PADONA ENews

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Dear PADONA Members,

2019 is certainly off to a running start! We look forward to the convention in early April. Our convention registration is growing every day. If you plan to attend but have not yet registered, please do so soon to be sure you are guaranteed your choice of educational track. We must close track registration at 250 participants.

Don't miss our, *Decrease Readmission Rates with Improved Physical Assessment Skills, Documentation and Early Intervention,* workshop being held on *February 22*nd in Latrobe. This is a perfect opportunity to improve the assessment skills of your nurses! We will also be offering this same course in the eastern part of the state later this year.

I encourage each of our primary members to submit your ballot on the by-laws changes that have been recommended by the By-Laws Committee and Board of Directors. Be sure to vote not later than February 28. The ballot can be accessed at https://www.surveymonkey.com/r/G58VFGG. A huge thank you to Terri Gabany and the By-Laws Committee for the time and efforts expended in their comprehensive review of our organizational structure and operating guidelines. We are so fortunate to have such committed members!

I also want to announce that Sophie Campbell has joined the PADONA team! We will be working together on the day to day management of PADONA. Sophie brings a wealth of knowledge and experience to PADONA and we are excited to welcome Sophie to her new role!

I am continually grateful for the opportunity to work with each and every one of you and look forward to seeing you all at the April convention!

All the best,

Candace McMullen, PADONA Executive Director/Board Chair

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Informational

Fee Increases Proposed By State Board of Nursing

A proposed rule change has been published by the State Board of Nursing

to increase nursing license renewal fees for RNs from $65 to $122 and for LPN licenses from $60 to $76. This is currently a proposal only.

Leadership Development Series

THE HUMBLE LEADER

You may wonder if humility or being humble is a leadership quality. Isn't humility usually considered a weakness, especially in a leader? Something to think about as a leader is that   humility does not equate with passivity. Multiple research studies have reported that humility is a key characteristic of successful leaders. Leaders who have developed the trait of humility are not afraid to say they don't know and do not stand by doing nothing which is the definition of passivity. Leaders who are humble understand and acknowledge their strengths and weaknesses while also recognizing the strengths and weaknesses of those around them. The humble leader empowers their team members and works at developing a team spirit by placing the team ahead of themselves. They learn from their mistakes and see failures as challenges. All of these characteristics in combination result in a trusting, engaging environment for all who work in it.

The leader who leads with humility has been described as demonstrating dignity and grace with confidence in themselves and their abilities, which is subtle and not flaunted. Their demeanor makes them approachable which in turn helps them obtain the trust of their team members. Team members acknowledge and appreciate that these leaders support the mission, vision, and goals, as more important than their individual goals. They are willing to have the critical conversations and make the difficult decisions in order to adhere to the mission of the organization and the goals of the department, for the greater good.

What you can do to develop humility as a leader

1. Acknowledge errors and limitations.
2. Celebrate the successes of others.
3. Share the credit for departmental successes.
4. Encourage your staff to provide ideas or opinions before you provide your own.
5. Be an active listener (see article in newsletter December 2018).
6. See things from another's perspective.
7. Make decisions objectively, not emotionally.
8. Invest in your team by allowing them and encouraging them to grow.
9. Forgive easily and do not hold grudges.
10. Do not play the victim, make excuses or blame others.
11. Seek and accept input from others, always working towards self-development.
12. Treat others with respect at all times, no matter who they are.

Your team expects that you will be a leader who demonstrates the qualities of humility in both actions and words. There is no downside and you will reap the rewards. Accept them humbly.

-Anne Weisbord
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I want to highlight a new service that I'm providing: coaching via phone. I work with leaders, managers, supervisors who need help with the people side of their jobs. I address topics like those I've been writing about here as well as issues around conflict resolution, managing your managers, being influential, working with boards, etc. Please contact me if I can be of assistance in helping you become the best leader you can be. aweisbord@outlook.com

Anne Weisbord, president of Career Services Unlimited, has been a communications/leadership consultant for over 20 years. She has worked with health care professionals in a wide range of settings, helping them become more compelling, confident, and articulate speakers and leaders. She has been a keynote speaker and presenter at senior care facilities, nursing organizations, and in staff development in hospitals. She has had personal experience working closely with long-term care staff. www.awlearningconsultants.com.

Clinical Pearls

Pneumonia – Can it be detected early?

There has been a focus on residents who are admitted to a Nursing Facility and return to the hospital within 30 days of the hospital discharge. Readmissions to hospital are increasingly being used as an indicator of quality of care. Studies conducted for the Center for Medicare and Medicaid rank pneumonia third among the top five diagnoses causing hospital readmissions. The top two are congestive heart failure and acute myocardial infarction.

Pneumonia continues to be a severe health problem in the United States; it is responsible for close to 1 million hospital admissions and nearly 140,000 hospital readmissions per year. Approximately 50,000 people die from the disease yearly. The literature on this topic suggests that approximately 1 in 5 patients with pneumonia is readmitted to the hospital within 30 days of a discharge.

Common causes of pneumonia include bacteria, bacteria-like organisms, fungi, and viruses.

Bacteria. The most common cause of bacterial pneumonia in the U.S. is Streptococcus pneumoniae. This type of pneumonia can occur on its own or after you've had a cold or the flu. It may affect one lobe of the lung, a condition called lobar pneumonia.

Bacteria-like organisms. Mycoplasma pneumoniae also can cause pneumonia. It typically produces milder symptoms than do other types of pneumonia. Walking pneumonia is an informal name given to this type of pneumonia, which typically isn't severe enough to require bed rest.

Fungi. This type of pneumonia is most common in people with chronic health problems or weakened immune systems, and in people who have inhaled large doses of the organisms. The fungi that cause it can be found in soil or bird droppings and vary depending upon geographic location.

Viruses. Some of the viruses that cause colds and the flu can cause pneumonia. Viruses are the most common cause of pneumonia in children younger than 5 years. Viral pneumonia is usually mild. But in some cases, it can become very serious.

A common cause of bacterial pneumonia is Streptococcus pneumoniae (pneumococcus). However, clinicians are not always able to find out which germ caused someone to become ill with pneumonia.

There are varying types of pneumonia: community-acquired pneumonia; healthcare-associated pneumonia; hospital acquired pneumonia, ventilator-associated pneumonia and aspiration pneumonia. The bacteria and viruses that most commonly cause pneumonia in the community are different from those in healthcare settings.

In the United States, vaccines can help prevent infection by some of the bacteria and viruses that can cause pneumonia. Common vaccines include : Haemophilus influenzae type b (Hib); Influenza (flu); Measles; Pertussis (whooping cough); Pneumococcal; and Varicella (chickenpox). These vaccines are safe, but side effects can occur. Most side effects are mild and go away on their own within a few days.

Specific recommendations from the CDC includes two pneumococcal vaccines for adults 65 years or older . Get a dose of the pneumococcal conjugate vaccine (PCV13) first. Then get a dose of the pneumococcal polysaccharide vaccine (PPSV23) at least 1 year later. If you've already received PPSV23, get PCV13 at least 1 year after receipt of the most recent PPSV23 dose. If you've already received a dose of PCV13 at a younger age, CDC does not recommend another dose.

Additional practices we can take to avoid getting pneumonia would be wash your hands regularly utilizing the full 30 seconds recommended by the CDC. Clean surfaces that are touched a lot by yourself and others. Cough into a tissue, your elbow or sleeve not directly into the air. Limit contact with smoke or quit smoking. Good daily dental hygiene. Manage ongoing medical conditions such as asthma, COPD, diabetes, and heart disease just to name a few. Strengthen the immune system by getting enough sleep, eating healthy, and exercising regularly.

The signs and symptoms of pneumonia may vary from mild to severe depending on factors such as the cause of the infection, age and overall health of the person. Often the first symptoms are similar to a cold or flu; however, they last longer. Signs may include: malaise; chest pain with breathing or coughing; confusion or changes in mental status in an adult; cough which may produce phlegm; fatigue; fever or lower than normal body temperature; sweating; shaking chills; nausea; vomiting; diarrhea or shortness of breath.

A thorough nursing assessment will assist in early detection of pneumonia. The primary tools the nurse will use include observation, auscultation and palpation. Look for fluctuations in pulse oximetry; cyanosis, changes in respiratory rate and depth; asymmetry of lung expansion, intercostal retractions and use of accessory muscles, nasal flaring, a new cough or change in coughing pattern, temperature of more than two degrees above baseline; tachycardia, new or change in pleuritic chest pain, deterioration in functional ability and cognitive decline may be efficient. Auscultations of the lungs you may hear rales, wheezes, and/or rhonchi. Palpation would reveal changes in fremitus.

Early detection of pneumonia would permit early treatment and potentially avoid hospitalization. The resident recovery time would certainly be shortened with treatment being provided outside of a hospital.

Reference:

National Center for Health Statistics (NCHS); Centers for Disease Control and Prevention (CDC) FastStats: Pneumonia. Last Updated January 20, 2017. http://www.cdc.gov/nchs/fastats/pneumonia.htm. Accessed January 18, 2019.

CDC. Outbreaks of human metapneumovirus in two skilled nursing facilities — West Virginia and Idaho, 2011–2012. *MMWR.* 2013;62 (46):909-13.

National Center for Immunization and Respiratory Disease, NCIRD. Updated November 2, 2018. Accessed January 18, 2019.

American Health Care Association. https://www.ahcancal.org Accessed January 18, 2019.

CMS http://www.cms.gov/medicare Accessed January 18, 2019.

Vendor Spotlight

PADONA's February 2019 Vendor Spotlight is PharMerica.

PharMerica has been a PADONA supporter for many years, including annual convention exhibiting. For the 2019 annual convention they will generously sponsor the bags presented to our attendees at registration.

Don't forget to stop by the PharMerica booth during the convention.

PharMerica

PharMerica is redefining pharmacy management service for skilled nursing facilities (SNF), long term care facilities (LTC), hospitals and other institutional care settings. With a singular focus on tailored customer service, we collaborate with our clients to develop products and services that help them provide quality care, control costs, and remain compliant with ever-changing regulations.

A large part of our success comes from a deep commitment at every level of our organization. Every day, our leaders and our employees work to improve services designed to help improve resident and patient care.

We focus on pharmacy services so you can focus on resident care.

We deliver the most comprehensive pharmacy services to long-term care (LTC) facilities, skilled nursing facilities (SNF), hospitals and health care systems. With industry-leading technology, hands-on experience, and a thorough knowledge and understanding of the ever-changing state and federal regulations, we help you improve medication adherence while lowering your facility's pharmacy costs.

To speak to a PharMerica customer service representative call 800-564-1640

Technology Survey for Older Adults

This Survey will explore the use of technology among older adults in the following areas: Communications, Safety & Security, Health & Wellness and how they learn about existing and new technology.

Please advise your staff/residents/family/friends that the survey is available and encourage their participation. The data that we gather from this survey allows us to learn more about older adult's wants and needs in this area. We are deploying the survey in electronic format and asking **anyone** over the age of 55 to complete it.   SEE LINK BELOW. It will only take 10-15 minutes to complete.   Please distribute it to anyone who has email, place on a common area computer or tablet, and ask that the survey be forwarded to anyone over the age of 55. We've attached a flyer that you can personalize with your community/organization logo and distribute as appropriate. The survey will remain open for the entire month of February.

https://www.surveymonkey.com/r/LCTech2019GEN

We always welcome your comments and feedback and look forward to your participation this year. Please contact me if you have any questions. All general results will be forwarded to you once the survey has closed in order that you can share them with your participants.

Thank you in advance for your participation.

PADONA does not endorse this person or this survey but wants to make this available to our members.

It's a New Day for Nursing

Submitted by Sophie Campbell

For those of you who have been buried under mounds of paperwork or staffing schedules and might not have heard, there is a new reimbursement system being implemented on October 1, 2019 (yes a little over seven months from now).   The federal government through the Centers for Medicare and Medicaid Services (CMS) has developed and will implement a new reimbursement system for Medicare Fee For Service beneficiaries on October 1, 2109. This marks the first time that the Medicare reimbursement system has been completely overhauled since the implementation of the Prospective Payment System (PPS) on July 1, 1998. The new reimbursement system is a significant change for how providers determine the reimbursement level for skilled nursing residents in the facilities.

Currently under the PPS reimbursement system when a Resource Utilization Group (RUG) is achieved the remaining resident care items are not of consequence to the reimbursement. This means that all of the nursing care items that are provided are currently not included in the reimbursement level. I can almost see you saying "what kind of a system have been working with?" Under the new method of reimbursement – the Patient Driven Payment Model (PDPM) - includes five components and one of these is nursing. So now that I have your interest, let's talk more about what is happening in October. While the current nursing skilled care items do not change under PDPM, the new and important change is that under the PDPM reimbursement system these nursing skilled items will be included as part of the determination of the reimbursement rate. Nursing is getting the credit in reimbursement that they deserve!

This is important for nursing. Certainly it will compel nursing to ensure the accuracy of the medical record documentation that describes and represents the resident care that has been provided so we can be reimbursed at the most accurate level. Nursing is getting the credit for the work that they are doing and the care that they are providing! Nursing is no longer going to be a cost center but will also be part of the reimbursement (at least for Medicare beneficiaries). That is a huge change! And it brings a new day for nursing (and thus the title)!

As it was once stated - with great power comes great responsibility. This is an opportunity for nursing to demonstrate the positive impact of what we do can have on reimbursement and we can become a positive item on the profit and loss statement for the facilities where we lead our teams. This is our challenge!

As nursing leaders we can see this change as one more thing to do in our already busy professional lives. (There goes the work life balance!) Or we can see this change as an opportunity to lead our nursing team members into a future where nursing service and the work we do is recognized as important for reimbursement – and yes there will be an increased focus on the demonstration of that work, which will require adjustment or implementation of systems and processes and new tools. But in all of these challenges, we have the opportunity to once again define and delineate our roles as nurse leaders.

We have a little over seven months before the implementation of this new reimbursement system becomes effective. In skilled care this is a minute. Oh and did I mention that we are implementing this new reimbursement system during a nursing shortage? But we know that compounding the stress has never stopped us. Right? (You should be seeing visions of yourself in a cape and flying through your facility – a super nurse.) Seriously – this is the time when nursing leadership demonstrates our resolve to not only provide quality resident care but to ensure that this care is reimbursed. It is our chance as nurse leaders to lead our nursing teams into a new frontier of reimbursement in skilled nursing. We must rise above the noise and chaos to see this as an opportunity.   We always have and I have no doubt that we will again during this significant change in skilled nursing! Keep up the great work that you do!

PADONA's 31 st Annual Convention
Wednesday, April 3, 2019 through Friday, April 5, 2019

We changed the schedule for our 2019 convention based on the responses to our recent survey.

Convention Overview Letter

Register Form

Welcome New Members

- Rebecca Aul - Concordia of the South Hills - Area I
- Messina Burke - Sena Kean Manor - Area I
- Sarah Collins - Eklego Workforce Solutions - NY
- Justina DiRocco - Barclay Friends - Area III
- Geni Fisher - Fox Subacute - Area III
- Michele Heckman - Providence Care Center - Area I
- Kyle Ozimkiewicz - The Philadelphia Protestant Home - Area III
- Jeanne Raught - Sena Kean Manor - Area I
- Crystal Story - Meadow View Health and Rehab Ctr - Area III
- Sonia Williamson Rouse - Kearsley Rehab and Nursing Home - Area III
- Jan Wotring - Conestoga View - Area III
- Patricia Zimmerman - Pocopson Home - Area III