

## **PADONA 36<sup>th</sup> ANNUAL CONFERENCE!!**

PADONA knows this is the conference you have been waiting for all year!  
**AND WHY NOT?! THERE IS SOMETHING FOR EVERY NURSE LEADER!**

- **60 BUSINESS PARTNER PROFESSIONAL VENDORS TO VISIT AND LEARN FROM**
- **24 EDUCATION SESSIONS FROM INDUSTRY EXPERTS AND LEADERS**
- **15.5 NURSING CONTINUING PROFESSION DEVELOPMENT HOURS**
- **15.5 NAB APPROVED ADMINISTRATOR CREDIT HOURS**
- **4 DAYS OF EDUCATION AND NETWORKING WITH PEERS**
- **3 FUN EVENTS FOR NETWORKING AND RELAXING**
- **1 EPIC CELEBRATION PARTY**
- **0 REASONS NOT TO REGISTER AND ATTEND!**

There will not be a virtual conference option this year and the conference sessions will not be recorded for purchase following the conference.

In person attendance is not only the best option for this outstanding conference but the **ONLY** option to learn, network, play and have 4 great days of education!

Registration is open **NOW!**

**THANK YOU FOR THE OPPORTUNITY TO SERVE AND SUPPORT YOU!**

## **PADONA HOSTED EDUCATION WEBINARS**

**Registration Fee:** \$35 members and \$50 non-members.

- **Suicidal Ideations in Long Term Care.**

**Date:** February 22, 2024,

**Time:** 11:30 am until 12:30 pm

**Educator:** Dr. Erica Featherson, geriatric psychologist of The Supportive Care.

**Topic:** addressing the suicidal ideations of the geriatric population in long term care and providing some guidance in managing these situations.

**Registration Fee:** \$35 members and \$50 non-members.

- **Scabies, Bed Bugs and Head Lice And Other Things That Go Bump and Itch in The Night.**

**Date:** March 5, 2024,

**Time:** 11:30 am until 12:30 pm,

**Educator:** Dr. Jennifer Wallace of the Pennsylvania Department of Health Bureau of Epidemiology.

**Topic:** – Identification and Treatment in the Long-Term Care Population; **Registration Fee:** no registration fee based on the PADONA and Bureau of Epidemiology partnership (Registration is required).

**There will be both nursing and administrator continuing education hours provided through PA TRAIN.**

- **What's New With Hazardous Drug Disposal?;**

**Date:** April 11, 2024

**Time:** 11:30 am until 12:30 pm

**Educator:** Dr. Deborah Milito a clinical pharmacist from Diamond Pharmacy;

**Topic:** Review of hazardous medications and how and why they are classified as such and what has changed recently regarding the compliant and appropriate disposal of these medications.

**Registration Fee:** \$35 members and \$50 non-members.

- **Legionella – Prevention, Recognition and Management in Long Term Care.**

**Date:** April 18, 2024,

**Time:** 11:30 am until 12:30 pm

**Educator:** Dr Kristina Zwolenik of the Pennsylvania Department of Health Bureau of Epidemiology.

**Topic:** Addressing the preventative steps from water management and treatment through the recognition of signs and symptoms and management of residents who have been diagnosed.

**Registration Fee:** no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).

**There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN**

- **Sepsis in the Long-Term Care Setting – Prevention, Recognition and Treatment**

**Date:** May 1, 2024

**Time:** 11:30 am until 12:30 pm

**Educator:** **Carolyn Pandolfo, RN Infection Preventionist with Project FirstLine**

**Topic:** identification and treatment of sepsis in the geriatric resident

**Registration Fee:** no registration fee for this webinar education based on the partnership between PADONA and the PA DOH Bureau of Epidemiology. (Registration is required).

**There will be both nursing and nursing home administrator continuing education hours for this education provided by the PA DOH through PA TRAIN**

**Registration for all webinars closes at 9 am on the day of the webinar.**

**EDUCATION COURSE: Infection Prevention in Long-term Care – Challenges and Opportunities:**

**A Primer for the New Infection Preventionist and a Refresher for the Experienced Infection Preventionist**

**DATE: February 28, 2024**

**TIME: 8:30 am until 1:00 pm**

**REGISTRATION FEE: \$90 Members and Infection Preventionists from Facilities with a PADONA member.**

**\$105 for non-members and Infection Preventionists from Facilities who do not have a PADONA member.**

**Course Description and Professional Practice Gap:** A strong infection prevention and control program is necessary for the safety of everyone in your facility – including residents, staff, visitors, and contractors. The awareness of the role of the infection preventionist was heightened during the pandemic and with the current outbreak and tripledemic situation in long term care, the infection preventionist role has become both a catalyst for prevention and lightning rod for criticism. The facility infection preventionist is the center of the infection prevention and control program.

This course will review the necessary parts of an infection prevention program, discuss high-risk pathogens, and review ways to minimize exposure and transmission of pathogens within your facility. Tools and education available to assist with infection prevention will be discussed and resources provided to assist in the development or review of your infection prevention and control program.

**This program is intended** for the newer infection preventionist in long term care or the experienced infection preventionist seeking a refresher. It is also well suited for the nurse leader/DON/ADON who assists, supervises or works with the infection preventionist.

**Course Educator:** JoAnn Adkins, BSN, RN, CIC, LTC-CIP, FAPIC is a registered nurse and infection prevention advisor for the Patient Safety Authority.

**PADONA Education Recordings**

**If you have been unable to attend PADONA hosted webinars but want the education, information, AND Nursing Continuing Professional Development continuing education hours –**

**PADONA EDUCATION RECORDINGS PROVIDE NURSING CONTINUING PROFESSIONAL DEVELOPMENT CONTINUING EDUCATION HOURS!**

**And some of the education sessions provide nursing home administrator credit hours approved by NAB.**

Nursing Continuing Professional Development continuing education hours are available for all recorded education provided by PADONA (which is provider-directed, and learner paced education) following:

- 1) Education evaluation completion including license number and correct beginning/ending codes.
- 2) Education post-test completion and returned with an 80% correct score.
- 3) Both items must be completed and submitted within 30 days of the purchase

Certificate of Nursing Continuing Professional Development continuing education hours will be issued within 15 days of completion and receipt of these items. \*This does not include the webinars provided in partnership with the PA Department of Health Bureau of Epidemiology who follow their guidelines on TRAIN PA.

**PADONA also provides the following education:**

- DON Education and Mentoring: This education is a series of educational sessions to assist the new DON with the areas critical to being effective in the role of DON. It is also a great refresher for the experienced DON as well as for the ADONs.
  - Education sessions are scheduled weekly for 90 minutes sessions
  - Education is virtual eliminating travel time for the DON and costs to the provider
  - Sessions can be menu selected from the list of topics for the experienced DON
  - Mentoring through discussion and addressing facility specific situations is included
  
- Directed In-Service Education: PADONA is an approved provider of directed in-service education by the Pennsylvania Department of Health
  - Fees are reasonable
  - Recordings are completed for those staff unable to attend
  
- Nursing specific or Interdisciplinary team education
  - Root cause analysis
  - Medical record documentation
  - Medicaid Case Mix Index
  - Care Planning
  - Regulatory compliance

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**NOTE: When you register for a PADONA webinar or course you will always receive a receipt from PADONA. This demonstrates that PADONA has received payment and that you are registered. If you have not received your receipt within a few hours of payment – please reach out to LuAnn White, PADONA Administrative Assistant at [lu@padona.com](mailto:lu@padona.com) to check.**

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**PADONA is a proud partner of the teaching Nursing Home Collaborative**



The Collaborative is a dynamic and evolving network of nursing homes, schools of nursing, and advocates dedicated to advancing excellence in nursing home care through education and workforce support.

Website: [www.patnhc.org](http://www.patnhc.org)

Email: [info@patnhc.org](mailto:info@patnhc.org)

**PADONA is a proud partner of the AMI RISE DON Resiliency program in the Southwest, North central and North East regions**

## Leadership Snippets

### **Confronting a Team Member With a History of Evading Responsibility**

When you're facing irresponsible behavior at work, one of the principles is to ask yourself, "Why would a reasonable, rational person do what they did?" This is called the humanizing question, and it is suggested that you spend time reflecting on it before engaging in dialogue. But what happens when history indicates the other person isn't reasonable or rational? How do you proceed?

The humanizing question is so important because its purpose is two-fold. It helps you humanize the other person you're about to dialogue with. But also, and maybe most importantly, it keeps *you* human. You'll find that the cognitive process of generously diagnosing someone's behavior helps to neutralize your own heightened emotions, slow your desire to act harshly and reactively, and remind yourself that you're safe. This process ensures that *you* enter the conversation both reasonably and rationally.

As you approach your team member, be sure to stick to the facts about what you observed and nothing more. Resist the urge to pile on additional frustrations or add conjecture about what the situation means about the other person. Instead, simply and factually describe what you saw and then let them explain.

If the team member behavior doesn't change despite you speaking up in the moment, then you'll want to elevate the conversation from Content (a singular incident), to Pattern (the history of irresponsible behavior), and eventually to the Relationship. This skill is called CPR and it helps you decide which conversation to hold so you can solve problems rather than get stuck having the same conversation over and over. Instead of narrowing in on a single incident, discuss a pattern of behavior that is unacceptable in the workplace. You might need to set some boundaries.

(Taken From Crucial Conversations)

## **Pennsylvania Man Sentenced to 78 Months in Prison for Trafficking Stolen Medical Products**

US Attorney for the Western District of Michigan Mark Totten announced on February 7, 2024, that a Selinsgrove, Pennsylvania, man was sentenced to 78 months in prison for his role in a multi-year conspiracy to traffic stolen diabetic test strips from a Michigan Veterans Affairs (VA) medical center.

In June 2023, a jury found the defendant guilty of all twelve charges against him following a three-day trial. In total, he trafficked over 7,900 boxes of stolen diabetic test strips worth over \$427,795. Two Michigan women (Defendants 2 and 3), who were his co-conspirators, pleaded guilty and were sentenced to prison last year.

The United States expects to receive a total recovery from the defendant of more than \$1.6 million. He agreed to pay over \$1.2 million to resolve the government's civil claims arising from his misconduct and was ordered to pay the full value of the stolen diabetic test strips he trafficked, \$427,795.23, as part of his criminal judgment.

Defendant 2 was employed at the Michigan VA medical center pharmacy, where she was responsible for ordering supplies for veterans in need of medical care. Beginning in June 2017, she stole diabetic test strips from pharmacy inventory and arranged to meet Defendant 3 and sell them for cash. Defendant 3 in turn sold and shipped them to Defendant 1 in Pennsylvania. Their scheme unraveled when Defendant 2 was caught stealing in November 2019.

"Stolen medical products can present a health risk to those who buy and use them," said Special Agent in Charge Ronne G. Malham, FDA Office of Criminal Investigations Chicago Field Office. "[The] FDA will continue to protect the public by investigating and bringing to justice those who compromise the nation's healthcare programs."

All three co-conspirators were convicted and agreed to civil penalty settlements under the Strengthening and Focusing Enforcement to Deter Organized Stealing and Enhance Safety Act (the "SAFE DOSES Act"), 18 U.S.C. § 670. Congress passed the SAFE DOSES Act in 2012 to combat the theft of medical products to protect the health and safety of patients. The law includes enhancements for members of the supply chain who knowingly traffic in stolen medical products. Because of his role as a distributor of medical products, Chief Judge Jarbou applied an enhancement to Defendant 1 for his role in the conspiracy.

### Compliance Considerations:

- 1) Review policies and procedures related to ethics, especially as they relate to external contractors and services and products being purchased from them.
- 2) Review policies and procedures related to checking for missing supplies and products and what to do when this is noted.
- 3) Educate all staff as part of annual education on ethics and the policies related to missing supplies and theft of facility items – at all levels and in all departments.
- 4) Ensure there are routine audits to evaluate supplies, equipment and other items that have the potential to be stolen from the facility in each department.

## ***Nightingale Awards of PA Scholarship Applications Are Now OPEN!***

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Nightingale Awards of Pennsylvania was established in 1989 to support and recognize excellence in nursing. Our primary mission is to encourage the future of nursing by providing educational scholarships for all degree levels.

Are you a nursing student - or do you know one - who needs some extra money for school? Apply for a Nightingale Awards of PA scholarship!

### **Scholarships will be awarded in the following eight categories:**

- ~ Diploma
- ~ Licensed Practical Nursing (LPN)
- ~ Associate Degree (ADN)
- ~ Bachelor of Science in Nursing (BSN)
- ~ Bachelor of Science in Nursing Completion
- ~ Advanced Degree - Masters (includes CNS, CNM, CRNA, CRNP, etc.)
- ~ Advanced Degree - Doctoral (includes DNP, DNS, EdD, etc.)
- ~ PhD

### ***Application Deadline:***

***April 15, 2023***

*SAVE the DATE*



The Patient Safety Authority is offering five regional Long -Term Care Infection Prevention Symposia in 2024. Don't miss out on infection prevention topics specifically focused on long -term care and presented by the infection prevention experts!

Save these dates to your calendars then look out for the invitations in your region which will be coming soon.

We look forward to seeing you there!

## Long-Term Care Infection Prevention Symposia 2024

*Northeast Region:* Carpenters Union  
314 Pear Street  
Scranton, PA 18505  
**March 26th, 2024**

*Southeast Region:* Philly Expo Center  
100 Station Avenue  
Oaks, PA 19456  
**March 28th, 2024**

*Central Region:* Carpenters Union  
261 Patch Way Road  
Duncansville, PA 16635  
**April 9th, 2024**

*Central Region:* Carpenters Union  
1718 Heilmandale Road  
Lebanon, PA 17046  
**April 11th, 2024**

*Western Region:* Carpenters Union  
652 Ridge Road  
Pittsburgh, PA 15205  
**April 25th, 2024**



## Teaching Nursing Home Collaborative Highlights Nursing Homes as ‘Incredible Place’ to Work

More than two years after relaunching a pilot of the “teaching nursing home” concept, researchers connected to the project are committed to expanding it and providing more long-term care exposure for student nurses.

“For a long time, nursing students have been sent to nursing homes usually for a fundamentals course, usually without a lot of preparation. It’s just really not a very lively or engaging experience for students,” said Joanne Reifsnyder, professor of health services leadership and management at the University of Maryland School of Nursing.

The pilot sought to correct that by creating meaningful connections between nursing schools and four Pennsylvania nursing homes in their market. The focus was on developing meaningful, rather than rote, exposures, Reifsnyder said. That, she said, could be key to converting more nursing school candidates into permanent nursing home team members post-graduation.

“What we know nursing homes need more than anything is staff,” she told LeadingAge members on the association’s policy update call Wednesday. “One opportunity is to give students a clinical experience in a nursing home that engages them and excites them and shows what an incredible place it is to practice.” That may be an opportunity nursing school faculty are unaware of if they haven’t been in an actual nursing home for many years.

“The most clinically complex adults a student could take care of are living in nursing homes,” Reifsnyder said. “They are of advanced age. They have multiple comorbidities. They have cognitive impairment. And we’re still all aiming to provide them with the best day that they can have, the best possible quality of life. Where could you get a better experience doing clinical assessment?”

The “Pennsylvania Teaching Nursing Home” project launched ([THE TEACHING NURSING HOME: PAST ACCOMPLISHMENTS AND FUTURE DIRECTIONS on JSTOR](#)) in July 2021 through a partnership with the John A. Hartford Foundation; the Jewish Healthcare Foundation; its nonprofit operating arm Health Careers Futures; and the Henry L. Hillman Foundation. The organizations pledged nearly \$1 million in grants. Pennsylvania State University, University of Pennsylvania and University of Pittsburgh also participated.

The program’s Curriculum Committee last fall worked with Reifsnyder and her co-authors to develop a textbook ([JHF Staff and Partners Contribute to New Textbook on Academic-Practice Collaboration in Nursing Homes - Jewish Healthcare Foundation News - JHF](#)) that could help influence similar teaching programs nationwide and offer structure for such programming.

According to the Jewish Healthcare Foundation ([Revisiting the Teaching Nursing Home Initiative Celebrates Successes During Final Grant Review - Jewish Healthcare Foundation News - JHF](#)), the initial two-year rollout in Pennsylvania involved 591 residents, 677 nursing home staff members and 510 nursing students. Its major aims included improving resident outcomes; enriching the clinical skills of nursing home staff; promoting retention; and enhancing nursing faculty and student knowledge of nursing home care.

Some of the programs’ core tenets were also spread statewide last year through the Pennsylvania Long-Term Care Learning Network, which invited the four nursing home partners to share their best practices with more than 200 other nursing homes. Reifsnyder said that collaborators hope to expand the teaching nursing home model. Already, work on the program has led to the formation of the Moving Forward Nursing Home Quality Coalition ([Taking Action - Moving Forward Coalition](#)) following a National Academies report on the nation’s nursing homes.

Centers for Medicare & Medicaid Services

# Data Analysis Support and Tracking

## Data Analysis Support and Tracking

Consistent with Sections 1833(e), 1842(a)(2)(B), and 1862(a)(1) of the Social Security Act, the Centers for Medicare & Medicaid Services (CMS) is required to protect the Medicare Trust Funds against inappropriate payments that pose the greatest risk and take the proper corrective actions.

### **The Division of Data Analysis activities include the following:**

*There will be a temporary pause in distributing CBRs and PEPPERs as CMS works to improve and update the program and reporting system. This pause will remain in effect through the fall of 2024. We recognize the importance of these reports to your practice. Therefore, during this time, CMS will be working diligently to enhance the quality and accessibility of the reports. In fulfilling this commitment, your feedback is requested. In the near future, CMS will release a Request for Information (RFI) to obtain information from you, the provider community, about how the program can better serve you.*

*Please visit the CBR or PEPPER website for periodic updates. If you have any further questions please send them to [Medicaremedicalreview@cms.hhs.gov](mailto:Medicaremedicalreview@cms.hhs.gov).*

**PEPPER:** PEPPER is an electronic report that provides provider-specific Medicare data statistics for discharges/services vulnerable to improper payments. PEPPER cannot be used to identify the presence of payment errors, but it can be used as a guide for auditing and monitoring efforts to help providers identify and prevent payment errors. PEPPERs are sent to facilities such as Short-Term Hospitals, Long-Term Hospitals, Critical Access Hospitals, Hospices, Inpatient Rehabilitation Facilities, Partial Hospitalization Programs, Skilled Nursing Facilities, Inpatient Psychiatric Facilities, and Home Health Agencies.

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### **PADONA Posts Position Openings to Website**

*PADONA can assist with your recruitment efforts. As a PADONA member, one of your benefits is that PADONA will post your ads for open positions on our website without cost. If you need posting a staffing ad, please send the written ad to Sophie Campbell at [scampbell@padona.com](mailto:scampbell@padona.com) and it will be posted on the PADONA website.*

*The PADONA website is where Pennsylvania nurses and nurse leaders go to look for available positions. We are here to help you fill those needed positions.*

## **Mindfulness Training Helped Older Adults Reduce Depression and Improve Sleep**

Mindfulness-based stress reduction (MBSR) can help lower depression while boosting sleep quality and emotional regulation in older adults, a new study finds.

MBSR, the technique teaches people to accept experiences as they are instead of denying or rejecting unpleasant experiences. It also teaches people to be aware of themselves and how they react to unpleasant experiences. Previous studies on older adults using MBSR have shown it can lower depression, improve physical well-being, decrease loneliness, reduce stress and anxiety, and enhance sleep problems, the authors pointed out.

As part of the study published on Tuesday, January 30 in *BMC Public Health* ([Effect of mindfulness-based stress reduction \(MBSR\) program on depression, emotion regulation, and sleep problems: A randomized controlled trial study on depressed elderly | BMC Public Health | Full Text \(biomedcentral.com\)](#)), 66 older adults from Iran who were depressed were split into two groups. One group underwent an eight-week training course in MBSR, devoting 90 minutes a week to the training along with exercises to practice. The other group didn't receive training. The researchers used different scales to gauge depression, emotional regulation and sleep quality. All of the responses were self-reported by individuals in the study.

Some people withdrew from the experiment, leaving 30 people in the intervention group and 30 people in the control group. About 60% of people in each group were women, and there weren't any major age differences between groups.

According to the results, people in the intervention group had reduced depression symptoms, improvements in emotional regulation and improvements in sleep quality.

"Caregivers and psychotherapists of nursing homes can use care programs such as MBSR program to improve the physical and mental condition of the elderly," the authors wrote.

"Mindfulness-based interventions familiarize the individual with psychological problems ([Working hours, social engagement, and depressive symptoms: an extended work-life balance for older adults | BMC Public Health | Full Text \(biomedcentral.com\)](#)) and coping mechanisms, and by neutralizing the effects of some problems and disorders, they can help improve physiological and psychological functioning," the authors added.

MBSR may do the trick for depression, anxiety and sleep, but a report of a randomized trial out in 2022 ([Effects of Mindfulness Training and Exercise on Cognitive Function in Older Adults: A Randomized Clinical Trial | Complementary and Alternative Medicine | JAMA | JAMA Network](#)) found that it didn't have a significant impact on improving cognitive function in older adults.

## **Most Employers Plan to Change Leave Policies, Adding Paid Caregiving Benefits**

Eighty-four percent of employers participating in a new survey said they are planning to make changes to their leave policies within the next two years, and paid leave for caregiving being some of the most often added benefits.

A total of 517 employers participated in Willis Towers Watson's 2023 Leave, Disability and Time-off Trends Survey, which was conducted in October and November. Results were released Monday January 22.

Almost one-fourth of survey respondents said that they already offer paid leave for caregiving, and an additional 22% said that they are planning or considering adding it over the next two years. Making changes to leave policies is directed at increasing employee recruitment and retention, according to WTW.

"Following a great deal of change over the past few years, including how and where people work, employers are recognizing the importance of flexible leave programs that accommodate the diverse needs of their employees and evolving work styles," said Alex Henry, WTW group benefits leader, in a press release issued in conjunction with the report ([US employers leave program changes WTW - WTW \(wtwco.com\)](#)).

Caregiver leave, parental leave and bereavement leave are among changes being considered. Eighty-six percent of the respondents already provide maternity leave, 82% provide paternity leave and 82% provide adoption leave. Employers surveyed believe that they can do better; almost one-fifth of those companies plan to increase the value of their leave policies.

Bereavement leave is another hot topic. Ninety-five percent of the respondents said they have policies that go beyond those required by law. Twenty-five percent of the participants said they plan to expand covered persons/reasons and add to the time off allowed.

Unlimited paid time off, or PTO, also is being considered by a minority of employers, although some companies and employees who have tried it say it's not all that it's cracked up to be (<https://fortune.com/2023/02/23/unlimited-vacation-pto-dream-not-great-as-sounds/>). Many companies that don't offer unlimited PTO are considering adding additional days of PTO to their employee benefit packages.

"The leave landscape is evolving at a rapid pace due to social, political and regulatory changes. Employers need to adapt to remain competitive, and offering a generous leave program can be a real differentiator for attraction and retention," Henry said.

## **Pennsylvania Simplifies Requirements for Providers to Schedule Out-of-State Nurses**

The process for nursing homes, assisted living communities and other employers who want to use nurses from other states has been simplified in Pennsylvania.

The state Department of Health, Board of Nursing and Department of Human Services issued a statement ([Joint Statement of Policy on Nurse Licensure Compact Act Published - RCPA \(paproviders.org\)](#)) last week clarifying the commonwealth's nursing standards and qualifications for licensed practical nurses and registered nurses as it relates to the Nurse Licensure Compact ([Home | NURSECOMPACT](#)). The state's participation in the compact allows out-of-state nurses to provide in-person and telehealth services to people seeking care in healthcare facilities in Pennsylvania.

"Our state nursing board and departments of health and human services came to the conclusion that a valid and certified multistate license for RNs and LPNs satisfies licensing requirements without the need for a provider to file a waiver to hire a nurse working under the Nurse Licensure Compact," Zach Shamberg, president and CEO of the Pennsylvania Health Care Association, explained to the *McKnight's Business Daily*.

"We applaud these agencies for their recognition to remove an extra layer in the hiring process of these caregivers. The NLC will continue to be a valuable resource for Pennsylvania as our population continues to see an increased older demographic in need of care," Shamberg added.

In September, RNs and LPNs in the Keystone State joined nurses from 40 other states ([NLC Map.pdf \(nursecompact.com\)](#)) who hold multistate licenses through the compact.

"LeadingAge PA has long supported the adoption of the Nurse Licensure Compact Act in Pennsylvania as a commonsense way to help address the ongoing workforce shortage in aging services," LeadingAge PA Chief Government Affairs Officer Chuck Quinnan told the *McKnight's Business Daily*. "We are pleased to see the [Gov. Josh] Shapiro [D] administration continuing to follow through on this important initiative, and we urge all providers to take advantage of this additional avenue to hire qualified staff."

Act 68 of 2021 ([2021 Act 68 - PA General Assembly \(state.pa.us\)](#)) authorized Pennsylvania to join the compact. Allowing nurses from other states to provide care in the state was "a critical first step in the full implementation" of the agreement, Commonwealth Secretary Al Schmidt [said previously](#).

"The Nurse Licensure Compact Act expressly recognizes that 'uniformity of nurse licensure requirements throughout the states promotes public safety and public health benefits.' Therefore, for purposes of applying statutory and regulatory nursing standards and qualifications, RNs and LPNs holding multistate licenses pursuant to the NLC will be treated as if they possess an RN or LPN license issued by the [Pennsylvania] board," the agencies wrote ([Pa Bulletin \(pacodeandbulletin.gov\)](#)).

A study published last year by the Hospital and Healthsystem Association of Pennsylvania found that the Keystone State could see a shortfall of more than 20,000 registered nurses by 2026 ([PDF Flip \(haponline.org\)](#))

## New Federal Funds and Career Ladder Offer Ideas for CNAs in Nursing Homes

The Geriatric Workforce Enhancement Program (GWEP) is undergoing changes that could help providers increase their workforces with better trained direct care workers and improve the career ladder for certified nurse aides (CNAs).

The Moving Forward Coalition, an organization engaged in enhancing the quality of care at nursing homes, held a presentation on the latest updates to GWEP earlier in January highlighting how CNAs often lack opportunities for career advancement. Coalition leaders noted that a number of smaller career pathways programs have emerged across the country, but there is still a need for a more “comprehensive, standardized career pathway model for CNAs that would offer CNAs a widely recognized credential and commensurate wage increases.”

CNAs, who make up the core of the nursing home workforce, often face limited opportunities for advancement and feel underprepared and underappreciated. This often leads to job dissatisfaction, burnout and turnover. This is both a recruitment and retention issue.

And that’s where GWEP – a federally funded initiative in existence since 2019 – can make a difference. Originally designed to educate, train and support the long-term care workforce, in its latest iteration, the program emphasizes collaborative efforts with community partners, aiming to bridge care gaps and enhance health outcomes for residents, according to Dr. Joan Weiss, deputy director of the Division of Medicine and Dentistry at the Health Resources and Services Administration (HRSA).

Weiss highlighted key differences in the 2024 GWEP version compared to its 2019 predecessor during the presentation saying, “We want to develop reciprocal partnerships between academia, primary care sites, delivery systems and community-based organizations to transform clinical training environments into integrated geriatrics and primary care sites and delivery systems that are age-friendly and dementia friendly.” Current program’s emphasis on career advancement is a groundbreaking requirement.

“We really want our applicants to address career advancement for CNAs and for community health workers,” she said, noting that CNAs often find fulfillment in their roles but lack clear pathways for career progression. The updated GWEP program encourages the use of Department of Labor or state agency registered apprenticeship programs to support CNAs’ career development. “The applicants must maximize patient and family engagement to address care gaps and improve health outcomes for older adults by integrating geriatrics with primary care and other specialties,” she said.

The anticipated budget for the program is approximately \$43 million, with around 43 awards expected, Weiss said. Of this, at least \$230,000 of the funding must be allocated to Alzheimer’s disease and dementia-related training activities, she said. The GWEP program’s period of performance spans from July 1, 2024, through June 30, 2029.

Eligible applicants include schools of health professions, accredited graduate programs, and health care facilities. Programs leading to certification as CNAs are also eligible, emphasizing partnerships between educational institutions and health care facilities.

“There should be a mechanism for CNAs to advance within their own discipline,” she said. “And we hope that these career ladders will do this.”

Additionally, Weiss said, there is a requirement to use the U.S. Department of Labor or state agency registered apprenticeship programs to support career development for CNAs and community health workers. To apply to receive funds through the GWEP program, facilities can get more information and access to the application at the HRSA [website](#). Application period ends on Feb. 26, 2024.

## **CMS: Expect Final Nursing Home Staffing Rule This Year and Other Items from Stakeholder Call**

The Centers for Medicare & Medicaid Services (CMS) plans to finalize its minimum staffing mandate for nursing homes during 2024, an official confirmed Tuesday, January 30 during a national stakeholder call.

“The team received more than 46,000 comments on the proposal, which are being used to inform development of the final rule, which we intend to finalize this year,” said Dora Hughes, MD, acting CMS chief medical officer and acting director of the Center for Clinical Standards and Quality, which developed the rule.

Some provider groups had expected CMS to take at least a year to review and react to the thousands of comments it received ahead of the November 6, 2023, deadline. Some had projected much longer, due to the volume of feedback and level of controversy. CMS itself, in a behind-the-scenes planning document known as the Unified Agenda, had said it could take up to the full three years allowed by the rules that govern rule-making.

The rule was proposed last September and roundly criticized by providers, who say the timing couldn't be worse, given historic labor shortages. As initially proposed, the rule requires 0.55 hours of direct care per patient day by a registered nurse and 2.45 hours by a nurse aide. It also increases facility assessment requirements and calls for 24/7 RN coverage starting two years after the rule's finalization.

Provider organizations have pledged to defeat the rule, while separate bills in the House and Senate would block it from taking effect until the workforce crisis eases.

The American Health Care Association/National Center for Assisted Living questioned the wisdom of a speedy adoption. “It is unfortunate that CMS plans to move forward with this rule despite the vast number of concerns from a variety of stakeholders,” AHCA said. “This unfunded staffing mandate will have a compounding and detrimental effect on seniors' access to long term care.”

Among other skilled nursing highlights:

- Hughes noted the survey and certification team at CCSQ worked on roughly 10,000 healthcare and long-term care enforcement actions nationwide, despite concerns about federal staffing levels and a partial hiring freeze implemented last summer. The agency said last month that it was set to begin testing a pared-back survey process for nursing homes that could help address ongoing backlogs.
- Hughes also touted “great COVID vaccination stats” achieved through Quality Improvement Organizations working directly with nursing homes. She said 2023 efforts included at least 1,200 clinics, during which more than 21,000 residents and 6,000 staff were vaccinated. Since December, providers have been calling for greater federal support for facility vaccination initiatives. As of January 7, just over 38% of nursing home residents were up to date on their COVID shots. As of December 31, that rate was at just 8% among nursing home staff.
- Officials also underscored the importance of a Medicare Advantage rule finalized last week that aims to ease the administrative and patient burdens that come with plans' past pre-authorization requirements. “It is critical that prior authorization not be an impetus [that is] keeping people from getting care but is an improvement to their care,” said CMS Administrator Chiquita Brooks LaSure. “These changes are reflective of your feedback to us, about the pressing issues that happen in the lives of providers and Americans, and we are listening.”

## **Regulations and Reimbursement Delay SNF Resident Access to MDs**

Nursing home residents who see a doctor soon after admission have a lower chance of returning to the hospital regardless of prognosis, a recent study on physician access found. Residents seen by a physician or other advanced practice provider within a day of a skilled nursing admission were less likely to be rehospitalized compared to residents seen two days post-admission or later. But various obstacles tend to push those physician visits well beyond the first few days of care, University of Pennsylvania researchers found.

“Timely evaluation by a physician or APP after SNF admission may protect against rehospitalization,” the authors reported in *JAMDA, the Journal of the American Medical Directors Association* ([Association between Timing of Clinical Evaluation by a Physician or Advanced Practitioner and Risk of Rehospitalization in Older Adults Admitted to a Skilled Nursing Facility Following Hospitalization: A Cohort Study - PubMed \(nih.gov\)](#)) “Investment in the workforce such as training programs, practice innovations and equitable reimbursement for SNF visits after hospital discharge may mitigate physician labor shortages that were exacerbated by the COVID pandemic.”

Nursing homes don’t necessarily prioritize visits for the sicker residents, largely because of policy and reimbursement issues that limit the presence of physicians in many facilities, said study co-author Kira Ryskina, MD, assistant professor at the University of Pennsylvania’s Perelman School of Medicine.

“We know from our other work ([Physicians and Advanced Practitioners Specializing in Nursing Home Care, 2012-2015 | Geriatrics | JAMA | JAMA Network](#)) many SNF physicians split their time between other roles, including seeing patients in the hospital or clinic, so they may not always make it to the SNF when a resident is admitted,” Ryskina said. “Their visit schedule may be set in advance or depend on day-to-day availability.”

She acknowledged that few nursing homes can afford to staff full-time doctors or nurse practitioners, and that the frequency of on-site visits can vary from daily to monthly in some locations. While Medicare regulations require an interdisciplinary care team to develop a care plan within 14 days of admission, a physician visit isn’t required until the 30-day mark.

In 2019, Ryskina and colleagues found that 1 in 10 nursing home residents never see a physician during their stay, and those residents were far more likely to return to a hospital or die. Those themes persisted in the latest study, published in December and publicized by the University of Pennsylvania late January ([Timely Doctor Visits Linked to Better Outcomes in SNFs - Penn LDI \(upenn.edu\)](#)). The researchers found the risk of rehospitalization increased from 3% to as much as 35% for each additional day that a resident waited to be seen by a doctor or other clinician.

“The regulatory landscape, reimbursement, educational efforts, and organizational practices related to physician and NP practice in SNFs are outdated and do not address resident needs,” Ryskina said. “For example, existing mandates limit NPs’ ability to perform some of the required assessments of SNF residents. Payers underinvest in remote care options, limiting resident access to only local providers willing to commute to SNFs to see residents in person. Also, training in SNF-based care for physicians remains inadequate — for instance, internal medicine residency programs virtually ignore this practice setting.”



## **Moving Nursing Home Staff in as Residents Has Life-Changing Potential**

Staff who spend time living in a nursing home for even just a few days are better equipped to transform care delivery and how the actual residents experience it, two experts who have tried the technique said Tuesday January 30.

Leslie Pedtke spent more than two decades as administrator of an Illinois nursing home, where she first asked staff to undertake an experiment in empathy in the early 2010s. Her team members were invited to move in for days-long stretches, adopt a diagnosis commonly seen in the facility and then go through all the care processes and challenges residents faced.

Being fed pureed food, going a day without having their teeth brushed and having to remain in a wheelchair until a lift could be arranged significantly changed her team members response to residents that she soon made a pre-orientation overnight stay a condition of employment. Having lost privileges and freedoms during their imagined illness, caregivers became more attuned to residents' daily needs and delivered them with more compassion, Pedtke explained.

"If every nursing home would commit to doing an experience like this, of having their staff move in and live like residents, it would be life-changing," Pedtke said. "That would change so much of everything that they do. I really do wish that more people would do it."

She launched the staff-stay program after the death of a beloved resident. Pedtke found herself wondering if her resident had been lonely, if her needs had been met and if she'd had the dignity she deserved at her life's end. "Culture change and person-directed care isn't an easy thing to really teach to our staff because we've been doing things the same way for so long that it's hard for many of us to really think outside the box," Pedtke said. "When we think about long-term care, we think about all these people that are living together and all the staff that are around us, and we hear a resident say to us 'I am just so lonely here,'" she added. "To really learn empathy, you have to walk in their shoes."

The administrators found that 85% of the issues that they dealt with had nothing to do with architecture and everything to do with culture and relationships. They had to try to understand how that resident is thinking about that and try to understand where they come from — the lenses, the filters that they're looking through.

Pedtke said that staff residency was embraced by residents and young workers, especially those who weren't quite sure how to talk to older residents outside of conversations about care. She shared videos of participants explaining how being deprived of things they loved — even a Big Mac — could have made them upset or sad.

That new perspective not only helped workers better connect with residents, Pedtke added. They also became a more cohesive team, and turnover in the facility fell. That was helped by the later use of overnight stays as part of the onboarding process; Pedtke said that helped ensure new hires would fit in with the culture the building had worked hard to create.

"Culture change and person-directed care isn't an easy thing to really teach," she acknowledged. "We've been doing things the same way for so long that it's hard for many of us to really think outside the box and do something that's different." A supportive, immersive experience, however, can do much of the teaching itself by delivering insights naturally. Pedtke said she remained aware of only a "handful" of facilities that have used the "looking glass" approach but encouraged others to give it a try as a way to improve staff and resident morale.

## **Periodontitis is Shown With Possible Link to Alzheimer's/Dementia From Brain Scans**

Periodontitis may sound as if it's strictly an oral health problem, but a study published January 26 in *Alzheimer's & Dementia* loosely links it ([Periodontitis and brain magnetic resonance imaging markers of Alzheimer's disease and cognitive aging - Rubinstein - Alzheimer's & Dementia - Wiley Online Library](#)) to the risk for Alzheimer's disease and related dementias and calls for more research into the association.

Researchers conducted oral health exams and took plaque samples from 486 participants over the course of 4.5 years. During that time, the participants also underwent magnetic resonance imaging (MRI) of their brains. Of the people studied, 83.9 were cognitively normal, 14.4% had mild cognitive impairment and 1.7% had dementia at the time of the oral exam.

During oral exams, the scientists measured clinical attachment level (CAL) at six sites on each tooth. Clinicians use that to specify the severity of periodontitis; 3 or 4 millimeters is moderate and anything more than 5 is severe. The report stated that people who had a higher percentage of teeth with CAL at 4 mm or greater had lower entorhinal cortex volume and cortical thinning in regions that are linked to Alzheimer's disease, the report stated. Having more teeth present was linked to lower odds for infarcts, lower white matter hyperintensity volume, higher entorhinal cortex volume, and less atrophy in regions associated with ADRD.

The researchers say that periodontitis was linked with MRI findings that are related to a person's risk for Alzheimer's disease or an associated dementia. Although this can't prove periodontitis causes the cognitive diseases, the researchers say that their findings should prompt others to investigate that potential relationship.

"Our findings on the association of tooth counts with brain MRI features related to ADRD are in agreement with the literature reporting lower total brain volume or lower regional grey matter volume among participants with severe tooth loss," the authors wrote.

Not much data exists about the role of microbial features of periodontitis on cognitive outcomes, and even less exists that can link oral profiles to brain MRI features. There is a complete lack of studies associating oral microbial/antibody profiles and brain MRI features.

The team said that the role of periodontitis in the context of cognitive diseases such as Alzheimer's disease requires more studies; MRI is just one tool that can explore the relationships. The scientists pointed out, however, that recent studies have shown that brief exposures to severe infection and intense inflammation also are linked to accelerated cognitive aging and elevated Alzheimer's disease biomarkers.

## **OIG Will Audit CMS Oversight of State-Contracted Nursing Home Surveyors**

An announcement was made on January 16 that the Office of Inspector general (OIG) will audit the Centers for Medicare & Medicaid Services' (CMS) nursing home survey practices in 2024. Information relates to concerns that third-party contractors may not have sufficient oversight to ensure proper performance of nursing home surveys.

The report acknowledged a survey backlog that has plagued the skilled nursing sector for years ([CMS Should Take Further Action To Address States With Poor Performance in Conducting Nursing Home Surveys OEI-06-19-00460 01-14-2022 \(hhs.gov\)](#)). With more states, and even CMS itself, relying on contractors to fill gaps, the US Department of Health and Human Services Office of Inspector General report suggests that CMS' regulatory practices warrant a closer look.

The OIG report did not go into detail about the upcoming audit, but the agency likely will be looking at third-party surveyors' training and qualifications, team size and composition, potential conflicts of interest and other factors that could impact the quality of surveys. These questions are especially relevant given previous evidence of how little ability CMS has to oversee its own state surveyors.

A January 2022 OIG report ([CMS Should Take Further Action To Address States With Poor Performance in Conducting Nursing Home Surveys OEI-06-19-00460 01-14-2022 \(hhs.gov\)](#)) noted that CMS has limited oversight of their survey agencies..

Resources for audits have been scarce for years, partially due to the federal government's reluctance to add funding. The pipeline could tighten following the implementation of a CMS staffing mandate. A May report from the US Senate Special Committee on Aging confirmed that 32 state survey agencies had job vacancy rates of 20% or higher ([UNINSPECTED & NEGLECTED - FINAL REPORT.pdf \(senate.gov\)](#)).

Even pro-mandate policymakers have championed the need for more audit funding to match the increased nursing home staffing requirements. With demands on nursing homes so high, frustrations may rise in the sector about surveyors not being held to similar standards, Greer noted.

But whether the OIG audit returns positive or negative reviews of CMS oversight and third-party contractors, it will likely prove difficult to return to the old status quo of primarily using only state surveyors. Such a negative result of the audit would also likely have repercussions for any third-party contractors found to be in violation of regulations and for the regional offices that employ them.

The OIG expects to issue its findings in 2025 ([Audit of CMS Oversight of States' Use of Third-Party Contractors To Conduct Nursing Home Surveys \(hhs.gov\)](#)).

## **Cirrhosis Could be The Cause of 1 of 10 Dementia Diagnoses, As Noted in Research**

Veterans for whom dementia was diagnosed may instead have a reversible cognitive decline caused by advanced liver disease, according to a study published Wednesday, January 31 in *JAMA Network Open* ([Undiagnosed Cirrhosis and Hepatic Encephalopathy in a National Cohort of Veterans With Dementia | Gastroenterology and Hepatology | JAMA Network Open | JAMA Network](#)).

Doctors can have a difficult time telling the difference between dementia and cognitive decline caused by cirrhosis (hepatic encephalopathy). The cognitive decline from cirrhosis can be reversed unlike that of dementia, so people with hepatic encephalopathy can be treated.

Cirrhosis is an advanced form of liver disease that results in liver scarring and buildup of toxins in the blood. The toxins can move to the brain, causing confusion and delirium. Medication is available to eliminate the toxins and reverse the brain-related symptoms, with the right diagnosis is made.

“This unexpected link between dementia and liver health emphasizes the importance of screening patients for potentially treatable contributors to cognitive decline,” Jasmohan Bajaj, MD, lead author and a gastroenterologist with the Virginia Commonwealth University Stravitz-Sanyal Institute for Liver Disease and Metabolic Health and the Richmond VA Medical Center, said in a statement ([1 of 10 veterans diagnosed with dementia may | EurekAlert!](#)).

The researchers say their findings can also apply to people who weren't veterans, but they only studied US veterans. As part of the study, the team looked at data from 177,422 veterans in whom dementia but not cirrhosis was diagnosed between 2009 and 2019. Most of the participants were male and the average age was 78.

The team evaluated participants' Fibrosis-4, or FIB-4, scores — an initial screening for liver scores, so they most likely had cirrhosis that could account for the cognitive decline. The team conducted a follow-up study at the Richmond VA Medical Center and saw similar results. As many as 11.2% of the patients there had high FIB-4 scores.

Last year, Bajaj published a report ([Dementia Frequently Coexists With Hepatic Encephalopathy but... : Official journal of the American College of Gastroenterology | ACG \(lww.com\)](#)) about a link between dementia and cirrhosis. He cited cases of two older men who doctors thought had dementia and Parkinson's disease. The men's health improved after they were treated for hepatic encephalopathy. This experience sparked Bajaj to undertake the newer study.

Bajaj said that clinicians should incorporate liver assessments into patient visits, especially if they see people living with dementia. “Early detection of liver issues allows for targeted interventions and opens avenues for addressing treatable factors contributing to cognitive decline,” he said.

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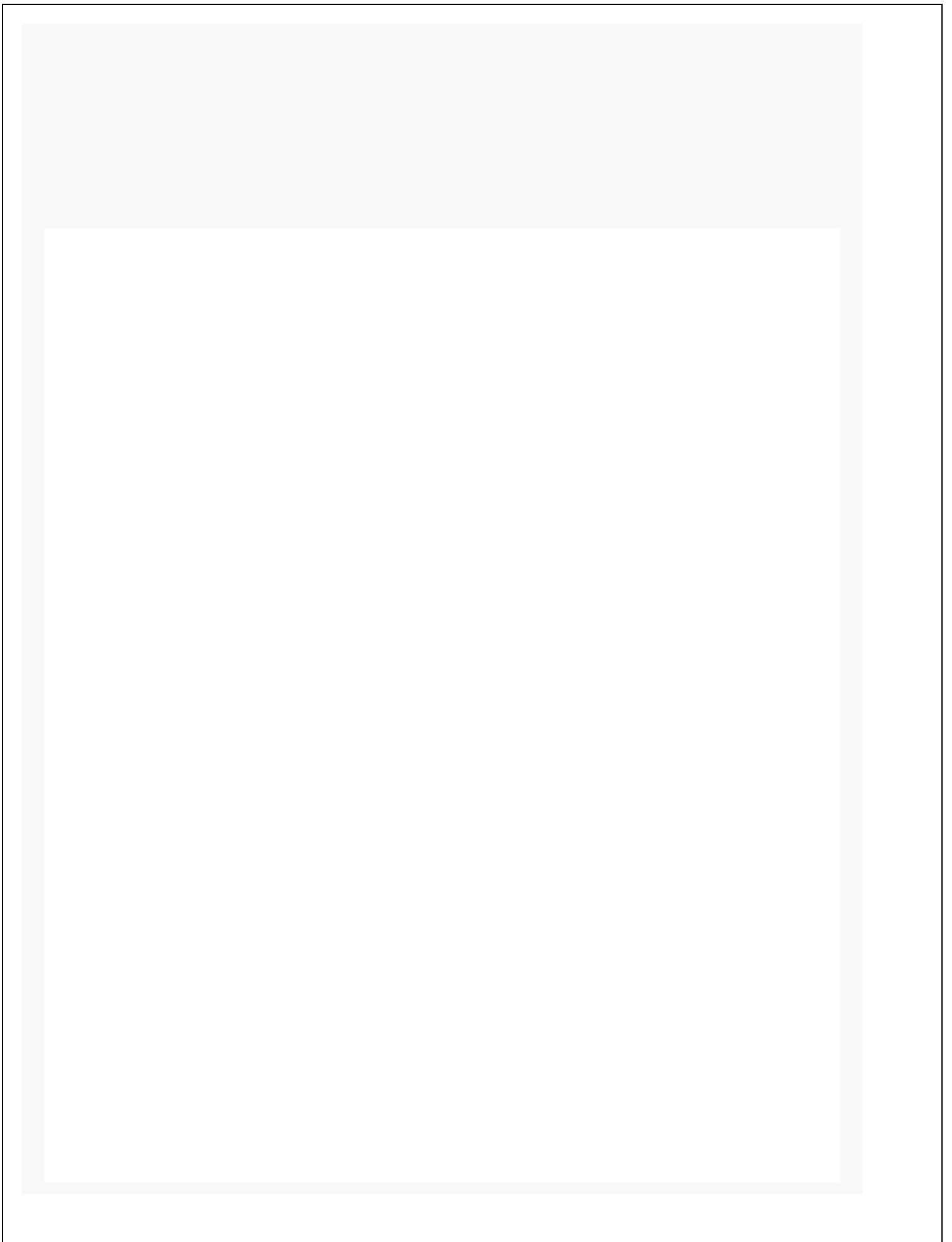
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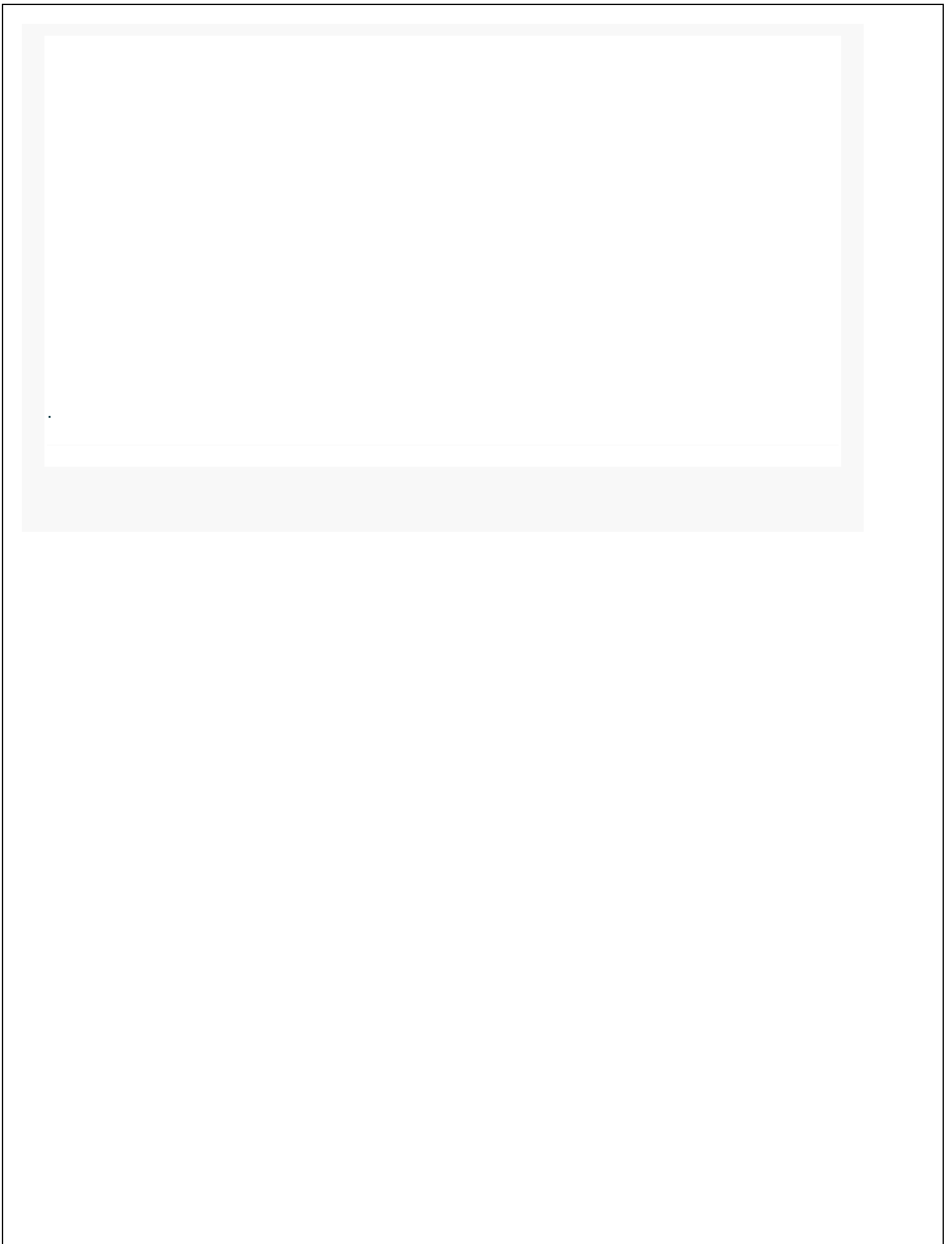
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