PADONA /LTCN
Pennsylvania Association of Directors of Nursing Administration
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PADONA ENews

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Dear PADONA Members,

In three short weeks, we will be convening in Hershey, PA for our 31st Annual Convention! If you plan to attend but have not yet registered, please do so soon! We are filling up quick. Our Clinical Track is almost full! Once the clinical track is filled, attendees will be automatically assigned to the Administrative Track.

Unfortunately, our February weather created the need to reschedule our, ***Decrease Readmission Rates with Improved Physical Assessment Skills, Documentation and Early Intervention,*** workshop. Be on the lookout in our ***UPDATES*** for a date later this spring.

Save the date for our 2019 Leadership Development Course. The course will be hosted by Grove Manor in Grove City from October 1-4, 2019. More information will be forthcoming in the next few months.

Don't forget to cast your ballot for representatives for our Area I and Area II Board of Director vacancies.

I look forward to seeing you at the April convention!

Think Spring!

All the best,

Candace McMullen,
PADONA Executive Director/Board Chair

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Piece of the Puzzle Rather Than an Obstacle

Submitted by Sophie Campbell

While this article is intended to be informative for nurse executives and managers at all levels, it is also intended to lend support and encouragement for the nurse leaders in our Pennsylvania long term care facilities. On March 5, CMS released two memorandums (summaries are included in the newsletter) related to changes in the Nursing Home Compare, Five Star Rating and Immediate Jeopardy determination during the health inspections. As nurse leaders in long term care facilities, these are all areas of interest. While reading about the changes you may conclude that it remains a subjective process and there is still no way to win. ….and yes you are still frustrated.

While what I am going to say next may not make this any better for you, I hope you can at least start to see what I see. These changes require us in long term care to prepare for survey and more importantly stay survey ready at all times. What this means to me is to do the right thing by our residents, their representatives, our team members and our organization at all times. It means to be compliant with regulations, policies and procedures and to report and educate when this level of compliance is not achieved. It means to demonstrate integrity in all that we do in our facilities at all time, whether the surveyors or anyone else is paying attention.

Ok - so now that you are thinking that I am not a realist, let's think about this a little more. I believe that it can be done, either with or in spite of CMS and the changes that are being implemented. I believe that we have tools that we can use, either of our own promulgation or provided for us by CMS, as well as standards of practice. Let's take a moment to examine some of these.

- CMS Critical Element Pathways that assist in providing questions to assess where we are in being compliant with the regulations AND are the same questions the surveyors can/will ask;
- CMS federal regulations that when revised include guidelines for evaluation that can be used by all of us to know when surveyors will cite and when they should not;
- Standards of Practice that are included in schools of nursing curriculum and should be included in our policies and procedures because they are the standards;
- Standardized policies and procedures from national forms companies that have been developed using the federal regulations, standards of practice but no state specific regulations that can be individualized to the facility specific resident population and state specific regulations;
- Tools that are available through associations, organizations and companies that give providers an opportunity to review what needs to be done and to individualize to their own organizations while maintaining the general format and spirit of the tool;
- CMS Open Door Forums where CMS team members provide an outline and respond to questions regarding memorandums such as those released this week; and
- Many other opportunities for providers that are too numerous to list here.

I certainly am not saying that what we do in long term care today with the high number of regulations that we have currently and the higher acuity of our residents along with the decreased availability of people to fill the staff positions that are required to provide the required care and services for these residents. This is the perfect storm! But we did not get into long term care and certainly we did not get into long term care nursing leadership because we have a defeatist attitude. We are doing what we do because we see the value in long term care and in the services that we deliver to our residents regardless of the regulations and the brewing storm described earlier in this paragraph.

We know that we will continue to have the annual licensure and certification surveys that frustrate us, we know that no matter what we do there will be complaint surveys and we know that these federal changes will not stop and it will feel like we are not being heard. That being said, we need to get prepared and stay prepared. We need to care for our residents as if they were our family and we need to understand that recognizing when our team members are not being compliant that we address it and we educate them and we ensure that they are competent in all that they do in our facility for our residents. It is our integrity as nurse leaders in our organizations that will ensure that we weather the perfect storm! You are great at what you do and more importantly you have the integrity and veracity to view the CMS changes announced this week as more piece of the puzzle rather than an obstacle.

Leadership Development Series

Leadership is a journey rather than an event. As with any journey, worth taking, there will be bumps, detours, delays and other potential hazards. However, to be effective along the journey, you must determine how to overcome these and achieve the results you seek. You can also learn about yourself in the process.

In this article, we discuss leadership styles. There are many leadership styles and the three most common styles will be discussed. Each leadership style is effective in specific situations while not in all situations. An effective leader must be able to determine which leadership style is most effective in which specific situation.

Autocratic leadership involves the leader making decisions independently without feedback or information from others on the team. This leader always assumes control. It can be negative if team members feel that they are not valued or they feel resentful. It can also be positive and effective when an immediate decision is required or when the decision cannot/should not include the team members. Autocratic leadership style will not be effective as your dominant leadership style but is effective if you as the leader have the most knowledge about a decision needing to be made.

Laissez-faire leadership provides little guidance or direction from the leader. It is the opposite of the autocratic style. The team has complete freedom to make the decisions and resolve issues. This leadership style may be effective with a highly motivated and experienced team that requires minimal supervision. However, without this functional team it can yield negative outcomes with disengaged and unsupported team members who don't/can't achieve outcomes. It has been demonstrated that this leadership style results in reduced productivity.

Servant leadership describes leaders who work to serve their teams and their organizations. The leaders focus on developing team members, are empathetic and engage the team members in decision making. Servant leaders are involved in helping the organization be socially responsible and are committed to the organization's values, mission and purpose. The negative effect can be the time required to achieve a decision.

There are other leadership styles not reviewed here and each can be effective in achieving outcomes when applied to the appropriate situation. Leadership styles are not all or nothing and can be adapted, combined, modified and adjusted to meet the needs of the team and the leader. As the leader benefits and consequences must be considered when determining and applying a leadership style to a situation.

-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.

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. www.awlearningconsultants.com.

Clinical Pearls

CONGESTIVE HEART FAILURE [CHF] – Can it be detected early?

Heart failure is the leading cause of hospitalization in people over the age of 65. It affects nearly 6 million Americans. Approximately 30 to 40 percent of patients with heart failure are readmitted within six months of hospitalization. Studies have concluded that readmissions for heart failure could have been prevented in 40 percent of cases.

The heart's job is to pump oxygen and blood full of nutrients around the body so it can work normally. When your heart isn't pumping strongly enough, your body can't get the blood and oxygen it needs, which may cause symptoms. The symptoms of CHF include:

Shortness of breath with everyday activities-The heart can't pump enough to keep up with the blood supply. This causes fluid to back up and leak into the lungs. It may become worse when lying down or with activity.

Swelling in legs, feet, and ankles-Fluid backs up and collects in the tissues. The heart is not able to pump strongly enough to manage the workload.

A dry hacking cough that **does not go away -**The cough is caused by fluid backing up and leaking into the lungs—because the heart can't keep up with pumping the blood to the rest of the body.

Feeling tired -The limited blood supply is sent away from arm and leg muscles to supply the body's main organs, like the heart and brain.

Trouble sleeping when lying flat - Fluid backs up into the lungs because the heart can't keep up with the blood supply.

Rapid weight gain of 3 pounds or more per day - The heart can't keep up with the incoming blood supply, so fluid backs up and collects in the tissue.

What Causes Heart Failure -Heart failure is caused by many conditions that damage the heart muscle, including:

*Coronary artery disease (CAD) – a disease of the arteries that supply blood and oxygen to the heart, decreased blood flow to the heart muscle. If the arteries become blocked or severely narrowed the heart lacks oxygen and nutrients.

*Heart Attack – This occurs when a coronary artery becomes suddenly blocked, stopping the flow of blood to the heart muscle. The heart muscle becomes damaged resulting in a scarred area of the heart that does not function properly.

* Cardiomyopathy – Damage to the heart muscle from causes other than artery or blood flow problems such as from infections, alcohol or drug abuse.

* Conditions that overwork the heart – High blood pressure, heart valve disease, thyroid disease, kidney disease, diabetes or heart defects present at birth can all contribute to heart failure.

*Other medical treatments – Cancer treatments and/or radiation.

*Certain prescription drugs can raise the risk of heart failure – Nonsteroidal anti-inflammatory (NSAID) drugs because they tend to retain water and salt making it harder for the blood to flow. Diabetes medications as some cause fluid retention or are excreted through the kidneys. Blood pressure medication such as calcium channel blockers can increase edema. Medications such as central agonist causes changes in the release of hormones that affect your heart. Other drugs that affect the heart include antifungal medications; cancer drugs; stimulants; antidepressants and tumor necrosis factor inhibitors.

*Over the counter medications – NSAID's retain water and salt; Cold medication may contain sodium; nasal decongestants may contain a vasoconstrictor.

Nutrition Concerns and Heart Failure - Salt and Sodium hold extra water in the body. Sodium is found in most prepared and processed foods. As a general guide limit sodium intake to 500 milligrams or less for each meal and snacking throughout the day. Avoid using salt at the table or in cooking. Add fresh fruits and vegetables to the diet will avoid canned processed foods. Eating out may be a challenge, but choosing grilled, baked or broiled meat without added salt, sauces or gravy would be lower in sodium. Choosing baked potato, steamed rice or plain noodles will lower sodium intake. Avoid condiments high in sodium such as pickles, relish, or olives.

CHF Treatment - Depending on the severity of the heart failure one or more of the flowing may be needed: medication management-medications to improve heart function and slow disease progression; heart support devices- ventricular assist device (VAD), an implantable cardioverter defibrillator (ICD) or other type of device to improve heart function; or heart surgery.

Nursing Considerations: Following the plan of care for the patient with congestive heart failure is essential to avoid a hospital readmission with acute acerbation of CHF. Know the baseline vital signs for this patient. Orthostasis may be an early sign of worsening CHF. Maintain the patient on a 2-3gram sodium diet; daily weights with parameters of when to notify the physician of weight gain. Medications as ordered by the physician to include patient education to enhance the likelihood of compliance. Encourage exercise program that has been approved by the physician. Encourage regular follow up visits with the physician to assess the disease progress and evaluate the current treatment plan for continued success.

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Vendor Spotlight

PADONA's March 2019 Vendor Spotlight is Essity

Essity has been a sponsor for the PADONA annual convention for many years and has generously provided the lanyards for attendees. PADONA thanks this multi-year sponsor and appreciates their generosity.

Essity is a leading global hygiene and health company dedicated to improving well-being through our products and solutions, essentials for everyday life. The name Essity stems from the words essentials and necessities. Our sustainable business model creates value for people and nature. Sales are conducted in approximately 150 countries under the leading global brands TENA and Tork, and other strong brands, such as Jobst, Leukoplast, Libero, Libresse, Lotus, Nosotras, Saba, Tempo, Vinda and Zewa. Essity has about 48,000 employees and net sales in 2017 amounted to approximately SEK 109bn (EUR 11.3bn). The headquarters is located in Stockholm, Sweden, and the company is listed on Nasdaq Stockholm.

Essity's mission and vision are important tools in creating a company in which employees are united by common goals and in a shared ambition. Essity's mission is to sustainably develop, produce, market and sell value-added hygiene and health products and services. Essity's vision is "Dedicated to improving well-being through leading hygiene and health solutions." Essity used to be part of the SCA Group.

H.R. 1265 Notice

Representative Sean Duffy (R-WI), along with Representatives Collin Peterson (D-MN) and Greg Gianforte (R-MT), have re-introduced the Nursing Home Workforce Quality Act (H.R. 1265).

This bipartisan bill corrects a long-standing concern with the way nurse aide training programs are treated under OBRA, the law governing nursing homes. The bill eliminates the mandatory 2-year disapproval of certified nurse aide training programs because of the level of fine imposed after a survey. Under current law this penalty is imposed even if the care deficiencies cited on the survey do not compromise resident safety and welfare and are unrelated to the nursing home's CNA training program.

The bill gives CMS the discretion to decide whether to disapprove a program after a certain level of penalty is imposed, and, equally importantly, authorizes that the program be reinstated when the nursing home has corrected the deficiencies that led to the disapproval, rather than waiting 2 years.

We encourage you to review the Act and support your association (LeadingAge and American Health Care Association) who are supporting the re-introduction of this Act.

Post-Hospital MRSA Infections Reduced By 30 Percent Through Use of Antiseptic Soap, Mouthwash, and Antibiotic Nasal Ointment

Press Release Date: February 13, 2019

Methicillin-resistant *Staphylococcus aureus* (MRSA) infections and hospitalizations after hospital discharge were reduced by 30 percent in patients known to carry the bacteria on their body by a treatment that cleansed the bacteria from their skin or in their noses, according to new research funded by the Agency for Healthcare Research and Quality (AHRQ). Patients were treated with a combination of an over-the-counter antiseptic for bathing or showering, plus prescription antiseptic mouthwash and antibiotic nasal ointment.

The study in the February 14 issue of the *New England Journal of Medicine* included more than 2,000 patients with MRSA who were discharged from Southern California hospitals between 2011 and 2014. Patients in one group received an educational binder with recommendations for preventing infections via personal hygiene, laundry, and household cleaning. A second group received the same educational materials, but for 6 months also took steps to remove MRSA from their skin and noses with chlorhexidine antiseptic for bathing, chlorhexidine mouthwash, and the nasal antibiotic ointment mupirocin.

In the overall treatment group, the 30 percent reduction in MRSA infections was accompanied by a 17 percent reduction in all infections, according to the study results. Of note, participants who followed the treatment completely had a 44 percent reduction in MRSA infections and a 40 percent reduction in all infections.

"It is estimated that MRSA causes more than 80,000 invasive infections each year in the U.S.," said AHRQ Director Gopal Khanna, M.B.A. "The results of this study show that focused attention on removing MRSA can reduce infections and make a measurable difference in the lives of patients. We're pleased that this work adds significantly to the Agency's track record of supporting vital research to improve the safety of healthcare in this Nation."

Side effects were minimal among patients who used the decolonization treatment. About 2 percent of patients reported mild side effects to the antiseptic for bathing, while 1 percent reported mild side effects to the mouthwash or nasal ointment. About 40 percent of those who experienced side effects from a product opted to continue their use.

"Protecting the health of patients after discharge is an important part of care," said Susan Huang, M.D., M.P.H., Professor of Medicine in the Division of Infectious Diseases and Medical Director, Epidemiology and Infection Prevention, at the University of California Irvine, School of Medicine. "But not enough is known about how to help patients avoid infections, including those patients who harbor highly antibiotic-resistant pathogens. This study represents an important step toward keeping patients safe."

The study, known as the Project CLEAR (Changing Lives by Eradicating Antibiotic Resistance) Trial, was conducted through longstanding collaborations between the University of California Irvine, Los Angeles Biomedical Research Institute at Harbor-UCLA, and Rush University. In addition to AHRQ funding, the study was also supported by the University of California Irvine Institute for Clinical and Translational Science, which was funded by a grant from the National Institutes of Health Clinical and Translational Sciences Award Program.

Project CLEAR is a prime example of AHRQ's efforts to generate evidence and tools to help the healthcare system improve patient safety. Access more information about AHRQ resources at their website.

PADONA's 31 st Annual Convention

Wednesday, April 3, 2019 through Friday, April 5, 2019

Convention Overview Letter | Register Form

ATTENTION PADONA CONVENTION ATTENDEES!

Again this year at the annual convention, Susan Williamson the Director, Division of Nursing Care Facilities at Pennsylvania Department of Health will provide a session. Last year we initiated a practice that provided attendees the opportunity to ask Susan questions and receive answers during her session. We were able to do this thoughtfully and anonymously through questions provided prior to the convention that Susan answered in the session.

We are planning the same format this year. We are requesting that if you have any burning questions that you would like to have Susan respond to during her session, please submit them to scampbell@padona.com and they will be submitted to Susan. She will then address these in her sessions. You are also always welcome to ask questions during the sessions.

We look forward to your questions and Susan's responses at the convention!

Welcome New Members

- Joy Bannerman - Bryn Mawr Terrace - Area III
- Brad Bedner - Cardinal Health
- Valbona Cakolli - Kane Community Living Center Glen Hazel - Area I
- Denise Colbert - Kane Community Living Center - Area I
- Donna Conklin - Souderton Mennonite Homes/Living Branches - Area III
- Cara Dombrowski - Wesley Enhanced Living-Doylestown - Area III
- Sarah McAllister - Premier at Perry Village - Area II
- Laurie Nichols - The Gardens for Memory at Easton - Area III
- Joseph O'Brien - St. John Newmann - Area III
- Edward Petroski - Catholic Health Group - Area III
- Lindsay Ruffner - St. Andrews Village - Area II
- Samantha Yoder - Richfield Healthcare/Rehab Ctr - Area II

From the NNHQIC newsletter:

CMS is conducting an important survey to learn about quality improvement efforts of nursing homes, including the sources of information or resources that are used to guide these efforts. This is a continuation of the survey that was conducted in 2017.

This 15-minute, voluntary telephone survey* will be conducted among a sample of nursing homes that have been scientifically selected. Nursing homes that participated in the first survey will not be contacted a second time. CMS highly encourages you to respond and make your voice heard to ensure representation and provide valuable information to help CMS improve its quality improvement programs.

Questions? Please contact:
Nancy Sonnenfeld, PhD: Oversees the evaluation for CMS | Nancy.Sonnenfeld@cms.hhs.gov
Ping Yu, PhD: Coordinator for the survey | Yu_Ping@bah.com

News Links

- The Impact of APRN's in Skilled Nursing Facilities: ProHealth Partners sets the standard
- CMP Fund Frequently Asked Questions
- CMS Improving Nursing Home Compare in April 2019
- Legal Insight - New Hazardous Waste Pharmaceuticals Rule: Significant Changes Coming for Health Care Facilities
- Senate Letter - Sent to CMS related to nursing home abuse and neglect and specifically addresses the state of Pennsylvania
- Information from CMS related to the billing for resident reimbursement following implementation of the PDPM reimbursement system on October 1, 2019.

CMS released two memorandums on March 5 that address relevant information for nursing home providers. The summaries from the two memorandums and links are provided for your review.

Nursing Home Compare: The full memorandum can be found at: **QSO-19-08-NH**

Ending the Freeze on Health Inspection Star Ratings - In April 2019, the Centers for Medicare & Medicaid Services (CMS) will end the freeze on the health inspection domain of the *Five Star Quality Rating System*. We will resume the traditional method of calculating health inspection scores by using three cycles of inspections. Inspections occurring on or after November 28, 2017, will be included in each facility's star rating.

Quality Measure (QM) Domain Improvements – CMS is introducing separate ratings for short- and long-stay measures to reflect the level of quality provided for these two subpopulations in nursing homes. We are also revising the thresholds for ratings, adding a system for regular updates to thresholds every six months, and weighting and scoring individual QMs differently. Additionally, we are adding the long-stay hospitalization measure and a measure of long-stay emergency department (ED) transfers to the rating system. Two measures from the Skilled Nursing Facility Quality Reporting Program (QRP) will be adopted to replace duplicative existing measures.

Staffing Domain Improvements – CMS is adjusting the thresholds for staffing ratings. Also, the threshold for the 'number of days without a registered nurse (RN) onsite' that triggers an automatic downgrade to one star will be reduced from seven to four days.

Immediate Jeopardy: The full memorandum can be found at: **QSO-19-09-NH**

Core Appendix Q and Subparts - Appendix Q to the State Operations Manual (SOM), which provides guidance for identifying immediate jeopardy, has been revised. The revision creates a Core Appendix Q that will be used by surveyors of all provider and supplier types in determining when to cite immediate jeopardy. CMS has drafted subparts to Appendix Q that focus on immediate jeopardy concerns occurring in nursing homes and clinical laboratories since those provider types have specific policies related to immediate jeopardy.

Key Components of Immediate Jeopardy – To cite immediate jeopardy, surveyors determine that (1) noncompliance (2) caused or created a likelihood that serious injury, harm, impairment or death to one or more recipients would occur or recur; and (3) immediate action is necessary to prevent the occurrence or recurrence of serious injury, harm, impairment or death to one or more recipients.

Immediate Jeopardy Template – A template has been developed to assist surveyors in documenting the information