy Gratzel
Theresa and Dan Hwilka
JoAnn and Frank Klucsarits
Rosemarie and Carl Oliveri
Sebring Associates
Mr. and Mrs. Robert E. Thiemer

Alice Halvorsen

JoAnn and Dennis Looney and family

Lois Wilson Harris

Mr. and Mrs. John Fica

John E. Huber

Edna and Fred Huber

ANNUAL GOLF CLASSIC NETS RECORD AMOUNT

Christian Health Care Center's 19th Annual Golf Classic provided a day of golf and an evening of fellowship. The event, sponsored by the Christian Health Care Center Foundation, netted more than \$103,000. Monies raised will support the 2008 Annual Fund, which will enable the Center to renovate a wing in Heritage Manor Nursing Home to accommodate an expanded Post-acute Care Unit.

The Center extends its sincere thanks to all the 2008 Golf Classic sponsors, including:

Corporate: Atlantic Stewardship Bank, Aramark Healthcare Management Services, and W. B. Mason

Platinum: Burke Supply Co. Inc., Cornell Surgical Supply, Ricoh/IOE Digital Imaging Group, New Jersey Respiratory Associates Inc., Ruitenberg Displays Inc., Shotmeyer Bros., The Rasa Group Inc., Total Solutions Network, and Valley National Bank

Gold: Atlantic – Tomorrow's Office, ChemRx, Columbia Bank, Home Supply & Lumber Center Inc., Interstate Waste Services, Jeffer, Hopkinson & Vogel, LAN Associates, Reiner Group Inc., Sales Consultants of Northern Jersey, and Visbeen Construction



Douglas A. Struyk, Christian Health Care Center President and CEO, left, with Harold Dyer of Atlantic Stewardship Bank

Silver: Bank of America, Delric Construction Co., Horizon Business Forms, International Medical Resources, Doreen Kunz, Esq., North Jersey Trailer & Truck Service, Post & Kelly Electric Co. Inc., Sundance Rehabilitation Inc., Wayne Tile Co., Windels, Marx, Lane & Mittendorf, and Ziegler Capital Markets Group

Anna Hutton

Helen and Jim Baldwin
Peg and Stu Baukema
Ralph and Cheryl Cashell
Dick and Lee Christie
Muriel and Ralph Daino
Neil and Rigoula De Haan
Dot and Hen Hagedorn
Mr. and Mrs. Robert A. Hutton
Bill and Mariko LaFleur
Jim and Dena LaFleur
Ken and Judy LaFleur
Michelle LaFleur and Doug Bierly
Shirley S. Levine
Elinor Postma
Doris Pruiksmas
Marjo and David Reitsma
Mr. and Mrs. Charles Shotmeyer
Ed and Betty Slump
Edna Smith
Paul and Carol Ten Brink
Dr. and Mrs. Stephen J. Todd
Marguerite Van Hook
Kathleen Van Hoven
Lois and Jack Vredevoogd

Gertrude Irwin

George Irwin

Martha M. Johnson

The Byma family #
Ann Louise Deley #
John and Jennifer Deley #
Mr. and Mrs. William A. Grinwis #
Peter and Susan Hook #
Bette Jane Jacobus #
Paul and Ann Lawrence #
JoAnn and Dennis Looney #
Betty Mowerson #
Mr. and Mrs. Gordon Stanley #
Kathryn Ten Kate #
Jessi and Dic Ver Hage #
The Weiss family #

Carrie Kamerling

George and Carol Bosma

Alida Klein

Jane de Waal Malefyt

Edward J. Kohere

Lila and John Aupperlee
Bob and Mary Ann Bakker
Donna Barker
William and Willemke Bogertman
Herb and Jo Bosloper
Mr. and Mrs. Peter Botbyl
Elizabeth Bruining

Neil and Ann Bushoven
The Byma family
Donald and Joyce Christie
Alice and William Davis
Mr. and Mrs. Paul H. De Blaey
Donald and Joan De Bruin
Hilda De Roo
Ethel De See
Jeannetta L. De Vries
Mr. and Mrs. John A. De Vries
Vern and Alice De Vries
Jane de Waal Malefyt
Marilyn Jourdet Derardo
John and Doris Dyk
Wilma M. Dykhous
Wilma and Elroy Dyksen
Len Dykstra
Jack and Shirley Faber
Ted and Nancy Faber
Austin and Barb Fischer and family
Bill and Jan Fischer
Vince and Lynn Fontana
Alex and Linda Grinewicz
Henry and Lori Groenewal
Nick and Irene Groenewal
Mr. and Mrs. Edward J. Gurak
Raymond G. Hallock
Marcia and Bill Heerema

Julie Holland
Noel R. Holland
Norma A. Holland
Lois Jobson
Bernie and Helen Joustra
Ruth Knyfd
David P. Krentel
Mr. and Mrs. Gordon Kuipers
Mr. and Mrs. John Lawless
Martin and Thea Leegwater
Dorothy Lodema
Jeanette Lont
Florence Marren
Michael and Vivian Massood
Dan Minkema
Mr. and Mrs. James Moore
Mr. and Mrs. Garrett Nieuwenhuis
Jean and Anthony Pasmonde
Bob and Jackie Pepper
Harold and Janice Post
Denise Ratcliffe
Mark and Pamela Reitsma
Eugene and Naomi Schwartz
Chris and Jill Sieverts
Michael and Vickie Sims
Eleanor J. Snyder
Bill and Lisa Soodsma
Herbert and Jean Soodsma

Peter and Bea Spalt
 Pete and Ginny Steensma
 Marie Steiginga
 Douglas and Vicky Struyk
 Sam and Agnes Teitsma
 Kathryn Ten Kate
 Jacob and Betty Tolsma
 Bob Van Dyk
 John C. and Elizabeth Vander Plaats
 Ed and Arlene Vander Weert
 Garret and Carolyn Vermaas
 Bernice Vogel
 Fred and Diane Weiss
 John and Jo Winters
 James and Ruthanne Wisse
 Bob and Arlene Zierold

Evan H. Kuiken

Canger Engineering Associates
 Kuiken Brothers Company Inc. ##
 Doug and Miriam Kuiken

Nellie Kunis

Betty Gower

Catherine S. Maltezos

Louise Lewis

Walter F. McMahon

Mr. and Mrs. Edward J. Devejian
 Emily Kocsis
 Debbie and Ben Scaturro
 Mr. and Mrs. Joseph J. Siracuse

Maria Minutillo

The Beland family
 PebbleFlex LLC
 Mr. and Mrs. Joshua Silverman

William A. Monetti

Kathy and Roger Coletti
 D'Amato, Dadinis, Tumulty,
 La Rosa, and Walker families
 Ethel De See +
 Randy and Francie Farr
 Gladys Haboob ^^
 Hunt Valley Elementary School
 friends and colleagues
 Anthony and Judith Lemme
 Carmine Lemme
 Millicent and John Murgolo
 Marsha Nicholson
 Denise Ratcliffe
 Bruce and Pam Ringle
 Nancy and Steve Row and family
 Carl Stoeppler
 Mr. and Mrs. Robert C. White
 Mr. and Mrs. Roger Wieland

Emanuel Oransky

Diane and Thomas Inman

Horst Pohns

Linda Hartley and family

Salvatore Sapienza, MD

Adelphi Research by Design LLC
 Barberi Construction LLC
 Mr. and Mrs. Nunzio Barberi
 Dorothy and Robert Bell
 Giuseppe Benanti, MD
 Ursula Cahsens
 Anthony Calabrese
 William Carnemolla
 John and Gertrude Castronuovo
 Laura Chavez, MD
 Richard Chessler, MD; Barry Zingler,
 MD; Mitchell Spinnell, MD;
 and Michael Meininger, MD
 Dr. and Mrs. Vincent Ciavarra
 Barbara Colling
 Anita M. Crivelli
 Mr. and Mrs. Scott L. Crocco
 Thomas and Michele DeAngelo
 Margaret DeDominicis
 Lucinda Deichmeister
 Marlene Delacruz
 Gina Delguidice, MD
 Carolyn and Frank DeMaria Jr.
 Joseph and Emilie DeMattia
 Early Birds of FLRC
 The Englewood Endoscopy Staff
 Dr. and Mrs. Rudolph A. Favocci
 The Folit family
 Francis A. Forte, MD; Michael A.
 Schleider, MD; Lewis M. Attas,
 MD; and Guiseppe Condemi,
 MD, PhD
 Ivan A. Friedrich, MD; Kenneth P.
 Rubin, MD; Vincent S. Panella,
 MD; and Irina Kaplounov, MD
 Michele Gause
 Gratsiana Golin, MD
 Mr. and Mrs. Frank Greek
 Janet Guariglia
 Michael A. Guarino
 Nora and Jack Hainthaler
 Gregory and Christine Heyt
 John and Donna Heyt
 Elizabeth Johnson
 Frank L. Kardos, MD
 Mr. and Mrs. Theodore Krause
 David Krentel
 Joan Labriola, RN
 Lazear-Smith and Vander Plaats
 Memorial Home
 Joseph and Andrea Lia
 The Lisle family
 Edward Liu, MD
 James J. Marciano
 Mr. and Mrs. Joseph Massood
 Mr. and Mrs. Fred McCormack
 John M. Morone, MD
 The Odio family
 Richard D. Oliver, MD
 Madeleine Perez

CHURCH GIFTS

Bethany Reformed Church
 First Reformed Church of Hackensack
 First Reformed Church of Hawthorne
 First Reformed Church of Pompton Plains
 Grace United Methodist Church
 Old North Reformed Church
 Pompton Plains Reformed Bible Church
 Sixth Reformed Church
 Spray Beach Chapel
 Union Reformed Church of Franklin Lakes ##
 United Reformed Church
 Xaverian Brothers

Susanna Phippen
 Alexander and Elizabeth Pope
 Medhat M. Raouf, MD
 Denise Ratcliffe
 Richard Roukema, MD
 Mr. and Mrs. Gerald R. Salvi
 Barbara Sayah
 Seymour Schlossberg, MD
 Henry and Lois Schuurman
 Denise Sheehan
 Charles Shotmeyer
 John L. and Grace P. Soldoveri
 Foundation Inc.
 Hany A. Sourial, MD
 Max and Donna Speizer
 Douglas and Vicky Struyk
 Phyllis Sweetman
 Bill, Nicole, Shannon, Kaleigh,
 and Liam Thomas
 Alan and Sandy Trachtenberg
 Janna Walsh

Viola A. Schwier

Pearl Abma
 Frank and Linda Capasso
 Dick and Mary Carr
 Bob and Sharon Conklin
 Jane De Noble
 Leonard DeBlock
 Elsie and John Golden
 Don and Joan Mabie
 Mr. and Mrs. John Molnar
 Elisabeth S. Mowerson
 Art and Shirley Stokes
 Marion Warnet

Laramie G. Sherman

J. David Ulrich and the Ulrich Inc. staff

Arthur J. Sikkema

Wilma B. Sikkema ##

Anthony and Venera Spadaro

Michael A. Spadaro

Carola Tulner

Charles Tulner

Gertrude S. Van Brunt

Joyce Marcianti

Thomas Vanevenhoven

Thomas J. Leathem

Gladys Veitengruber

George Veitengruber

Johanna Vermeulen

Anne and George Aupperlee
 Susan Dorward

Adrielle C. Wallace

Helen McCloud
 Randy Neumann & Associates
 Brian M. Pattwell
 Mr. and Mrs. Donald W. Schlicher
 Julia Terry
 Nancy T. Thompson
 Mr. and Mrs. William I. Thompson

Louise G. Winerich

Evergreen Court Residents +

Ralph W. Wolff

Paulette Wolff

Joseph A. Wozney

Mercedes-Benz Club of
 America Inc. Greater
 Washington Section

Donald Youngmans

Edward R. Nieuwenhuis, DPM,
 and Edward R. Nieuwenhuis Jr.,
 DPM

Sameh Ragheb, MD

Psychiatrist, Christian Health Care Counseling Center

My hometown: Wyckoff, NJ

My degree: I received a bachelor of medicine and surgery from Ain Shams University in Cairo, Egypt. I then completed requirements and testing for the Educational Commission for Foreign Medical Graduates certification. Following this I became licensed as a medical doctor.

My work experience prior to Christian Health Care Center (CHCC): I completed a residency in psychiatry at the Hospital of the University of Pennsylvania in Philadelphia and a fellowship in child psychiatry at New York Hospital – Cornell Medical Center. I then lead the outpatient child psychiatry treatment team at University Behavioral HealthCare of the University of Medicine and Dentistry of New Jersey before coming to CHCC.

Why I work at CHCC: I feel that I'm part of an organization devoted to serving others. This devotion inspires me to be part of the "hands of Christ" mission that the Center espouses. The Center challenges me to practice my profession in a manner that is true to my Christian faith.

Inspirations: Every day I am emotionally inspired by the patients and families I see who are managing heroically to deal with painful life challenges.

Proudest achievement: Dual board certification in psychiatry and child psychiatry from the American Board of Psychiatry and Neurology

Unforgettable challenge in my job: Being able to truly understand and empathize with how my patients feel

Most memorable experience at CHCC: My memorable experiences at CHCC are many. Usually they are those gratifying moments when you feel you've been a part of improving someone's life. A recent example is a family who brought in their 9-year-old son to the Christian Health Care Counseling Center. The parents were frustrated with his behavior, kids were ostracizing him, his grades were low, and he was frequently in trouble at school. After a few sessions and a couple of medication interventions, he was getting As at school, being accepted by other kids, and making his parents proud with glowing comments from teachers.

Wish list: It's long, but at the top are removing the stigma of mental illness, removing the barriers to receiving adequate mental-health treatment when needed, and a cure for autism.





Christian Health Care Center

301 Sicomac Avenue
Wyckoff, New Jersey 07481
(201) 848-5200
www.chccnj.org

Non-Profit Org.
U.S. Postage
PAID
Permit No. 5
East Hanover, NJ

Christian Health Care Center (CHCC) purchases mailing lists in an effort to communicate with community members who may benefit from receiving our publications. We recognize the fact that some residents prefer not to receive our materials. However, CHCC does not control the deletion of names from a purchased list. To reduce unsolicited third-class mail, go to the Direct Marketing Association website at www.dmchoice.org.

S A V E T H E D A T E



Harvestfest

Christian Health Care Center's
all new Harvestfest celebration, a unique fund-raising event for adults and young adults

6:30 p.m. Thursday, October 16, 2008
McBride Field, Franklin Lakes Road, Franklin Lakes

This year's new event will feature festive pre-dinner entertainment, a bountiful feast, and a special **concert** performed by Christian recording artists **33MILES**.

Funds raised will benefit the Center's Post-acute Care Unit.

For tickets and additional information, contact Darcy Bickert, Foundation Assistant Director, at (201) 848-5796 or e-mail events@chccnj.org.

F E A T U R I N G

