PADONA /LTCN
Pennsylvania Association of Directors of Nursing Administration

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NOVEMBER 2017

PADONA ENews

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Dear PADONA Members:

It's an artistic time of the year as we transition from summer to winter and Mother Nature uses her paintbrush on the beautiful fall foliage. I hope you can enjoy the cool crisp days of fall.

Listening to the recommendations from you, we have done some adjusting to the convention schedule. The 2018 convention will provide more sessions on personal development and also a topic frequently requested - the role of the nurse practitioner and physician assistant. You should have recently received the revised schedule and registration form. By registering early, you may take advantage of the discounted rate.

Additionally, you will be receiving an email from our Nominations Committee with The Call for Nominations form. I encourage you to review the open positions and consider running. We welcome participation and respect your input.

PADONA will be joining LeadingAge PA, PHCA and PACAH in hosting another popular networking meeting. Attendees will hear about current national and state regulatory and enforcement trends. The session also will offer attendees an opportunity to discuss recent Department of Health surveys and offer insights about regional experiences. This program is being held November 9th from 1:00-3:00 PM at Nottingham Village (Retirement Center Building in the Great Room), 58 Neitz Road, Northumberland, PA 17857. If you have not had the opportunity to attend one of these sessions, I encourage you to do so. The networking is invaluable. My sincere thanks to Candace McMullen for her role in organizing these sessions. You may contact me at spiscator@padona.com for further information.

At a recent board meeting it was decided to no longer publish the PADONA Journal. Reflecting a more contemporary method of providing information, we will be continuing to send out the monthly e-news, monthly website update, and all pertinent informational bulletins. I would also like to encourage you to post on the PADONA forum page: http://padona.com/forum any questions your fellow members may be able to assist you with.

If there are other suggestions you feel PADONA should investigate, please do not hesitate to contact me either via phone at 610-847-5396 or email at spiscator@padona.com.

Chair, Board of Directors / Executive Director
PADONA

Legionella: Could This Potentially Deadly Bacteria Be Lurking in Your Facility's Water Distribution System?

Article Provided by Patient Safety Authority

Abstract

Legionnaires' disease is a serious, sometimes lethal pneumonia. The name of this illness originated from an outbreak of severe pneumonia among attendees at an American Legion convention in Philadelphia, Pennsylvania, in 1976. The Pennsylvania Department of Health reports one of the highest annual incidence rates by state. Numerous healthcare facilities have reported outbreaks of healthcare-acquired legionnaires' disease, with transmission consistently linked to the hot water distribution system. Preventing healthcare-acquired legionnaires' disease depends upon identifying possible sources where *Legionella* growth could occur and instituting control measures. Health departments and public agencies have issued infection prevention guidelines to prevent outbreaks. Proactive culturing for *Legionella* in the hot water distribution system before cases of healthcare-acquired legionnaires' disease are discovered is an evidence-based method of prevention. Superheating and flushing or hyperchlorinating the hot water distribution system are short-term approaches to terminate an outbreak. Long-term systemic water treatment with copper-silver ionization, chlorine dioxide, or monochloramine has also been effective in controlling *Legionella*.

Legionellosis, a respiratory infection caused by *Legionella* bacteria, can manifest as legionnaires' disease or Pontiac fever. Legionnaires' disease is a serious, sometimes lethal pneumonia accompanied by dry cough, fever, and myalgia. Gastrointestinal tract, central nervous system, and renal manifestations also may be associated. Pontiac fever is a less serious influenza-like, self-limiting illness.[1] Risk factors for legionellosis include advanced age, male gender, cigarette smoking, alcohol abuse, chronic pulmonary disease, and renal failure. Immunosuppressed hosts, particularly those receiving corticosteroids or those who have undergone a solid organ transplant, are most frequently involved in healthcare-acquired cases.[2] The incubation period for legionnaires' disease is 2 to 10 days and 1 to 2 days for Pontiac fever. Legionnaires' disease can be treated successfully with antibiotics in most cases.[1] Case fatality ranges from 13% for community-acquired cases up to 33% for healthcare-acquired legionnaires' disease.[2] Millions of healthcare dollars are spent annually treating patients who have legionnaires' disease.[3]

Introduction

Legionellosis is acquired by inhaling aerosols that contain the bacteria or aspirating drinking water that contains the bacteria. Possible sources for water droplets contaminated with *Legionella* include man-made water distribution systems, such as those in buildings, that provide favorable water temperatures, physical protection within biofilms, and nutrients that promote the growth of *Legionella*.[2] Studies have shown that 20% to 70% of hospital hot water systems have been colonized with *Legionella* bacteria.[4] Numerous healthcare facilities have reported outbreaks of healthcare-acquired legionnaires' disease with transmission consistently linked to the hot water distribution systems. Decorative water fountains have also been linked to clusters of legionnaires' disease in healthcare facilities.[2]

The Centers for Disease Control and Prevention (CDC) investigated the first outbreak of legionnaires' disease, involving delegates to the American Legion Convention held at a Philadelphia, Pennsylvania, hotel in 1976.[5] Legionellosis is a nationally reportable disease, and CDC estimates legionnaires' disease was diagnosed in 5,000 people in 2014, a four-fold increase since 2000.[6] The Pennsylvania Department of Health (PA DOH) reports between 300 and 500 total cases each year, one of the highest annual incidence rates by state.[7] The true incidence of legionnaires' disease is likely higher because of missed diagnosis and underutilization of diagnostic testing.[8,9] CDC also reports 20 or more outbreaks of legionnaires' disease nationally each year, most of which are in

buildings with large water systems, such as healthcare facilities.[6] CDC's investigation of legionnaires' disease outbreakrevealed that healthcare-acquired legionnaires' disease was responsible for 57% of cases and 85% of deaths from legionnaires' diseases .[10] The waterborne disease investigative branch of CDC also found *Legionella* to be responsible for 66% of all waterborne disease outbreaks in the United States between 2011 and 2012.[11]

Although there are more than 60 species in the *Legionella* family, *Legionella pneumophila* causes 80% to 90% of legionnaires' disease in the United States, with 75% caused by *Legionella pneumophila* serogroup 1. Only about half of the more than 60 other *Legionella* species have been implicated in human disease and some species are quite common in the environment but rarely cause infection. Some *Legionella* organisms are among a group of species that fluoresce blue-white under long-wave ultraviolet light. They are referred to as blue-white fluorescing species and include *Legionella anisa*, *Legionella bozemanii*, *Legionella dumoffii*, and *Legionella gormanii*. To read more about *Legionella*species, visit www.specialpathogenslab.com/legionella-species.php. The most commonly used diagnostic test is the *Legionella* urinary antigen test, which is specific for *Legionella pneumophila* serogroup 1.[8]

Analysts sought to evaluate the incidence of definite and possible healthcare-acquired legionellosis cases and healthcare-acquired legionellosis outbreaks in Pennsylvania from 2007 through 2016.

Methods

Analysts used data from Pennsylvania's version of the National Electronic Disease Surveillance System (PA-NEDSS) to review the incidence of legionellosis cases identified and reported in the state. PA-NEDSS receives legionellosis reports from laboratories and healthcare facilities, which is more comprehensive than the Pennsylvania Patient Safety Reporting System or the National Healthcare Safety Network databases that receive legionellosis reports from healthcare facilities only.

PA-NEDSS case definitions are as follows[12]:

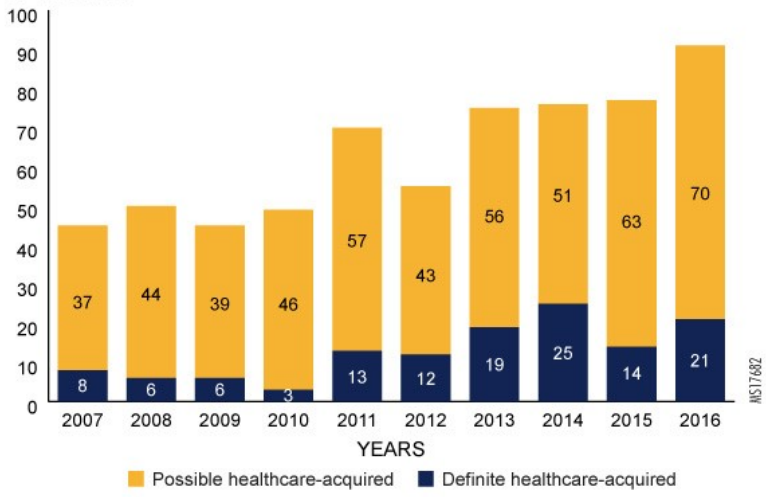
1. A "case" is defined as healthcare-acquired legionellosis if a patient, employee, visitor, or volunteer spent any amount of time in a healthcare facility (i.e., inpatient or outpatient visits, emergency departments, doctor offices, or long-term care facilities) in the 10 days prior to onset of illness.
   a. A case is defined as "definite" healthcare-acquired legionellosis if the individual spent the entire 10 days in a healthcare facility before symptom onset.
   b. A case is defined as "possible" healthcare-acquired legionellosis if the individual spent a portion of the 10 days in or at a healthcare facility before symptom onset.

A healthcare-acquired legionellosis "outbreak" is defined as the occurrence of two or more cases that are epidemiologically linked (i.e., time, location, and illness characteristics).[13]

Results

Pennsylvania's healthcare-acquired legionellosis cases have trended upward over the past 10 years. The numbers of definite healthcare-acquired and possible healthcare-acquired legionellosis cases reported to PA-NEDSS are shown in Figure. The number of healthcare-acquired legionellosis cases doubled from 45 in 2007 to 91 in 2016. Thirteen healthcare-acquired legionellosis outbreaks were reported to PA-NEDSS from 2007 through 2016.

Figure. Healthcare-Acquired Legionellosis Cases in Pennsylvania



Source: The Pennsylvania version of The National Electronic Disease Surveillance System.

To continue article and read the Discussion, Conclusion, Acknowledgments, and Notes click here

Optimal Use of Antibiotics for Urinary Tract Infections in Long-Term Care Facilities: Successful Strategies Prevent Resident Harm

Article Provided by Patient Safety Authority

Abstract

Antibiotics are one of the most commonly prescribed medications in long-term care facilities (LTCFs), but up to 75% are incorrectly prescribed. The intensity of antibiotic use to treat urinary tract infections (UTIs) in LTCFs increases the risk for life-threatening adverse effects. Overuse and misuse of these lifesaving medications has contributed to the rapid emergence of antibiotic-resistant bacteria and *Clostridium difficile* infection. The Pennsylvania Patient Safety Authority analyzed UTI events reported from Pennsylvania LTCFs during the 30-month period from April 1, 2014, through September 30, 2016, to study (1) triggers for prescribing antibiotics for UTIs, and (2) the frequency of prescriptions for broad-spectrum antibiotics specifically associated with antibiotic-resistant bacteria and *C. difficile*. The analysis reveals deviance from national practice guidelines for treating UTIs and the suboptimal use of antibiotics for mixed growth and contaminated specimens. This crisis of incorrect antibiotic use and the downstream effects of antibiotic-resistant bacteria and *C. difficile* demonstrate an urgent need for immediate adoption of best practices for accurate identification and optimal treatment of UTIs in the elderly including: (1) integrating strategies to overcome barriers to antibiotic stewardship, and (2) improving communication between nursing, prescribing staff, and healthcare facilities in the continuum of care. A Pennsylvania LTCF shares its success story demonstrating the effectiveness of these strategies in reducing suboptimal antibiotic use.

Click here to continue reading this article

Scholarship Announcement

Each year PADONA awards scholarships to members for continuing their education, for annual convention, DON prep course and advanced DON certificate course. Applicants must be a primary PADONA member for 2 years or a non member that has been recommended by a primary member for 2 years!

Application is easy! A completed application form, a 500 word or less essay, a reference from a faculty member or dean, and a letter of endorsement from a primary member.

Applications due by Dec 31st! Do not wait until then----we all know how crazy it becomes with the holidays---commit to nominating someone NOW!

Thank you from the scholarship committee!

Apply Scholarship

Sign Up Early for the PADONA 30th Annual Convention in Hershey April 4 - 6, 2018

Register early to receive our early bird discount. Please be sure to PAY by November 15, 2017 (not just register by that date) to receive the discounted rate and check the appropriate amount based on your membership status.

View Convention Schedule

View Brochure

Only 3 Spots Left for Exhibitors at the April 4 to 6, 2018
PADONA 30th Annual Convention - Today's Decision/Tomorrow's Vision
Convention held at Hotel Hershey from April 4 through 6, 2018

2018 Exhibitor Space Contract
2018 Break Exhibitor Space Contract

Welcome New Members!

- Ellen Bernier - Meadowood Senior Living - Area
- Tammy Gisler - Bradford County Manor - Area II
- Martha Hurd - Bradford Ecumenical Home - Area I
- Susan Speer - Providence Care Center - Area I
- Lisa Wirth - Sarah Todd Home - Area II
- Tanya Zupanchick - Nugent Convalescent Home - Area I