



May 31, 2005

AFRH Chief Operating Officer Fact Sheet No. 8

Subject: AFRH-Washington Healthcare Services

In order to ensure that each Armed Forces Retirement Home Washington resident clearly understands the Healthcare services available to them, the following information is provided.

Dental Services: Residents in Independent Living receive check-ups when requested by appointment. Dental Care is provided on a routine basis for Assisted and Long Term Care residents. Emergency walk-in clinic is handled every morning on a daily basis. To accommodate the resident needs, the dental clinic was relocated to independent living to provide enhanced and more accessible dental services. Residents in Long Term Care receive annual check-ups. Extensive dental needs are handled by referrals.

Mortuary Services: The Mortuary, previously on-site at AFRH, was never a true mortuary since it never had the capability of embalming or cremating bodies. Bodies were taken to local mortuaries and prepared for burial and then transported back to AFRH and stored in a refrigerated cooler until time of burial. In the former model, AFRH staff members acted only as intermediaries, they were not credentialed or licensed morticians. Currently deceased residents are immediately transferred to a local mortuary for embalming or cremation. Funeral arrangements are handled through the local mortuary. Mortuary staff work with the family members to ensure all wishes are carried out. Residents have the option of a full military burial at Arlington National Cemetery or a choice of their designated burial site.

Pharmaceuticals: Independent Living has a medication room for medications obtained through prescription from Walter Reed. Independent residents can receive their medication the same day; however, refills will take three days, which is consistent with the service delivery model used throughout the military. Residents are responsible for ensuring that they have a seven day reserve of medications at all times. In the private sector an on-site pharmacy is not available for residents in independent living.

Long Term Care residents receive their medication through a contract pharmacy called Neighborcare. Medications come in unit-dose packaging which provides a safe and accurate administration system. Residents' supplemental insurance is billed for the medications monthly. Medication costs for those residents who do not have supplemental insurance are paid by the home.

Treatment Room: Until 2003 the home's treatment room was staffed by a physician 24 hours a day. Currently, a physician is assigned to the Community Health Clinic, Monday through Friday, from 7:30am until 12 noon to see all walk-in residents. There are scheduled appointments from 1:00 pm to 4:00 pm. After hours a registered nurse is on duty, in the

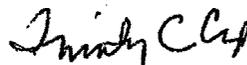
Health Center, from 4:00 pm until 12 midnight, to assess and assist residents in the independent setting. The Registered Nurse assesses the resident's medical status, treats the resident or calls 911. In case of an emergency; i.e., shortness of breathe or chest pain, residents are encouraged to call 911 and not wait for the nurse. A provider is on-call between the hours of 4:00 pm until 7:30 am seven days a week for consultation with the nurse. After midnight a Registered Nurse is available

Doctors on Staff: Currently, AFRH has 4 physicians and 2 Nurse Practitioners. All residents are assigned to one of these providers when entering the home. Appointments are set up with their providers through a centralized in-house appointment system. The Medical Director on staff collaborates with both internal and external providers when needed. Residents have access to physicians at the Walter Reed Medical Center, the Veterans Administration and local hospitals. Residents have freedom of choice in choosing physicians in the private sector. While five Physician Assistant positions were eliminated, in the current model residents are seen by a physician vice a Physician Assistant. The former physician assistants were not certified and did not fully comply with required healthcare standards. This lack of certification was specifically challenged by the Inspector General in their last inspection.

X-Rays and EKGs: In 2003 AFRH Washington discontinued the use of available in-house X-Ray equipment. It was determined at that time that the equipment was very old, could not be repaired, and was unsafe. It was felt that this outdated equipment potentially was a health hazard to residents and staff. During the transition period X-ray services continued to be available at Walter Reed and the VA. Since May 1, 2005, X-ray services are provided by a contract vendor who comes to the resident's bedside or room. The resident's insurance is billed for the services and those who do not have insurance are paid for by the home. EKG services are available, upon physician's request, and are provided by the home. Residents with chest pain are immediately sent to the Emergency Room.

Recent Renovation: We have also renovated space in the Scott Building (geographic center for our resident population in independent living) to consolidate Dentistry, Optometry, Community Health, Ambulatory Care and Medical Records all in the same area vice being dispersed among three buildings. These buildings were a significant distance from each other. By doing this we have centralized care and made services far more convenient and available for the residents.

If you missed the grand opening of the new Dental Clinic and the Optometry Clinic located in the Scott Building, please take a few minutes and pay a visit to these areas – they are state-of-the-art and have been designed specifically for you. The relocation of these new spaces confirms our commitment to provide improved quality services to each resident.



Timothy C. Cox
Chief Operating Officer

Distribution: AFRH-W Residents and Staff