PADONA /LTCN
Pennsylvania Association of Directors of Nursing Administration

MAY 2019
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PADONA ENews

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Dear PADONA Members,

Spring is in the air!! I am sure everyone is hoping for a little more sun and little less rain! But, in the event Mother Nature doesn't see it our way, always remember….. *Kindness is the only service that will stand the storm of life and not wash out! Abraham Lincoln*

Recently, I was recollecting all of the activities and efforts over the past year to prepare our Annual Report. It was truly amazing to see the various ways in which PADONA has evolved. I am proud to work with such a dedicated Board of Directors and staff who so diligently and thoughtfully work to support you!

As we announced during convention, we will be offering the audio recordings of the administrative and clinical track for purchase in the very near future. More information will be forthcoming.

Now that our 2019 convention is a wrap, we begin planning for 2020. Be on the lookout for our 2020 convention "Call for Presentations" to solicit convention speakers.

PADONA has a NEW Facebook and LinkedIn page. Please join us!

We hope you will take advantage of the opportunities to develop your workforce! Check out our timely and relevant educational programs to assist you and your staff with fine tuning their assessment skills as well as learning the long term care regulatory requirements! These programs are offered across the state.

My parting thought…….It's nice to be important but it's more important to be nice! No matter where you are in life, if you let kindness be your guide, you will ALWAYS find your way!

May your June be filled with kindness……and sunshine,
Candace McMullen
PADONA Executive Director/Board Chair

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Welcome New PADONA Member!

- John McGonigle - Wesley Enhanced Living at Stapeley in Germantown - Area III

Treatment Guidelines for Asymptomatic Bacteriuria (ASB) ***What has changed???***

Nick Zaksek Pharm D, BCPS (AQ-ID) 3/2019

For the first time since 2005, the Infectious Disease Society of America (IDSA) has issued an update to its treatment guideline for asymptomatic bacteriuria (ASB), expanding the populations who don't require screening or treatment. The current guideline (3/19) updates the 2005 guideline, incorporating new evidence that has become available. Also notice that most of the treatment guidelines actually are recommending no treatment!

The updated guidelines seek to improve antibiotic stewardship by cutting down on the over-prescribing of unnecessary antibiotics.

ASB FACTS: **3-7% of healthy women HAVE IT.**
50% of patients with spinal injuries HAVE IT.
30-70% of people in nursing homes HAVE IT.
SCREENING and TREATMENT IS NOT RECOMMEDED FOR THEM!

In 2005, the guidelines recommended that ASB should be screened for and treated only in pregnant women or in individuals prior to undergoing invasive urologic procedures. The new guideline considers populations not addressed in the 2005 guideline, such as children and patients with solid organ transplants or neutropenia. Screening these patients is very common and leads to the inappropriate prescribing of antibiotics. Prescribing antibiotics in these cases may increase the risk of UTI, contribute to C. diff and other more serious infections. (Bacteria in residence, not causing symptoms, can actually protect patients from something worse from gaining access)

Urine cultures should not be obtained unless patients have symptoms consistent with an infection, such as fever, burning, frequent urination, abdominal pain, or tenderness on the back near the lower ribs. Over prescribing of unnecessary antibiotics negatively impacts antibiotic stewardship efforts and increases adverse effects to patients.

New Guidelines recommend screening for and treatment of ASB for pregnant women, with a treatment regimen of 4 to 7 days of antibiotics. Screening and treatment is also recommended for patients who will undergo endoscopic urologic procedures associated with mucosal trauma. These procedures are in a heavily contaminated surgical field. Evidence from other surgical procedures consistently shows that preoperative antimicrobial treatment or prophylaxis confers important benefits. See the EXECUTIVE SUMMARY or the NEW GUIDELINES BELOW.

EXECUTIVE SUMMARY OF CLINICAL PRACTICE GUIDELINE FOR MANAGEMENT OF ASYMPTOMATIC BACTERIURIA: 2019 UPDATE BY IDSA

1. **Should asymptomatic bacteriuria be screened for and treated in pediatric patients?**
   In infants and children, we recommend **against** screening for and treating ASB.

3. Should ASB be screened for and treated in pregnant women?

In pregnant women, we recommend screening for & treating ASB.

In pregnant women with ASB, we suggest 4-7 days of antimicrobial treatment rather than a shorter duration. (Duration will vary depending on the antibiotic given, try for shortest course)

4. Should ASB be Screened for and treated in Functionally Impaired Older Women or Men residing in the Community, or in Older Residents of Long-term Care Facilities?

Older, community dwelling persons functionally impaired, we recommend **against** screening for or treating ASB.

Older persons residing in long-term care facilities, we recommend **against** screening for or treating ASB.

5. In an older, functionally or cognitively impaired patient, which Nonlocalizing Symptoms Distinguish ASB from Symptomatic UTI?

In older patients w/ functional and/or cognitive impairment with bacteriuria and without local genitourinary symptoms or other systemic signs of infection. (e.g., fever or hemodynamic instability) we recommend assessment for other causes & careful observation rather than antimicrobial treatment.

Older patient who experience a fall, we recommend assessment for other causes and careful observation rather than antimicrobial treatment of bacteriuria.

- Values & Preferences: recommendation places a high value on avoiding adverse outcomes of antimicrobial therapy, increased resistance, or adverse drug effects.
- Remarks: For bacteriuric patient with fever & systemic signs potentially consistent with a severe infection (sepsis) and no localizing source, broad-spectrum antimicrobial therapy directed against urinary and nonurinary sources should be initiated.

6. Should Diabetic Patients be Screened or Treated for ASB?

In patients with diabetes, we recommend **against** screening for or treating ASB.

- Remark: this recommendation for nontreatment of men is inferred from observations in studies that have primarily enrolled women.

7. Should Patients Who Have Received a Kidney Transplant Be Screened or Treated for ASB?

In renal transplant recipients who have had renal transplant surgery >1 month prior, we recommend **against** screening for or treating ASB.

- Remark: insufficient evidence to recommend for or against screening or treatment of ASB within the first month following renal transplantation.

8. Should Patients who Have Received a Solid Organ Transplant Other Than a Renal Transplant Be Screened or Treated for ASB?

We recommend **against** screening for or treating ASB.

- Values & Preferences: recommendation places a high value on avoidance of antimicrobial use to limit the acquisition of antibiotic resistant bacteria or *C. diff* who are increased risk.
- Remarks: In nonrenal solid organ transplant patients, symptomatic UTI is uncommon and adverse consequence of symptomatic UTI are extremely rare; the risk of complication form ASB is, therefore probably negligible.

9. Should Patient with Neutropenia Be Screened or Treated for ASB?

Patients with high-risk neutropenia (ANC <100, ≥7 days duration following chemotherapy) we make no recommendation for or against screening for ASB.

Remarks: patients with thigh-risk neutropenia managed with current standard of care, including prophylactic antibiotics and prompt initiation of antimicrobial therapy when febrile illness occurs, it is unclear how frequently ASB occurs or progresses to symptomatic UTI.

10. Should ASB Be Screened for or Treated in Individual with Impaired Voiding Following Spinal Cord Injury (SCI)?

We recommend **against** screening for or treating ASB.

Remarks: Clinical signs & symptoms of UTI experienced by patients with SCI may differ from the classic genitourinary symptoms experience by patients with normal sensation. Atypical presentation of UTI in these patients should be considered in making a decision with respect to treatment or nontreatment of bacteriuria.

11. Should Patient with an Indwelling Urethral Catheter Be Screened or Treated for ASB?

A. Pts. with short-term indwelling urethral catheter (<30 days), we recommend **against** screening for or treating ASB.

- Remarks: Considerations are likely to be similar for patients with indwelling suprapubic catheters, and it is reasonable to manage these patients similar to patients with indwelling urethral catheters, for both short-term and long-term supra-pubic catheterization.

B. Pts. with indwelling catheters, we make no recommendation for or against screening for and treating ASB at the time of catheter removal.

- Remarks: Antimicrobial prophylaxis given at the time of catheter removal may confer a benefit for prevention of symptomatic UTI for some patients. Evidence to support this is largely from studies enrolling surgical patients who receive prophylactic antimicrobials at the time of short-term catheter removal, generally without screening to determine if ASB is present. It is unclear whether or not the benefit is greater in patients with ASB.

C. Pts. with long-term indwelling catheters, we recommend **against** screening for or treating ASB.

12. Should Patients Undergoing Elective Nonurologic Surgery be Screened and Treated for ASB?

Patient undergoing elective nonurologic surgery, we recommend **against** screening for or treating ASB.

13. Should Patients Undergoing Endourological Procedures Be Screened or Treated for ASB?

A. Patients undergoing endoscopic urologic procedures associated with mucosal trauma, we recommend screening for and treating ASB prior to surgery.

B. Pts undergoing endoscopic urologic procedure, we suggest a urine culture be obtained prior to the procedure and targeted antimicrobial therapy prescribed rather than empiric therapy.

C. Pts. with ASB undergoing a urologic procedure, we suggest a short course (1 or 2 does) rather than more prolonged antimicrobial therapy.

- Remarks: Initiate antimicrobial therapy 30-60 minutes before the procedure

14. Should Patients Undergoing Implantation of Urologic Devices or Living with Urologic Devices Be Screened for or Treated for ASB?

A. Patients planning to undergo surgery for an artificial urine sphincter or penile prosthesis implantation, we suggest not screening for or treating ASB.

Remarks: all patients should receive standard perioperative antimicrobial prophylaxis prior to device implantation.

B. Patients living with implanted urologic devices, we suggest not screening for or treating ASB

Reference:

Infectious Disease Society of America (IDSA) https://www.idsociety.org

Clinical Practice Guidelines for Management of Asymptomatic Bacteriuria: 2019 Updated for the Infectious Disease Society of America. Lindsay E. Nicolle, Kalpana Gupta, Suzanne F. Bradley, Richard Colgan, Gregory P. DeMuri, Dimitri Drekonja,

LEADERSHIP DEVELOPMENT COURSE 2019

LOCATION: **GROVE MANOR**

435 NORTH BROAD STREET

GROVE CITY, PA 16127

DATES: **OCTOBER 1 – 4, 2019 (TUESDAY – FRIDAY)**

HOTEL: **Discounted rate for PADONA Leadership Development Course participants available at:**

TOWNPLACE SUITES

GROVE CITY/MERCER AT THE OUTLETS

$99/NIGHT RATE

COST: **$770 per person**

Includes 4 days of instruction, continental breakfast and lunch each day. Hotel not included in attendee rate. ***Attendees requiring sleeping accommodations must contact the hotel directly.***

FEATURED SPONSOR

Grane Rx is a high-touch senior care pharmacy and medication management provider. Our end-to-end services include clinical consulting, staff training, on-going staff support, pharmacy transition facilitation, precision medication prescribing and state-of-the-art pharmacy automation. All of our solutions are designed to streamline your operations, optimize your care and manage your costs. We work closely with our partners to build a collaborative relationship and ensure a smooth pharmacy transition. Our team works hand in hand with yours to test and implement new processes, provide 24/7 pharmacy support, conduct weekly reviews, train staff, consult on your clinical practices and more.

Grane Rx

PADONA Education Sessions

Area III

Date: June 13, 2019
Program: Decreasing Readmission Rates with improved Physical Assessment Skills.
Location: Lutheran Community @ Telford,
12 Lutheran Home Drive,
Telford, PA 18969.
Time: 8am – 4:30pm
Recommended for: long term care nurses and skilled facility nurses at all levels of practice
Registration contact: cjones@padona.com
Registration includes: continental breakfast and lunch
Space is limited to 100 people

Area II

Date: June 19 – June 20, 2019
Program: Survival Skills for LTC Nurses – two day workshop.
Location: Windy Hill Village,
100 Dogwood Drive,
Philipsburg, PA 16866
Time: 8am – 4:30pm both dates
Recommended for: nurses who are new to the positions of DON, ADON, supervisor, manager
Registration contact: cjones@padona.com
Registration includes continental breakfast and lunch
Space is limited to 80 people

Area I

Date: July 19, 2019
Program: Decreasing Readmission Rates with improved Physical Assessment Skills.
Location: Grove Manor
435 North Broad Street
Grove City, PA 16127
Time: 8am – 4:30pm
Educator: Rebecca Flack, BSN, MSN, CRNP, DNP
Recommended for: long term care nurses and skilled facility nurses at all levels of practice
Registration contact: cjones@padona.com

Registration includes continental breakfast and lunch
Space is limited to 70 people

Clinical Pearls

COPD – Chronic Obstructive Pulmonary Disease

It is estimated about 16 million people have COPD and is the third leading cause of death in the United States. The state with the highest presence of COPD is West Virginia. More women than men are diagnosed with the disease. Early symptoms of COPD may include shortness of breath, wheezing, clearing your throat – especially in the morning, chest tightness, chronic cough, frequent colds or flu, and/or lack of energy.

Chronic obstructive pulmonary disease is a mixture of progressive lung diseases such as emphysema and chronic bronchitis. Emphysema destroys the alveoli which reduces the surface area of the lungs and decreases the amount of oxygen that can reach the bloodstream. Lungs lose their elasticity due to emphysema. Emphysema is irreversible so treatment options tend to slow the disease progression and minimize the symptoms of the disease. Chronic bronchitis is an inflammation of the lining of the bronchial tubes. This inflammation causes excessive amounts of sticky mucus that build up in the airways causing a persistent cough to develop that assists to bring up the thickened discolored mucus. Wheezing, chest pain and shortness of breath may also be present with chronic bronchitis. This mucus blockage in airflow increasing worsens over time resulting in difficulty with breathing and increased mucus production in the lungs.

COPD can be caused by smoking, long-term exposure to chemical irritants, air pollution, secondhand smoke, dust, and fumes. A rare genetic deficiency referred to as alpha-1 deficiency-related emphysema effects the body's ability to produce a protein that helps to protect the lung during long-term exposure to pollutants.

Diagnosis of COPD usually involves imaging, blood tests and lung function testing. Lung function studies to include spirometry is a test of how well your lungs function by measuring the amount of air you blow out and at what rate you can blow it out of the lungs. This test can detect COPD before symptoms develop as well as determine treatment goals. Testing the arterial blood gas determines how much oxygen has moved into your blood and carbon dioxide is removed from the blood. Pulse oximetry will measure the oxygen content of the blood. Imaging tests – Chest x-ray and Computerized Tomography (CT) scans to visualize the lungs. Echocardiogram and electrocardiogram to assess heart function to rule out heart disease.

There is no cure for COPD but the treatment goals to reduce symptoms and slow the progression of the disease with lifestyle modifications, medications, surgery or therapies. Since smoking hastens the disease process, stop smoking, avoid second hand smoke and fumes as much as possible is essential for the patient diagnosed with COPD. Medications can be taken orally or inhaled that may assist to open air passages while relieving coughing include bronchodilators. Steroids may alleviate shortness of breath and inflammation. Antibiotics will assist when infection is present. Pulmonary therapy or moderate exercise to strengthen breathing muscles such as walking, deep breathing exercise, yoga, tai chi may assist to alleviate symptoms and make breathing easier. Oxygen therapy may be needed for severe COPD. Surgery resection to remove parts of damaged lung

and/or a lung transplant. Diet plays an important role in disease management. An overall health diet rich in vitamins will improve overall health. Disease management includes screening for depression and/or anxiety and providing treatment when diagnosed. Vaccination against infections such as pneumonia and the flu can assist in preventing complications of COPD.

There is no cure for COPD but treatment can ease the symptoms, lower the chance of complications and the need for emergency room visits or hospitalization. Ensuring compliance with medications, supplemental oxygen therapy and improving quality of life will ease symptoms and assist in slowing the progression of the disease.

References:

COPD Foundation: https://www.copdfoundation.org

American Lung Association: https://www.lung.org

Mayo Clinic: https://www.mayoclinic.org

Lung Institute: https://lunginstitute.com

Center for Disease Control and Prevention: https://www.cdc.gov/copd/index.html

Provided By: Rebecca Flack, BSN, MSN, CRNP, DNP - PADONA Education Specialist

Welcome New Board Members

Area I Representative

Kathleen LaVan
Director of Nursing
Oakwood Heights of Presby Sr Care
10 VoTech Drive
Oil City, PA 16301
814-676-8688 / klavan@srcare.org

Hello, everyone! My name is Kathy LaVan. I have been a nurse since 1995 working in the geriatric field my entire nursing career. I started as an LPN and now hold a Masters of Science in Nursing degree. I have held many different positions in long term care, but the most challenging so far has been my present position as Director of Nursing at Oakwood Heights due to the recent regulatory changes and constant need for staffing. I truly love my position and cannot imagine working anywhere else!

Area II Representative

Karen Coleman (RN-BC, NHA, MSN, CNDLTC)
***Executive Director*, Homewood at Plum Creek**

Received her Associates Degree from Catonsville Community College in 1987 and Bachelor of Science degree in 2009 from Chamberlain College of Nursing. In 2013 she received her Masters of Science in Nursing with a major in Nursing Education from Walden University Since 1992 she has been Board Certified as a Gerontological Nurse and since 2007 she has been Wound Care Certified. Karen joined Homewood in 1990 as a Registered Nurse and served as Director of Nursing from 1997-2017. Ms. Coleman became licensed as a Nursing Home Administrator in 2017 and assumed the Nursing Home Administrator/Executive Director role at Homewood at Plum Creek in January of 2018 and member of PADONA since 1999.

Hello PADONA Members!

This month I am focusing on only one item and that is to review the many great educational opportunities that are available to you as PADONA members! We at PADONA recognize that you as nursing leaders and managers in Pennsylvania post- acute facilities have a choice in where you get your education. We also realize that continuing education budgets are not what they used to be. PADONA wants to be and is striving to be your primary source of education.

We want to be the organization that you always turn to first and always to meet your educational needs. If we have not provided something or you are thinking about something that would be helpful, please let us know. If we are not offering education at the time of day or on the days of the week or in the format that is most convenient for you to attend, please let us know. It is not reasonable for PADONA to offer education if it will not help you – the leaders and managers in our long term care facilities in Pennsylvania.

There are so many educational opportunities available to you and we are aware of these at PADONA. The Board of Directors is so excited about the educational sessions that our education specialist has been able to provide. These include the prevention of readmissions through resident physical assessment and the new DON survival course available to new managers and supervisors. These are hot topics in long term care today. We hope that when your continuing education budget allows only a few education sessions and you know what you need or your staff needs that you will let me know. I am the executive director for educational programming and I – along with the whole board – want to be certain that we are providing you and your team with the education that is most effective, meets your needs and stretches your continuing education budget as far as we can!

Sophie Campbell

Executive Director of Educational Programs and Services