

## **PADONA UPDATES June 6, 2022**



**It's Here! Finally! Summer!!!**

**Yes! Summer vacations, kids home from school, sunshine, warm weather, pool time and the end of flu season!**

**The beginning of summer starts a whole new opportunity to make memories with our families and at our facilities. You have worked so hard as nurse leaders throughout the pandemic to maintain staffing, to keep admissions coming, to retain staff and to manage the coronavirus in your buildings. Now it's time to begin to relax a little.**

**Sure some of these concerns continue to exist (PADONA does not exist in a bubble 😊)! But it has been two summers since you had the chance to have a pool party, to have picnics – at home and at work, - to enjoy the company of people. Sure we are seeing some increased positivity rates but the restrictions we have experienced over the past two years have relaxed and we can do more than we have over the past two years.**

**PADONA recognizes that as the nurse leaders you are still managing the operations and strategies for the nursing department, staff vacations and coverage, resident leaves of absence and respite stays in the facility. We understand you carry the weight of all of these in your position.**

**You are a great nurse leader! You are strong and you are resilient. You multi-task like no other position in the building! You will manage all of the work tasks that come with summer and the 24/7/365 work of a nurse leader AND you we know you will have a great and exciting summer!**

**BECAUSE YOU CAN!!**

**Remember PADONA education does not take a summer break. We are here all summer long, every month and sometimes multiple times in the same month. If you are looking for education for yourself, your leadership team and/or your nurses, we ask that you look to PADONA first to determine if we can meet your education needs. Please also check the PADONA website for education recordings that can also be used to educate team members and get a little more time back in your summer!**

**We are grateful, inspired and humbled by you, all you do and your support.**

**PADONA appreciates the opportunity to be your organization and to serve you!**

## **SAVE THE DATE**

**PADONA annual Leadership Development Course is scheduled for Tuesday, September 27 through Friday, September 30.**

The PADONA Leadership Development Course (previously called the DON certification course) is a four-day intense educational opportunity that reviews and provides information related to the various aspects of the role of director of nursing/director of nursing services. However, there are many aspects that are also applicable to the administrator of long-term care facilities.

The PADONA Leadership Development Course has been adjusted from being only sessions that will assist new nurse leaders to achieve certification, to a course that provides relevant and meaningful information related to the daily operations of the nursing department and the nursing department within the structure of facility operations.

This will include

- a) infection prevention and the role of the infection preventionist in long term care from The Patient Safety Authority;
- b) the director of pharmacy consultants for a Pennsylvania pharmacy to review the role of the consultant pharmacist and the collaboration between the pharmacy vendor and nursing;
- c) a certified wound care nurse to review assessment and documentation of skin concerns and the role of the wound care nurse in long term care;
- d) a consultant who is certified as a compliance specialist to review HIPAA compliance;
- e) a vice president from a state consulting and management company to review nursing department budgets and legal aspects of importance for nurse leaders;
- f) review of the survey process and the top recently cited deficiencies with examples from the 2567s;
- g) the state Attorney General's Office will provide investigators who address reasons for their involvement in nursing homes and how to prevent investigations;
- h) a Clinical director from a consulting firm will review Quality Measures and the 5 Star Quality Rating Program;
- i) a Rehabilitation Therapy vendor will provide a regional manager to discuss the collaboration between the nurse leader and nursing department and rehabilitation therapy;
- j) an overview of restorative nursing and medical record documentation as well as the MDS for DONs;
- k) AND MUCH MORE!

The Leadership Development Course is also an opportunity for current and seasoned nurse leaders to refresh themselves on the current standards of practice and update knowledge their base. There is much in the Course that applies to nursing home administrators as well, so we do recommend the Course to nursing home administrators since the nursing department is the largest department in the facility and the department that is operational 24/7.

The 2022 PADONA Leadership Development Course will be provided virtually and will provide Nursing Continuing Professional Development contact hours as well as administrator NHA credit hours through NAB.

Please watch your email for the registration information for the PADONA Leadership Development Course!

PADONA hopes you will join us for the 2022 PADONA Leadership Development Course September 27 through 30!

## **PA Quality Incentives Program**

**Date:** July 14, 2022

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

**Title:** PA Long Term Care Learning Network review of the PA Quality Incentives Program

Description of Learning Gap: You have seen the invitations to webinars and have possibly attended some of the informative webinars provided by the PA Long Term Care Learning Network, the Jewish Healthcare Foundation and the Office of Long Term Living (OLTL) and have heard that there is an incentive program. However, PADONA has received many emails requesting more information about the program. Nurse leaders are the heart of interventions being implemented to manage and improve the measures that increase the quality and safety of care for residents. This session will provide an overview of the PA Quality Incentives Program and how providers can obtain financial incentives for their facilities. The session will outline the measures included in the program and how they are related to the quality and safety of residents as well as the potential financial incentives. The session will be provided by a team that announced the program and has been providing the educational webinars.

PADONA hopes you will join us for this educational webinar that provides the information you need to assist your residents and your facility related to the measures included in the program.

Neither the presenters nor the nurse planner have a financial relationship with an irrelevant company.

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### **PADONA Education Recordings**

If you have been unable to attend any PADONA education including webinars and the annual education convention (clinical track), the education is available in recorded format for you. PADONA records all educational events because we understand that nurse leaders are not always available or able to take the time for educational events. We also recognize that staff development is more necessary than ever for nursing team members but the budgets for these and the time is not always available.

Please go to the PADONA website within a week of each education event provided by PADONA for the recording. Each recording is available for purchase. The purchased education includes the power point materials used for the in-person education, the recording of the education and any additional materials provided. There are no nursing continuing professional development contact hours awarded as the result of listening to the recorded education. However, the recorded education can be used for education of team members in the facility.

Currently, all ten sessions included in the clinical track of the PADONA Annual Convention are available for purchase as individual education sessions, by the day of the convention or the full clinical track of the Annual Convention. Additionally, the most recent education webinar hosted by PADONA on the topic of Pressure Ulcer Overview from Prevention to Management and Quality Measures is also available for purchase.

Please go to the **PADONA website** to review the **educational recordings** that are available for purchase for your education and for use with your team members. Why pay for other educational webinars when there is so much great education available from PADONA?!

Let PADONA help you educate your staff while you reduce your workload related to education by using the recorded webinars for staff education.

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## Join us for a Dementia Friends Information Session



### Changing the way we think, act and talk about dementia!

#### ★ What Makes You a Dementia Friend?

You become a Dementia Friend by attending an interactive 60-minute Information Session to learn about living with dementia and the small things you can do to show support to members of your community.

#### ★ What Happens at the Information Session?

The 60-minute session is a discussion led by a Dementia Friends Champion. You will learn what dementia is, five key messages about dementia and identify communication tips to use in the community.

**Dementia Friends is a global movement developed by the Alzheimer's Society in the United Kingdom. Dementia Friends is underway in Pennsylvania.**

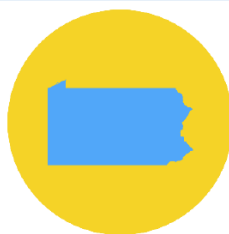
**Join us virtually – from your computer, tablet, or smart phone:**

**To find a session that fits your schedule visit:**

**[www.dementiafriendspa.org](http://www.dementiafriendspa.org)**



#DementiaFriendsPA



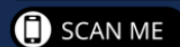
*PADONA hosted a Dementia Friends information webinar on June 2 for members. The session included information about dementia and dementia care. The attendees completed the session as a Dementia Friend with a certificate in addition to the Nursing Continuing Professional Development contact hour. PADONA is providing the information to you (above) in the event that you are interested in scheduling an education session at your facility for your staff, for your family caregivers or for dementia support groups. There are no contact hours associated with this, but the education is beneficial and helpful!*

## **Infection Control Assessment and Response (ICAR) Assessments**

*Calling all Skilled Nursing Facilities to sign up before time runs out! Since May of 2021 the Bureau of Epidemiology within the Department of Health, in partnership with APIC Consulting Services, has been conducting onsite Infection Control Assessment and Response (ICAR) assessments in addition to onsite training and education as part of the ICAR project. Appointments for this opportunity will end in **July of 2022** so we urge you to schedule your visit today! The goal of this non-regulatory project is to improve outbreak response and general infection prevention and control (IPC) readiness in skilled nursing facilities throughout the Commonwealth. Participating facilities receive comprehensive consultation, education, and support to bolster their IPC programs, in addition to a personalized action plan to guide IPC improvement. Join the 330+ skilled nursing facilities that have taken part in this effective program. For more information and to sign up, visit the website below or scan the QR code.*

**Register for Your Free Facility On-Site Assessment & Training**

Sign up at [www.apicconsulting.com/pa-doh-link-tree](http://www.apicconsulting.com/pa-doh-link-tree) or scan the QR code.



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## **AMI RISE – Resiliency Infrastructure Support Empowerment**

*This is a long term care facility quality improvement program that offers free assessments, training and management tools with the goals of workforce resiliency, infection prevention and control and emergency preparedness and sustainable outbreak response operations. They are divided into three areas in the state of the southwest, northcentral and northeast.*

*The services offered include:*

- Infection prevention and control
- Patient safety
- Outbreak policy and procedure
- Resident and family customer satisfaction
- \* Palliative care, hospice, bereavement
- \* Resident mobility and mentation
- \* Staff resiliency and education
- \* Emergency preparedness

*\*Additional information is attached*



## National Training Program

### *NTP Medicare Update & Education Webinar*

*June 9, 2022*

*1:00–2:30 p.m. ET*

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*Join us as we share Medicare updates and information about Men's Health Month and Alzheimer's & Brain Health Month. We'll also present "Medicare for People with End-Stage Renal Disease (ESRD)."*

*To register for this webinar, go to*

*[cmsnationaltrainingprogram.cms.gov/moodle/course/view.php?id=194](https://cmsnationaltrainingprogram.cms.gov/moodle/course/view.php?id=194).*

*After registration, you'll get an email with a calendar appointment. This webinar will be recorded. When the recording is available you'll get an announcement similar to this one.*

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### **PADONA Posts Staff Needs to Website**

*If you are experiencing staffing needs, PADONA can assist. As a PADONA member, one of your benefits is that PADONA will post your ads for positions on our website without cost. If you are in need of a posting a staffing ad, please send the written ad to Candy Jones at [cjones@padona.com](mailto:cjones@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.*



## **Surgeon General Sounds Alarm Over Healthcare Worker Burnout**

Addressing the workforce shortage, U.S. Surgeon General Vivek Murphy on May 23 called burnout and mental health issues a crisis in healthcare. Murphy also laid out a list of recommendations to address the emergency.

“As we transition towards recovery, we have a moral obligation to address the long-standing crisis of burnout, exhaustion and moral distress across the health community,” Murphy said in the advisory. “We owe health workers far more than our gratitude. We owe them an urgent debt of action.”

The Surgeon General’s Advisory Addressing Health Worker Burnout, which can be found at: <https://www.hhs.gov/surgeongeneral/priorities/downloads/health-worker-burnout-advisory.pdf> aims to improve the well-being of healthcare workers, while also strengthening the nation’s public health infrastructure. It calls for six specific actions to address burnout:

- **Protect the health, safety and well-being of all health workers.** Health systems must ensure that healthcare workers are adequately trained.
- **Eliminate punitive policies for seeking mental health and substance use care.** Providers should offer flexible care models, improve access to mental healthcare, and encourage communication about mental health and substance abuse issues.
- **Reduce administrative and other workplace burdens to help health workers make time for what matters.** Providers must reduce workloads, increase flexibility in work scheduling and ensure health information technology is person-centered.
- **Transform organizational cultures to prioritize health worker well-being and show all health workers that they are valued.** Employers, policymakers and associations must identify factors contributing to burnout and identify solutions, while also offering competitive pay and benefits.
- **Recognize social connection and community as a core value of the healthcare system.** Strengthening social connections through peer and team-based models can protect against loneliness and social isolation, while enhancing patient care.
- **Invest in public health and our public health workforce.** The U.S. must improve its disease surveillance system and expand worker diversity to address social determinants of health and reduce care inequity.

LeadingAge President and CEO Katie Smith Sloan stated in an email that healthcare workers deserve not only gratitude, but financial support. “We’re heartened to see that many of the advisory’s recommendations are in the same vein as the bold, all-of-government approach LeadingAge submitted to President Biden back in March,” Sloan said in an email. Broadly, we must value and support health care workers by taking a variety of actions, leading with ensuring competitive wages, benefits and training. The information submitted to President Biden can be found at: <https://leadingage.org/leadingage-ceo-bold-all-government-approach-needed-ensure-access-consistently-high-quality-nursing>.

Murphy also suggested ways healthcare providers, including home health and hospice agencies, can respond to the crisis. He recommended they solicit input from workers to improve workflow and processes that might be contributing to burnout. He also encouraged policymakers to enact paid leave and rest time rules, in addition to strengthening local policies that protect healthcare workers from workplace and community violence. He called on technology companies to design platforms to help workers, care teams and patients across the continuum of care.

## **Why Skilled Nursing Providers Must Embrace the DON of Tomorrow**

*The director of nursing (DON) role has picked up dozens of additional responsibilities during the pandemic, clinical leaders report, as the nursing home sector continues to work through a historic staffing shortage. The result can amount to, at times, an “extremely stressful” position, according to North Shore Healthcare Chief Clinical Officer Tina Belongia.*

*DONs across the country have not only taken on responsibility for the overall clinical product at a facility, but have picked up shifts as a nurse, a certified nursing assistant (CNA), or even cooked meals for residents, Belongia said. “It has put an absolute heavy burden on their shoulders, and many of them have, quite frankly, left nursing or left our industry because of it,” she explained. “It has forced us in turn to take a step back and look at how we can better support our directors of nursing.”*

*Added responsibility bleeds into staff training too, especially with nurses who received the majority of their training during the pandemic. Pre-Covid procedures feel foreign to graduates, leading to on-the-job training often left to directors of nursing.*

*A lingering impact of Covid on the nursing workforce as a whole and the idea of role instability is echoed in analyses. A McKinsey & Company report found 29% of responding registered nurses in the country plan to leave their role in direct patient care, many specifying they want to leave the workforce entirely.*

*By 2025, facilities across the care continuum may see a 200,000 to 450,000 gap in available nurses – nursing home recruiters and DONs will have their work cut out for them, competing against hospitals and other more lucrative RN positions. Unstable leadership contributes to this.*

*On top of high turnover for the role, those in the field say they’re seeing a “very different” workforce coming out of nursing school, with less clinical experience than they would have seen pre-pandemic. That means more on-the-job education falls to a director of nursing. The education provided to nursing students during the pandemic was confined to a classroom rather than actual clinical opportunities. The education needed now by licensed nurses as direct care workers is greater than ever before and more than annual skills and competency fairs can provide. Education is not provided in a vacuum but also requires the support of the staff through the education.*

*DONs often serve as the staff development nurse and in addition to their role and work as the DON, they are required to know as much as the wound care nurse and the infection preventionist. That has left DONs with the task of retraining staff to what skilled nursing should look like on a normal basis. Basic practices like tray passing in a dining hall is new to incoming staff, as pandemic staff have only known strict Covid protocols. DONs have a part to play in internal, ongoing training programs too, both as educators and a target for recruiting and retention programs. Registered nurses (RNs) in particular are acting as “resource nurses” on the floor. The programs are resulting in a 91.3% retention rate.*

*It’s important to take a look at the shifting role of the DON outside the context of Covid too, especially if SNF staff are looking to take on a more holistic approach to care and operations. That translates to less siloes and more transparency between medical directors, direct care staff, residents and their family.*

*The DON’s role in this more transparent community is to be a point person in redesigning the care delivery team and general workflow in the building. When designed right each nurse, each CNA would be practicing to the full extent of their license. A lot of those changes determined by the DON would make sure nurses are not scheduling appointments or transportation, she noted, reassigning duties so that nurses can instead be by the bedside delivering care. The DON of the future has to step back and determine what is best for both the residents and the nursing staff providing care.*



## **Residents With Cancer and Dementia More at Risk From Breakthrough COVID Infections**

Vaccinated people with cancer or Alzheimer's disease are significantly more likely to experience a COVID-19 breakthrough infection, finds a pair of studies from researchers at the Case Western Reserve University School of Medicine.

Vaccinated seniors with dementia had a more than 8% risk of breakthrough COVID-19 infection, compared to a 5.6% risk for members of the same age group without dementia, according to a study analyzing electronic health data from more than 262,000 older adults, published in *Alzheimer's & Dementia* last month which can be found at: <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.12669>.

In a separate study, researchers found that vaccinated people with cancer had a 13.6% risk of breakthrough infections, whereas vaccinated people without cancer had a 4.9% risk. They also found that breakthrough infections in patients with cancer were associated with significant and substantial risks for hospitalizations and mortality. These findings were found April in the *Journal of the American Medical Association Oncology* located here: <https://jamanetwork.com/journals/jamaoncology/fullarticle/2791076>.

The authors of both studies said vaccinated people from these populations have a greater need for mitigation tactics such as mask-wearing, especially as new virus variants continue to emerge and vaccine immunity wanes over time. Mask mandates and other preventative measures by state and local governments were increasingly rolled back over the course of the two studies, allowing researchers to track the risk of breakthrough cases as mitigation measures began to disappear.

"Patients with dementia have a significantly higher rate of breakthrough COVID infections after vaccination than patients of the same age and risk factors other than dementia," said Pamela Davis, M.D., Ph.D, a professor at the Center for Community Health Integration at Case Western and a study co-author. "Therefore, continued vigilance is needed, even after vaccination, to protect this vulnerable population. Caregivers should consider ongoing masking and social distancing, as well as booster vaccines to protect these individuals."

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CDC:

## **Bone Health Program Goal is to Prevent Senior Falls**

A new program at Cedars-Sinai in Los Angeles is trying to prevent at-risk seniors from falling and potentially breaking bones or sustaining other life-threatening injuries. The bone health and falls risk consultation program is available to anyone over age 65. Seniors receive bone density scans and are scored on their risk of sustaining major fractures from falls within 10 years. If necessary, a physician can prescribe medication to help mitigate the risk of bone density loss. Geriatricians also consider a patient's fall history, any medications with side effects that could lead to a fall, other health issues that could cause a fall and if their gait or balance is compromised. Information can be found at: <https://www.newswise.com/articles/cedars-sinai-offers-program-to-catch-older-adults-before-they-fall?sc=cwhr&xy=10027909>.

"Falling and breaking a bone can be catastrophic for an older adult. It can lead to a rapid decline in their health or even early death," Sonja Rosen, M.D., chief of Geriatric Medicine at Cedars-Sinai and a professor of Medicine said in a statement. "To help prevent falls, we need to diagnose decreased bone density and osteoporosis and determine whether older adults are at risk for falling."

Falls are the leading cause of injury death for people over the age of 65, according to the Centers for Disease Control and Prevention. Falls result in approximately 3 million emergency room visits annually and cost Medicare and Medicaid about \$50 billion each year. <https://www.cdc.gov/falls/index.html>

As the number of older adults grows in the U.S., more people are at risk of falling and sustaining life-threatening breaks due to osteoporosis. More than half of adults over age 50 have osteoporosis and low bone mass, according to a study published in the *Journal of Bone and Mineral Research*. <https://www.asbmr.org/Publications/jbmr> The problem is especially acute for seniors aging in place. Many homes lack grab bars and other modifications to prevent seniors from falling. The Home Renewed Coalition is lobbying Congress for policies that would allow seniors to use pre-tax retirement accounts to make aging-in-place modifications.

## **WHO: Nearly All Surveyed Healthcare Facilities Lack Plans for Improving Environmental Hygiene**

*A new pilot study is the first to quantify the strengths and challenges of healthcare environmental hygiene practices in healthcare facilities around the world, according to the World Health Organization (WHO). This study can be found here: [https://www.ajicjournal.org/article/S0196-6553\(22\)00133-X/fulltext](https://www.ajicjournal.org/article/S0196-6553(22)00133-X/fulltext).*

*Healthcare environmental hygiene includes the cleaning of all surfaces in facility rooms. The results show a surprising lack of strategic planning in this area, and “widespread challenges” faced by healthcare institutions worldwide, the researchers said.*

*Among 51 healthcare facility respondents, nearly all (98%) “were majorly lacking in one or more of the World Health Organization’s [five] multimodal improvement strategies for infection prevention and control practices,” said author Alexandra Peters, Ph.D., of the University of Geneva, Switzerland.*

*Survey responses revealed problems in key strategic areas — no matter the geographic location or country income level. These included staff education and training, workplace culture and access to adequate products and equipment, Peters and colleagues reported.*

*Among the survey’s findings:*

- Only about half of respondents said that their environmental hygiene protocols were based on best practices and updated regularly.*
- Only 22% of facilities provided comprehensive formal healthcare environmental hygiene training upon hiring or required it of outsourced staff, and 28% did not provide or require any formal training at all.*
- Among the 90% of facilities that reported having equipment and supplies available, 16% said they could not adequately sterilize it because the equipment was not in good working condition.*
- About 70% of respondents said that their facility gave enough importance to environmental hygiene, and 47% felt that their cleaning and disinfection budget was adequate.*

*The results appear to show long-standing problems, according to researcher Didier Pittet, M.D., epidemiologist with the University of Geneva Hospitals.*

*“This study highlights environmental hygiene needs that are similar to those we identified more than 25 years ago for hand hygiene promotion at the time we introduced alcohol-based hand gels in hospitals,” Pittet said in a statement.*

*The researchers also used the survey to test a new benchmark tool that they hope will allow healthcare facility operators to self-assess environmental hygiene status.*

*The Healthcare Environmental Hygiene Self-Assessment Framework (HEHSF) is a 39-question tool designed to help facilities evaluate strengths, challenges and improvement over time. The results provide the infection prevention and control community with a baseline for healthcare environmental hygiene assessments, they said.*

*The study was published in the American Journal of Infection Control and can be found here: <https://linkinghub.elsevier.com/retrieve/pii/S019665532200133X>.*

## **25 Percent of Seniors Develop Long-COVID Symptoms**

One in 4 older COVID-19 survivors develop at least one health problem that may be traced to their prior illness, according to a new study from the Centers for Disease Control and Prevention published May 24. All adults should be routinely assessed for these post-COVID conditions, the researchers say. This study can be found:

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7121e1.htm>.

Using electronic health records from March 2020 to November 2021, investigators found that among persons aged 65 years and older, 45% of survivors experienced at least one incident condition, compared with 18.5% of controls with no history of COVID-19.

Investigators followed patients for up to one year. Some post-COVID (or long COVID) symptoms were more prevalent than others. Adult survivors of all ages had twice the rate of pulmonary embolism and respiratory symptoms than the control cohort, for example. Younger survivors were also affected, with 1 in 5 of those aged 18 to 64 years highly likely to experience long COVID symptoms. The most common long COVID conditions across all adults were respiratory symptoms and musculoskeletal pain.

Along with adherence to prevention strategies, clinician awareness and ongoing assessment after COVID-19 is “critical to reducing the incidence and impact of post-COVID conditions, particularly among adults aged 65 years and older,” the authors, from the CDC COVID-19 Emergency Response Team, wrote.

Other new studies have also highlighted the potential for ongoing problems related to past COVID-19 illness. One in 8 patients experience heart inflammation up to two months after hospitalization, according to a study from Glasgow, Scotland. Damage to other organs such as the lungs and kidneys are also elevated, the researchers

found. [https://www.theguardian.com/society/2022/may/23/covid-can-cause-ongoing-damage-to-heart-lungs-and-kidneys-study-finds?utm\\_source=STAT+Newsletters&utm\\_campaign=744ace59b6-](https://www.theguardian.com/society/2022/may/23/covid-can-cause-ongoing-damage-to-heart-lungs-and-kidneys-study-finds?utm_source=STAT+Newsletters&utm_campaign=744ace59b6-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-744ace59b6-151536325)

[MR\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-744ace59b6-151536325](https://www.theguardian.com/society/2022/may/23/covid-can-cause-ongoing-damage-to-heart-lungs-and-kidneys-study-finds?utm_source=STAT+Newsletters&utm_campaign=744ace59b6-MR_COPY_01&utm_medium=email&utm_term=0_8cab1d7961-744ace59b6-151536325)

Similarly, results from a study in a neurology clinic revealed that most survivors continue to experience neurological symptoms fully 15 months after their infection.

<https://news.feinberg.northwestern.edu/2022/05/most-covid-19-long-haulers-continue-to-experience-symptoms-15-months-after-initial-infection/>

“We were surprised by the persistence of most of the debilitating neurologic symptoms of our patients, and by the late appearance of symptoms that suggest dysfunction of the autonomic nervous system,” stated the author of that study, from the Northwestern University Feinberg School of Medicine, in Chicago.

## **Poor Vision May Lead to Faulty Diagnoses of Mild Cognitive Impairment Per Study**

Unaddressed vision problems may skew the results of certain cognitive tests and lead to inaccurate diagnoses of mild cognitive impairment, Australian researchers say. Up to 25% of people aged 50 and older with visual issues such as cataracts or age-related macular degeneration (AMD) may receive incorrect results, Ph.D. candidate Anne Macnamara, of the University of South Australia, reported.

AMD, for example, is known to be undiagnosed in older adults, the researchers explained. An estimated 25% of eyes judged to be normal clinically have signs of AMD that don't cause complete vision loss, yet the condition may impact the ability to read, drive, cook and even recognize faces.

If cognitive test-takers are not screened for vision loss, such problems could affect their scores, they cautioned clinicians. "Such false attributions may have significant ramifications for diagnosis and research on cognitive functioning," Macnamara and colleagues wrote in an article published May 23 in the journal *Scientific Reports*.

"A mistaken score in cognitive tests could have devastating ramifications, leading to unnecessary changes to a person's living, working, financial or social circumstances," Macnamara added, in a statement. What's more, an inaccurate cognition diagnosis is an unneeded burden on someone already experiencing physical and psychological issues due to vision loss, the authors said.

The study simulated AMD in participants with the use of special goggles previously tested for this purpose. Although the results may therefore not measure the real-life impact of AMD on cognitive test scores, "it is clear that not controlling for vision can adversely affect the results and can have broader implications for the health of visually impaired people," they concluded.

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## **Screen Racial and Ethnic Groups at Lower BMI Levels for Diabetes, Researchers Note**

A newly vetted set of BMI diagnosis thresholds can help clinicians note diabetes earlier in higher-risk groups, investigators say. The U.S. Preventive Services Task Force guidelines recommend screening for prediabetes and type 2 diabetes at a BMI of 25 kg/m<sup>2</sup> or greater for adults aged 35 to 70 years. For populations known to be at higher risk, such as Hawaiian/Pacific Islanders or Blacks, it suggests screening at an earlier age and at a lower BMI of 23 or greater. The study is available at: [https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results?topic\\_status=P](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results?topic_status=P)

In the current study, investigators sought to find more targeted BMI screening thresholds that would have the same benefits and harms to the threshold used in white adults. To do so, they also determined the diabetes prevalence at different BMIs for white, Asian, Black and Hispanic Americans.

The prevalence in Asian, Black and Hispanic Americans populations was higher than that in the white population, they found. And the equivalent BMI thresholds of 25 kg/m<sup>2</sup> in white Americans for each group were all lower, as follows: 20 for Asian Americans, less than 18.5 for Black Americans and 18.5 for Hispanic Americans.

Among U.S. adults aged 35 years or older, using these BMI thresholds when making clinical diabetes determinations would help ensure early diagnoses and prompt treatment across all racial and ethnic groups, the researchers said.

"Using screening thresholds specific to race/ethnicity has the potential to reduce disparities in diabetes diagnosis," they concluded.

The study was published in the *Annals of Internal Medicine* and can be found at: <https://www.acpjournals.org/doi/10.7326/M20-8079>.

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## **Deficits in Geriatric Assessment Prevalent in Seniors with Inflammatory Bowel Disease (IBD)**

Older patients with inflammatory bowel disease (IBD) have high prevalence of deficits in geriatric assessment, according to a study published in the May issue of *Clinical Gastroenterology & Hepatology*.

Vera E. R. Asscher, M.D., from Leiden University Medical Center in the Netherlands, and colleagues conducted a prospective cohort study involving 405 outpatients with IBD aged 65 years or older to examine which IBD characteristics associate with deficits in geriatric assessment. Somatic domain, impairment in activities of daily living, physical capacity, and mental and social domains were assessed. Deficits in geriatric assessment were defined as two or more abnormal domains; moderate deficits were defined as two or three impaired domains and severe deficits involved impairment in four or five domains.

The researchers found that the somatic domain and activities of daily living were most frequently impaired (51.6 and 43.0 percent, respectively). Overall, 39.5 and 7.9 percent of patients had moderate and severe deficits in their geriatric assessment, respectively. Clinical and biochemical disease activity was associated with deficits (adjusted odds ratios, 2.191 and 3.358, respectively). There was an independent association observed for deficits in geriatric assessment with lower health-related quality of life.

“Our findings underline the importance of assessing the presence of frailty in older patients with IBD, as the prevalence of geriatric deficits we found is high,” the authors write. “As the population ages, we should strive to work towards a multidisciplinary evaluation of older patients with IBD to aim for the best possible treatment goals, while accounting for biological age-based risk factors.” Full text of the study can be found at: [https://www.cghjournal.org/article/S1542-3565\(21\)00643-1/fulltext](https://www.cghjournal.org/article/S1542-3565(21)00643-1/fulltext).

## **Antibiotics Linked to Onset of Bowel Disorder in Older Adults**

Antibiotics are linked to a higher risk of inflammatory bowel disease (IBD) among older adults, a study from Denmark has found. Clinicians should keep the condition in mind when evaluating older patients with gastrointestinal distress, investigators say.

IBD involves debilitating, chronic inflammation of the digestive tract and includes ulcerative colitis and Crohn’s disease. In the new study, investigators examined data from 2.3 million older adults with the condition. They found that the odds of diagnosis with IBD rose with each course of antibiotics, no matter the class of drug. With one course, seniors were 27% more likely to have IBD, when compared to patients with no recent antibiotics use. By four courses, the risk rose to 96%.

At five or more courses of antibiotics, seniors had more than double the odds of new IBD diagnoses when compared to their peers who had been prescribed no antibiotics in the previous five years, the researchers reported. The risk was greater with more recent prescriptions, between one to two years earlier. But the increased likelihood of an IBD diagnosis lasted five years, they added. (Prescriptions within one year of diagnosis were omitted from the study). These effects were tied to all antibiotics with the exception of nitrofurantoin, a drug commonly prescribed for treating urinary tract infections.

In addition to practicing careful antibiotic stewardship, clinicians should take care not to overlook or dismiss IBD as a cause when older patients complain of new gastroenterological symptoms, the authors wrote. Full findings were published in the *Journal of Crohn’s and Colitis*, and were presented at Digestive Disease Week 2022, from May 21 to May 24 and can be found at: [https://academic.oup.com/ecco-jcc/article/16/Supplement\\_1/i056/6512551?login=true](https://academic.oup.com/ecco-jcc/article/16/Supplement_1/i056/6512551?login=true).

## **Patients with Bone Loss Should Exercise More, Not Less, Expert Panel States**

People with osteoporosis and previous fracture should not fear regular exercise, according to a new consensus statement on how to maximize bone health, improve posture and prevent fractures. More, rather than less, is the answer when it comes to exercise for those with bone loss, wrote the authors, a multidisciplinary expert panel in the United Kingdom. In general, clinicians should avoid restricting physical activity based on bone mineral density or fracture thresholds, to avoid sending a message that exercise isn't safe, they advised.

Even frail or elderly patients and people who have experienced a vertebral fracture should continue to pursue activities that build protective muscle strength, they noted. But these patients should exercise only up to the level of low-impact routines such as brisk walking for 20 minutes each day, they recommended.

For healthy or younger patients without vertebral fracture, an appropriate routine might include muscle strengthening two to three weekdays and brief bursts of moderate-impact aerobic activity such as Zumba.

"Osteoporosis exercise programs, like other exercise programs for older people and those with long-term conditions, need to be more than a prescribed set of exercises," they wrote. "They need to consider education and physical literacy, support and goal setting, motivation strategies, behavior change techniques and take into consideration needs and preferences."

Full findings were published in the BMJ: <https://www.bmj.com/company/newsroom/exercise-regularly-to-boost-bone-health-and-cut-falls-risk-people-with-osteoporosis-advised/>.

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## **Nondrug Interventions Effective for LTC Residents in Pain, Review Finds**

Certain nondrug therapies rank nearly as high as painkillers for effectively addressing chronic pain in nursing home residents, according to a new study. Clinicians should consider implementing these alternatives rather than relying solely on analgesic options, the researchers say.

Results come from a review and meta-analysis of 55 randomized and nonrandomized studies of nursing facility residents aged 60 years and older. Many (26) studies included nondrug alternative treatments. There were also three nonanalgesic treatment and two analgesic treatment studies, eight education interventions, seven system modifications and nine combined studies.

Most interventions were at least moderately effective in reducing pain, except for nonanalgesics and health system modification interventions, investigators found. Analgesic painkillers, which include nonsteroidal anti-inflammatory drugs (NSAIDs) and opioids (narcotics), were the most effective treatments for addressing chronic pain for residents, Jennifer A. Knopp-Sihota, Ph.D., of Athabasca University in Canada, and colleagues reported.

Nondrug alternative treatments were next in line for overall treatment effect. Some were particularly useful, including acupressure and humor therapy. The latter is a type of therapy which uses humor to help relieve pain and stress and improve a person's sense of well-being, according to the National Cancer Institute.

The other interventions studied had the least treatment effects. Health system modification, education and nonanalgesic drug interventions may benefit certain populations, "but they should not be considered first-line or used alone," the authors cautioned.

Pain is common in nursing home residents, but ideal pain control remains elusive in these patients despite advances in pain management, Knopp-Sihota and colleagues wrote. Analgesic drug interventions may be chosen based on nursing facility residents' needs, but nondrug therapies should remain top of mind, they said. These options may also have the benefit of reducing polypharmacy risk, they added.

"Clinicians may consider implementing nondrug interventions in care home settings, rather than relying solely on analgesic drug options," the authors concluded.

Full findings were published in JAMDA. [https://www.jamda.com/article/S1525-8610\(22\)00305-X/fulltext#%20](https://www.jamda.com/article/S1525-8610(22)00305-X/fulltext#%20).



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