



# PADONA /LTCN

Pennsylvania Association of  
Directors of Nursing Administration

DEDICATED TO SERVICE  
COMMITTED TO CARING

AUGUST 2018

## PADONA ENews



Dear PADONA Members,

I am pleased to announce that PADONA is now an approved provider of Directed Inservice trainings. Should you find a need for a Department mandated directed inservice or proactively want training for your staff on the regulatory requirements, please contact us! PADONA can provide nursing CEU's to your nursing staff! Special discounted rates on our directed inservice trainings are available for facilities with at least one active PADONA member. For further information, please contact Becky Flack at [rflack@padona.com](mailto:rflack@padona.com) or me at [cmcmullen@padona.com](mailto:cmcmullen@padona.com).

Our Convention committee has been extremely busy preparing for our 2019 annual convention. Our 2019 convention request for speaker proposal has been released with deadline for submission of August 27. Our convention agenda will be available in October. We also have sponsorship opportunities available to participate in our annual convention!

Don't forget to register for PADONA's LTC Leadership Development Program, being held October 16-19, 2018 at The Holiday Inn Harrisburg – Hershey in Grantville, PA. Session details and registration information can be accessed in our weekly update and through our [www.padona.com](http://www.padona.com) website.

Our education committee is putting together the topics and speaker lineup for our "Mitigate Your Risk" webinar series. We will be releasing further details in the next few weeks.

As always, please do not hesitate to let us know how PADONA can be of assistance to you.

Wishing you all a great August!

In Your Service,

Candace McMullen  
PADONA Executive Director

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### **ENTROPY AND WRITING BETTER IDRs**

*Provided by Christopher Lucas, Esquire  
Law Offices of Christopher S. Lucas and Associates  
Health Care Law and Government Relations*

"Entropy" is a measure of the amount of disorder in a system. Low entropy means that a system is highly organized. Conversely, high entropy means that a system is disorganized.

As it happens, there are many, many ways that systems can be disorganized and only a very few in which a system can be organized. We recognize organized, low entropy systems immediately: a clean house, a shiny BMW or the Eiffel Tower.



For example, there is basically only one arrangement of iron atoms that we can identify as the Eiffel Tower . . . but there are quintillions of arrangements of the same iron atoms which are just a giant heap of junk. Likewise, there is only a few ways to have a clean house (for some people there is only one way!), but there are many, many ways a house can be dirty!

Life is a battle against entropy. Of their own accord, things grow more disordered and it takes lots of energy to counter this tendency and tidy things up. The battle against entropy is everywhere and never ending.

And so it is with effective IDRs. There are about 170,000 words in common use in the English language (although just 3,000 are sufficient for 95% of communication). These words can be placed in arrangements with low Entropy (like the Eiffel Tower) but there are only a small number of arrangements that have low entropy.

If we do not put sufficient energy into the IDR, it will have too much disorganization. And, as in all communication, disorganization causes a loss of efficiency . . . this lack of efficiency can hamper the Department's ability to comprehend what the facility is attempting to communicate. So, entropy must be kept to a minimum in IDRs. Here are a few tips on how this can be done.

### The Basic Process

First, an IDR is not an IDR unless it is submitted on time . . . so the first order of business is to figure out what the Deadline is.

Second, understand the 2567. Do not act reflexively and, if necessary, take some time to let emotions settle. Also, consider having a friend look at the 2567 and give you an opinion. In any event, you cannot begin the IDR process until you really understand what the HFQEs are trying to communicate in their 2567.

Third, specify a Defined End Product. Determine the basic elements that the IDR must contain, i.e., which tags are being challenged, residents involved, supporting documentation categories to include, etc.

Fourth, determine who is available to form the IDR Team. In part, this is going to depend on the Defined End Product, above.

Fifth, develop a Work Plan based on: 1) Deadline, 2) Defined End Product, 3) IDR Team members available. Be sure to include specific assignments and deadlines for each IDR Team member. Ensure that deadlines are geared to producing clinical documentation, etc. in time to allow a generous period for drafting and polishing the Defined End Product – the actual IDR. This is key. The final writing must be many things, but rushed should not be one of them. Drive the IDR Team members hard to produce necessary building blocks of the IDR early and enjoy plenty of time to draft and polish the Defined End Product.

### Writing And Polishing

The first and most important element is to have an organized structure. Most IDRs are structured around F-tags. And that is fine. But what about below the level of the F-tag. There are a number of options,



but once an organized structure is selected . . . stick with it all the way through. Chronological organization often works well for technical communication. After all, it is how we actually experience the world and so it lines up with our everyday experience.

This is an element of something called “parallel construction”. Parallel construction means doing the same thing in the same way throughout the document. When the IDR Team is collaborating separately on writing elements of the IDR, or if cutting and pasting is used, the final polishing must carefully homogenize organizational structure, language and terminology, as well as grammar and punctuation, in order to ensure a uniform document.

The next most important element is clinical proof. In order to have convincing clinical proof, several rules need to be considered. First, as above, any proof that is offered needs to be organized and integrated into the IDR’s structure.

All clinical proof should be clearly labeled, preferably with tabs. It is also very nice to produce an index of all clinical proof so that the Department can easily find the Documents that you have included. This is a good place for a warning about staff copying or scanning documents. Frequently, records that are fed into automatic document feeders produce scans that are skewed. Don’t make that mistake. Produce a clear, square and professional copy or scan. The quality of these documents reflects your facility and speaks in a subtle way about attention to detail and seriousness.

Ensure that only relevant clinical proof is included. Do not include anything that is not directly relevant. Take special care to only copy or scan the parts of records that the Department actually needs to see. Go one step further and highlight the portions of each page of each record that you would like to call to the attention of the Department. Like all of us, HFQEs and their supervisors and managers have a lot to do and a lot on their minds. If you can save them some time, do it. Do not count on them to sleuth through your records and look for evidence to overturn a decision that they have already made.

Also ensure that all HIPAA privacy related requirements are satisfied and that documents are redacted as may be needed. Produce at least 4 copies of your clinical proof so that, in the event IDR fails and an appeal or other legal action is needed, you have already produced a beautifully organized, tabbed and indexed set of clinical proof.

The third element is style. While organized structure and well put together clinical proof are necessary conditions to winning an IDR, they are not sufficient. It is incumbent upon the facility to explain why the tag was in error. This requires writing and we talk about how writing is done with the word “style”.

There are many styles of writing, each with its own purpose. In the case of IDR writing, we are involved in “technical writing”. Many IDRs contain writing that is conversational . . . which is to say, rambling, complex and largely incomprehensible.

Instead, try writing most of the IDR using “subject – verb – direct” object construction and limit sentence length to no more than 12 words. For example, “The nurse entered the room at 10:42.” If you limit your sentence length and adopt a direct writing style, your meaning will be more clear.



In addition, each and every fact that is alleged in the IDR should be tied to clinical proof in the index. For example, "The nurse entered the room at 10:42. See Tab 3, Nursing Notes dated January 12, 2017".

Be ruthlessly economical . . . do not include anything that is not necessary. Concomitantly, avoid redundancy. Do not repeat yourself. There is a great amount of redundancy in most IDRs and this makes them tedious to read. Be courteous to the reviewer and be courageous! Stand on your clinical proof and your reasoning. You won't convince anyone by repeating yourself anyway.

Spelling and grammar should be correct. It can really help to have another set of eyes proof the IDR. Spelling and grammar, like the quality of the copies and scanning, reflect on the facility's quality and attention to detail.

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

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



## Sponsorship Opportunities

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

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

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

Please contact Candace McMullen at [cmcmullen@padona.com](mailto:cmcmullen@padona.com) or Candy Jones at [cjones@padona.com](mailto:cjones@padona.com) to discuss the sponsorship opportunities in the [attached document](#).

## Convention Speaker Proposals

In preparation for our 31st annual convention we are seeking presentation proposals! We invite you to partner with us to bring superior quality continuing education to our members by submitting proposals which build core skills, knowledge, and share best practices and innovations. Our annual convention will be held April 2-5, 2019 at the beautiful Hotel Hershey.

[Attached](#) you will find information about the speaker and presentation requirements and application submission process.

Proposals are DUE BY AUGUST 27, 2018. Please submit proposals/questions to Candace McMullen, Executive Director at [cmcmullen@padona.com](mailto:cmcmullen@padona.com).



## Welcome New Members

- Mary Ann Aviles - Menno Haven - Area II
- Marianne Baka - Brethren Village - Area II
- Robin Bradley - St. Anne Home - Area I
- Valerie Falkenberg - Gentell, Inc. - Area III
- Sara Godfrey - Apollo Corporation - Area I
- Tammy Irgang - St. Anne Home - Area I
- Diane Majorsky - St. Anne Home - Area I
- Aishat Sogunro - Pembroke Health & Rehab Residence - Area III
- Lisa Stratton - Redstone Highlands - Area I
- Michelle Triggiani - The Willows of Presbyterian SeniorCare - Area I
- Michelle Yeingst - The Highlands at Wyomissing - Area III