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Pennsylvania Association of Directors of Nursing Administration

DEDICATED TO SERVICE
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PADONA ENews

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Dear PADONA Members,

For many of us, the transition from the summer moments of easy, carefree living can be challenging and bittersweet. Our children's return to school, the end of warm weather (maybe not so much this year), and less hours of daylight are a few of the experiences we will miss with the passing of another summer. Typically, every new beginning requires an ending. But, each one also presents a *gift*—if we're open to receiving it. Living on a farm, I am reminded that the autumn moments of bountiful harvest requires the hard work of preparing, planting, and tending a crop or garden. We cannot enjoy one without the other!

Fall is a busy season of transition for us here at PADONA! To assist you with preparing, planting, and tending to development of your knowledge and skills, we hope you take advantage of the resources made available through your membership. In September, we host a webinar with Sophie Campbell on the new Medicare payment system. In October, we begin our "Mitigate Your Risk" webinar series, with some excellent topics and dynamic speakers. Webinars begin October 2 and will be held every other week, with a variety of topics requested through our annual needs assessment and convention evaluations. In October, we also host our annual Leadership Development Training Program in Grantville, PA.

Our convention committee continues to prepare the agenda for our 2019 convention. We are extremely grateful to our many supporters who submitted convention speaker proposals and sponsorship commitments. Be watchful in October as we release our convention agenda!

This month's newsletter is the first in our series of articles focusing on Leadership Development. Anne Weisbord, President of Career Services Unlimited, will provide insight on developing and honing our skills to improve our leadership presence.

You will also notice in this edition, our "Clinical Pearls" section. This will feature a clinical topic each month provided by our Professional Development Specialist, Rebecca Flack.

And, finally…….keep in mind that PADONA is now an approved provider of Directed Inservice trainings. Should you find a need for a Department mandated directed inservice or proactively want training for your staff on the regulatory requirements, we can help! PADONA is also an approved provider of continuing nursing education by the Pennsylvania State Nurses Association Approver Unit, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. An added benefit to using PADONA for your training…..we can provide nursing education contact hours for your nurses upon successful completion.

Wishing you all many gifts in this next season of transition!

In Your Service,
Candace McMullen
PADONA Executive Director

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Leadership Development Series

Assessing Your Leadership Presence

There is an abundance of information available on qualities that make you a great leader. It is difficult to put your finger on any one, two, or even five that are the most important. I choose to think that the umbrella under which those important traits fall is *Leadership Presence*. It is comprised of many qualities: the ability to influence others, to command respect, to remain calm under fire, to articulate your thoughts with confidence, and to take pride in your appearance. It is appearing and acting as a professional. You are a role model for your followers, and your other stakeholders need to perceive you as solid and impressive. Your presence should make a positive impact on those around you.

Below are some core qualities that fall under *Leadership Presence*. These qualities are actions preceded by a personal choice. See how you fare with each one.

1. **Be an awesome communicator**. I've heard it said that communication is the language of leaders. Whether orally, written, or nonverbally, it is on your shoulders to make sure that the message you want to send is the message that is delivered. You do that by getting feedback from the receiver. Remember that the nonverbal communication--the communication that comes through in body language and tone—sends a much louder message than the spoken message. Make sure that your words, tone, and body language all match.

2. **Demonstrate integrity.** Integrity is the quality of being honest and having strong moral principles. It demands truthfulness and honesty. It means you always do the right thing for the right reasons—no matter the circumstances. When you demonstrate integrity, you build trust in the eyes of your stakeholders—whether staff, vendors, regulators, patients, or residents. Followers will only trust a leader who is ethical and honest.

3. **Be an active listener.** Listening is different from hearing. Hearing is a passive process. It means that you have received sound waves. Listening on the other hand is an active process. You have to choose to listen. It requires concentration and focus. You must tune out distractions and tune in to the words and tones you hear. When you listen, you learn about issues, gather information, and improve relationships. When you listen to people, they feel valued.

4. **Be accountable.** As an accountable leader, you willingly take responsibility for the outcomes of your decisions, your behaviors, and your actions. You do not blame others or external circumstances. You assume ownership for the performance of your team. You do not play the victim role. Accountability means doing what you say you will do. You can see how being accountable builds trust.

5. **Be passionate.** You can also use the words optimistic, energetic, or enthusiastic. No one expects you to be enthusiastic about all parts of your job, but being upbeat will inspire others and it will inspire you. Positivism is contagious. When you put energy into what you are doing, who are you doing it for and with, it will have a domino effect on everyone around you.

6. **Exhibit humility.** Let me be clear that humility is not being wishy-washy or passive. It means being confident enough to know what you don't know and let those who do know do their jobs. It means admitting mistakes when you make them. It means looking out for the team and the organization as opposed to fulfilling your own needs, and being open to others' opinions and ideas.

All of these leadership attributes are the result of actions preceded by choice. You have been selected for a role that puts you in an amazing position to lead others to be their best self. You might already know the quote from the late Vince Lombardi, the head coach of the Green Bay Packers and an outspoken man on leadership and success, but I think it deserves repeating. He said, "Leaders are made, they are not born. They are made by hard effort, which is the price all of us must pay to achieve any goal that is worthwhile."

If you want to excel at being a leader you must continue to hone your personal leadership skills. No one ever said leadership is easy. Be self-reflective, go to workshops, or get a coach. After all, you can make a difference. Maximize your influence. As a leader, you can positively affect productivity, the work environment, help the organization reach its goals, and find self-satisfaction for your efforts.

-Anne Weisbord aweisbord@awlearningconsultants.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. www.awlearningconsultants.com.

Clinical Pearls

What you need to know about the new shingles vaccine

There are about 1 million cases of shingles in the United States every year; about 15% are associated with chronic pain from post herpetic neuralgia. Studies also show that more than 99% of Americans 40 years and older have had chickenpox, even if they don't remember having the disease. Chickenpox and shingles are related as they are caused by the same virus (varicella zoster virus). After a person recovers from chickenpox, the virus stays dormant in the body. It can reactivate years later and cause shingles.

Shingles manifests itself as a painful rash that usually develops on one side of the body following a nerve path, often to the face or torso. Other symptoms such as fever and headache may be present. The rash consists of blisters that typically scab over in 7 to 10 days and heals within 2 to 4 weeks. Some people describe the pain as an intense burning sensation. For approximately 1 in 5 people, the pain can last for months or even years after the rash has subsided. This long-lasting pain is called post-herpetic neuralgia (PHN), and it is the most common complication of shingles. Your risk of getting shingles and post-herpetic neuralgia increases as you age.

A new shingles vaccine called Shingrix (recombinant zoster vaccine) was licensed by the U.S. Food and Drug Administration (FDA) in 2017. Center for Disease Control (CDC) recommends that healthy adults 50 years and older get two doses of Shingrix, 2 to 6 months apart. Shingrix provides protection against shingles and post-herpetic neuralgia. Currently, Shingrix is the preferred vaccine, over Zostavax® (zoster vaccine live), a shingles vaccine in use since 2006. Zostavax may still be used to prevent shingles in healthy adults 60 years and older. For example, you could use Zostavax if a person is allergic to Shingrix, prefers Zostavax, or requests immediate vaccination and Shingrix is unavailable.

Shingrix requires a physician order. This vaccine is injected intramuscularly and the amount of the injection is 0.5ml. The injection can be given in the upper arm. General side effects from Shingrix may include sore arm/ pain at the injection site, general muscle ache, fatigue and headache for a day or two. It is given in two doses separated by 2 to 6 months. Shingrix can be given even if a person had shingles in the past; and received Zostavx or are not sure if they had chickenpox in the past. If Zostavax was given in the recent past, wait at least eight weeks before getting Shingrix. There is no specific length of time recommended to wait after having shingles before Shingrix can be given, but generally the shingles rash should be gone before getting vaccinated.

Two doses of Shingrix are more than 90% effective at preventing shingles and post-herpetic neuralgia. Protection stays above 85% for at least the first four years after getting vaccinated.

The side effects of the Shingrix are temporary and usually last 2 to 3 days. Shingrix should not be given if the person had a severe allergic reaction to any component of the vaccine or after a dose of Shingrix; tested negative for immunity to varicella zoster virus (ask the physician about chicken pox vaccine - Varivax® and ProQuad®); currently have shingles; currently are pregnant or breastfeeding; have a moderate or severe acute illness or a temperature of 101.3°F or higher.

As a healthcare provider, you can have an impact on the vaccination choices of the clients to whom you provide care. Increasing your knowledge about vaccine facts will assist in the decision making process.

References:

Centers for Disease Control https://www.cdc.gov/shingles/vaccination.html

Journal of Geriatric Nursing, January 2018, Barbara Resnick, PhD, CRNP, FAAN, FAANP

Association for Professionals in Infection Control, August 26, 2018, https://apic.org

Everything You Need to Know About Shingrix, and How Shingrix Differs From Zostavax - *Medscape* - Apr 30, 2018.

Submitted by:

Rebecca Flack, DNP, CRNP, MSN, BSN
Professional Development Specialist,
PADONA

Who Put the Numbers in Nursing?

For those of us on a calendar year financial cycle, we are in the throes of identifying the resources we want/need for the upcoming 2019 budget cycle. As the DON, if you feel like your department is under increased scrutiny compared to the other departments, you are correct! The nursing department consumes the largest percentage of any nursing facility budget, accounting for at least 50% or more of the overall organizational expenses. As an operational leader, I can validate that what you are feeling is 100% accurate!

For most of us, budgeting was not a subject of learning in our nursing programs. This is likely a good thing because if we had been exposed to the financial aspect of nursing in our programs, we may not have finished! Most nurses become nurses because of their desire to care for others…..not crunch numbers. However, as we have moved into our leadership roles, we quickly learn that a large part of our role is procuring the resources needed to effectively care for our residents and our staff. Therefore, as the DON, you play a critical role in determining the resources needed to achieve quality resident outcomes.

80% or more of your budget is dedicated to labor costs….. the staff who work in the nursing department that are critical to achieving quality outcomes. Labor costs can be quite tricky to fully identify and manage.

What Hours Are Included in Your Budgeted vs. Actual PPD?

Your nursing hours per resident day (NHPRD) may not consistently include the same job classifications, depending on the requestor of the data. There are varied reasons we collect and calculate our nursing hours data. A few of the key ones include The Centers for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) program, our State Survey Agency during our annual survey, and internally for budget management and variance reporting purposes. Each of these purposes often includes a varied set of guidelines as to what job classifications are included in direct care hours versus administrative time. It is important for the DON to have a working understanding of the differences with each. For budgeting and internal management purposes, it is key that you know what positions are included in your hours calculations for each different purpose.

One important consideration includes your nursing administrative positions, the structure of those positions, and where they are included. Some positions, such as a wound nurse or restorative nurse, might be considered administrative while providing hands on care to residents. Also consider inventorying your nursing department positions according to whether they are scheduled/staffed 7 days a week or 5 days a week. The number of full-time equivalents (FTEs) that you need to meet your staffing needs is dependent on this.

Understand Full-Time Equivalents (FTEs)

A full-time equivalent (FTE) represents the number of hours that one full-time employee works in specified time period, such as a week, bi-weekly, or annual time period. The number of FTEs needed to staff a position 5 days a week is different than the number of FTEs needed to staff a position 7 days a week. A 5 day a week position would require 1.0 FTE (40 hours) to meet the staffing requirement. It requires 1 person working the equivalent hours as a full-time position (40 hours) to meet this staffing need.

A 7 day a week position needed for 8 hours per day, requires a total of 56 hours of work per week. Since a full-time employee works 40 hours per week, we will need 1.4 FTEs to meet the staffing requirement. Failing to have a working understanding of your positions and how they are needed can have a huge impact on your budget outcomes.

Keep in mind, the FTE ratio is an important ***ratio*** for budgeting purposes needed to assist your financial team in understanding how many work hours to include in your budget. An FTE is the EQUIVALENT of a full-time position. When you actually fill your positions, 1 FTE might be filled with 1 full-time person or 2 part-time employees who work the EQUIVALENT of a full-time person! 2 part-time employees, each working 20 hours per week, is the equivalent of a full-time employee. Don't confuse the FTE ratio for budgeting and financial management purposes with the number and classification of your employees needed to meet the FTE ratio. It is easy to confuse the two!

Understand the Impact of Non-Productive Time

With each employee, there is a certain amount of time that we pay them for that is not considered "productive" or working time. This is referred to as "non-productive" time. It might include time, such as paid time off, vacation time, sick time, funeral time, personal time, family and medical leave time (FMLA), light duty, and orientation and training time. In reality, it is any time that an employee is **NOT performing the job for which they were hired AND is paid by the company.**

There are times of the year, such as the summer months and holidays, where we tend to see higher amounts of non-productive time. While non-productive time is not reflected in your NHPRD, it IS reflected in your financial outcomes. When the company pays employees for non-productive time, it is still captured on your financial statement as money paid for labor.

Sometimes, non-productive time can be managed. For instance, the number of staff with approved time off, in the same time period, can be managed; while the number of staff on an extended FMLA leave or a funeral leave, is typically less predictable. How we replace non-productive time with productive time is very important. Use of part-time staff at regular time *versus* an employed per diem staff at a higher per diem rate *versus* a full-time staff person at an overtime rate *versus* use of an outside agency staff at a contracted rate can create significant implications to your financial performance. Understanding the depth of your nursing staff and what resources you have available to cover your non-productive time is helpful in projecting your staff replacement costs.

Consider how you conduct your staff trainings as time off the unit in a training session may be considered "non-productive" time in your operation. I think we all agree that investing in developing our staff is a must! Our facility assessment and outcomes should drive this process. Investigate ways in which you can effectively disseminate necessary information and measure the impact on your staff's behavior and performance. But, the key is projecting your education and training approaches so that associated costs are captured in your budget.

Another important consideration in your budget preparation is new employee orientation time. Newly hired employees are typically provided some period of time where they are orienting to your organization's policies, procedures, and business practices. Often, this time is considered non-productive, not reflected in your NHPRD but accounted for in your financial performance. Estimating the number of new hires in your budget period coupled with the length of your orientation program will give you some estimate of your new hire orientation costs.

Non-productive time can be a real influence in whether the nursing department meets its financial goals. It is not unusual for DONs to be surprised at month end that their nursing expenses are much higher than budget, even though their NHPRD calculations are within budgeted parameters. Non-productive time can easily contribute to this unsavory phenomenon. One of the key roles for DONs in the budget process is identifying the non-productive time utilization for inclusion in the budget forecast. This helps to mitigate surprises mid-year!

Getting it right on the front-end of your budget planning requires the "hard work of preparing, planting, and tending the crop", which in this case is an accurate depiction of your departmental expenses. Although the idea of budget preparation and planning might initially feel overwhelming, doing your research will assuredly alleviate stress on the back end and help you demonstrate your value as a true leader!

If budgeting and financial management is something that you would like to learn more about, we provide in-depth education on this topic during our annual LTC Leadership Development Program. We currently have a few spaces available.

Submitted by:

Candace McMullen, RN, NHA, MHA, CLNC, CNDLTC
PADONA Executive Director

2019 Exhibitors: Sign Up for the PADONA 31st Annual Convention

Exhibitor locations are already booked for 2019!
Convention in Hershey, PA, April 3 through 5, 2019

Sponsorship Opportunities

PADONA is offering additional opportunities for our business partners to get involved in our annual convention to increase exposure to our members!

Because our exhibitor spaces fill up extremely quick, these sponsorship opportunities create ways for your organization to get involved with our convention and market your products and services to our members.

Our convention hosts one of the largest attendee groups every year! A sponsorship will net your company instant exposure to over 400 PADONA members and conference attendees.

Please contact Candace McMullen at cmcmullen@padona.com or Candy Jones at cjones@padona.com to discuss the sponsorship opportunities in the attached document.

Welcome New Members

- Kimberly Butler - Messiah Lifeways - Area II
- Michelle Carter - Presbyterian Seniorcare Network-Longwood at Oakmont - Area I
- Adam Eldredge - Health Direct Pharmacy Services - Area II
- Evan Keogh - Kinkora Pythian Home - Area II
- Stephanie Kessler - RKL LLP - Area II
- Monisha Knight - Fairlane Gardens - Area III
- Charles Caleb McCoy - Presbyterian Sr Living-Westminster Woods - Area II
- Karen Varney - The Shook Home - Area II
- Danielle White-Ali - St Francis Ctr for Rehab & HealthCare - Area III
- Dennis Wickline - C-Qual Consulting - Area I

SAVE THE DATES!

In response to suggestions from our members on our recent Needs Assessment survey, PADONA will be offering an educational webinar series entitled ***Mitigate Your Risk.*** This series will build core skills and share best practices as well as innovations in risk management areas. Our first webinar session will be held on Tuesday, October 2nd from 11:00 AM - 12:30 PM and continue every other week. The webinar sessions will consist of a 60-minute presentation followed by a 30-minute question and answer period.

Here is what we have planned for the first five sessions:

SESSION 1
DATE: **10/02/2018, 11:00 AM - 12:30 PM**
TOPIC: ***SOUND DOCUMENTATION STRATEGIES***
PRESENTED BY: RAFAEL C. HACISKI, ESQ. and BETTE MCNEE, RN, NHA
The Graham Company
Insurance Brokers and Consultants

SESSION 2
DATE: **10/16/2018, 11:00 AM - 12:30 PM**
TOPIC: ***NAVIGATING THE EMPLOYMENT LAW LANDSCAPE: TIPS TO SPOT PROBLEMS & PREVENT EMPLOYMENT LAWSUITS***
PRESENTED BY: EILEEN KEEFE, ESQ.
Jackson Lewis PC

SESSION 3
DATE: **10/30/2018, 11:00 AM - 12:30 PM**
TOPIC: ***AN OVERVIEW OF PENNSYLVANIA WHISTLEBLOWER LAWS (AND WHY YOU SHOULD CARE!)***
PRESENTED BY: EILEEN KEEFE, ESQ.
Jackson Lewis PC

SESSION 4
DATE: **11/13/2018, 11:00 AM - 12:30 PM**
TOPIC: ***MITIGATING RISK IN THE AREAS OF PRESSURE INJURY, FALLS, AND WEIGHT LOSS: A THERAPY APPROACH***
PRESENTED BY: JULIA L. BELLUCCI, MS, CCC/SLP
Director of Clinical Education and Compliance
Premier Therapy

SESSION 5
DATE: **11/27/2018, 11:00 AM - 12:30 PM**
TOPIC: ***MITIGATING RISK OF NARCOTICS DIVERSIONS***
PRESENTED BY: ROB LEFFLER, VICE PRESIDENT OF CLINICAL SERVICES
PCA Pharmacy