



PADONA /LTCN

Pennsylvania Association of
Directors of Nursing Administration

DEDICATED TO SERVICE
COMMITTED TO CARING

JULY 2016

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PADONA ENews

Dear PADONA Members:

Happy July 4th to all. I hope each of you have the opportunity to celebrate this distinguished country's Independence Day.

As the summer is quickly advancing PADONA is busy planning the March 2017 annual convention. Thanks to Linda Chamberlain and the convention committee PADONA now has all speakers confirmed and I believe you will be very pleased with the selection of topics. Another convention component we have tweaked is the schedule, which allows for more time to visit with the exhibitors during the day and more free time for you in the evening.

As I mentioned last month we have re-organized all of the committees and the participation in the initial meetings was very satisfying. There is always the opportunity for you to become involved so if you have not selected a committee that you may wish to participate in, let me know. The committees are listed on our web site at www.padona.com.

I am pleased to announce Sophie Campbell has been appointed as Area I Vice President. I know Sophie will be a great asset to that area and both Terri and Chris are looking forward to having her in the Vice President position. Additionally, Sophie has agreed to chair the newly formed long range strategic planning committee. If you are interested in helping draft the future goals of PADONA please contact me.

PADONA is looking for ways to support our scholarship fund by offering to sell some merchandise such as fleece jackets, polo shirts etc. with the PADONA logo and name. I would like to know your thoughts on this idea.

There is still time to register for the DON certification course. If you have not had the opportunity to attend this course in the past, I believe you will find it very worthwhile. There is more information available in this e-news and on our website.

Enjoy the rest of the summer and remember if I can be of any assistance to you, please do not hesitate to contact me at (610) 847-5396 or padona@epix.net.

Chair, Board of Directors / Executive Director PADONA



Scabies: Strategies for Management and Control

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Abstract

Scabies is a highly contagious parasitic infestation of the skin and a clinically significant cause of morbidity, especially among people who are debilitated, immunocompromised, institutionalized, or elderly. The Pennsylvania Patient Safety Authority identified hundreds of scabies reports in the Pennsylvania Patient Safety Reporting System database, including information gaps in scabies-control practices. Implementation of an outbreak control plan is necessary to accurately identify, treat, and isolate individual scabies cases and to prevent and control outbreaks and disruption of facility operations. The key element to avoiding scabies outbreaks and treatment failures is a working knowledge of current scabies clinical indicators, surveillance, transmission, diagnosis, treatment, and control measures. Successful control of a scabies outbreak requires a facility-specific outbreak control plan, including techniques for early case identification and treatment, robust infection and environmental controls, and protocols for communication and education.

Introduction

Scabies is a highly contagious skin infestation caused by the parasite *Sarcoptes scabiei* mite.^{1,2} The risk of scabies is increased for individuals who are immunocompromised or elderly in settings where close body and skin contact is common, such as in healthcare facilities or institutions.^{3,4} Scabies manifests in two ways: classic (typical) and crusted (atypical).³ Classic scabies is characterized by a raised rash and intense itching. In classic scabies cases, the person may be infested with 15 mites or fewer.³ Crusted scabies is a hyper-infestation that is often unrecognized and difficult to eradicate; in this form of the disease, thick crusted areas of skin contain thousands of mites.⁴ Mite infestation and accompanying scratching of the skin can cause lesions resulting in secondary infection or even death from sepsis.^{5,6} Scabies outbreaks can result from delayed or incorrect diagnosis or improper treatment of scabies infestation.¹

Scabies in Pennsylvania Healthcare Facilities

Pennsylvania Patient Safety Authority analysts queried the Pennsylvania Patient Safety Reporting System (PA-PSRS) database for scabies events reported from nursing homes from April 2014 (when nursing homes began reporting scabies) through November 2015 and from Pennsylvania hospitals and ambulatory surgical facilities (ASFs) from June 2004 (when the acute-care facilities first began reporting events) through November 2015. Pennsylvania nursing homes are also required by PA Code § 211.1. to report cases of scabies to the appropriate Division of Nursing Care Facilities field office.⁷ The PA-PSRS scabies criteria mirrors the 2014 revised McGeer criteria for long-term care.⁸ For more information see "[Surveillance Criteria to Identify Scabies Cases](#)." The database was searched for indication of outbreaks, which were defined as three or more cases within a four-week period.⁹



Pennsylvania nursing homes reported 484 cases of scabies and 37 outbreaks. One hundred ten scabies events were reported from hospital inpatient, emergency, and outpatient settings, as well as from ASFs, with one outbreak occurring in a psychiatric unit (Table 1). Event report narratives from hospital and ASF settings identified problems associated with inadequate communication to receiving units or facilities, including delays in diagnosis, treatment, and instituting precautions; cancelled surgeries; and unrecognized contacts resulting in exposures.

Table 1. Hospital and Nursing Home Scabies Cases

The following are de-identified examples of scabies event narratives reported to the Authority from hospitals and ASFs:*

* The details of the PA-PSRS event narratives in this article have been modified to preserve confidentiality.

The patient was transferred from another facility with an active scabies infection and was targeted for standard isolation room. The handoff from the emergency department was given with no verbal or written documentation of scabies infection. Contact precautions were delayed and four staff members were exposed.

A technician went into the patient's room to draw blood, and the nurse told her to be careful because the patient had scabies. There was no contact-precautions sign posted to indicate this.

The physician performed scabies scraping on a patient with positive results but did not communicate this to the nursing staff, and the patient was not on contact precautions for four hours.

A patient was transported from emergency [department] to imaging with a large, red, scaly appearing rash. [Staff was] not wearing personal protective equipment. The technician was not informed of the rash or possible contagious scabies infestation until returning the patient to emergency [department]. There was no isolation band on the patient and not marked in computer or chart.

Surgery was cancelled after admission and sedation because it was determined by physician that the patient had scabies.

Scabies Clinical Indicators

A working knowledge of scabies clinical indicators is critical to avoid scabies treatment failures and outbreaks. The Authority has developed a graphic displaying the key elements of scabies transmission, symptoms, diagnosis and control (Figure).

Scabies Transmission, Symptoms, Diagnosis, and Control

[Click here to continue reading article](#)



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Welcome New Members!

- 10 facility members Rochester Manor
- Danielle Connor - Grane Healthcare - Area I
- Kristin Goldstrom - Rochester Manor - Area I
- George Kabay - Complete Intravenous Access Services, Inc. (CIAS) - Area I
- Dennis Neuman - Lilly, USA - Area I
- Joseph Sweeney - Compass Pointe Healthcare System - Area III

SAVE THE DATE: PADONA's Fall 2016 DON Certification Course

Location: Sheraton Harrisburg/Hershey
4650 Lindle Road
Harrisburg, PA 17111

Dates: October 18-21, 2016

Registration: Registration fee of \$760.00 (not including sleeping room) includes:

- 4 days of comprehensive programming covering CMS and state regulations, legal aspects of long term care, financial management for nurses, managing RAC audits, the survey process, MDS assessment for DONs, MDS focused survey, eligibility criteria (Medicare and PPS), Quality Assurance Performance Improvement, CMS 5 Star rating system, medical record documentation and PEPPER report overview
- Extensive downloadable course material
- Continental breakfast, breaks and lunch on all dates
- Online certification exam from the American Society for Long Term Care Nurses (ASLTCN) allows you to become certified and utilize the initials "CNDLTC" for qualified attendees (have an active RN license, be a member of PADONA or the ASLTCN; have at least 12 months experience in Nursing Administration in long term care, including six months as a DON or ADON)
- 22 contact hours

Click [here](#) to register today.

2017 Exhibitors: Sign Up for the PADONA 29th Annual Early - Over half the exhibitor locations are already booked for 2017! Convention in Hershey, PA March 29, 30 and 31, 2017



For Members of PADONA - Free Posting of Job Opportunities

Post your company's job openings at PADONA for free for 60 days per job posting. Send the following in a Word document to info@padona.com

1. Job Title
2. Company name and address
3. Brief summary position
4. Compensation/Benefits (if known)
5. Contact information (mailing address, email address, company email)