



PADONA /LTCN

Pennsylvania Association of
Directors of Nursing Administration

DEDICATED TO SERVICE
COMMITTED TO CARING

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PADONA ENews

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Dear PADONA Members:

I am optimistic each of you had a pleasurable Thanksgiving and are looking forward to the upcoming celebratory season.

The scholarship committee would like to remind you the deadline for applying for one of our scholarships is December 31, 2017. Please visit PADONA's website, www.padona.com for more information. If you have any questions regarding the application process, don't hesitate to contact me.

Recently you received an email invitation to become part of the PADONA leadership team by running for an available position on our board of directors. The email outlines the requirements and responsibilities of the open positions of Area III representatives, Area III President, and PADONA Secretary. I appreciate your consideration in becoming part of the PADONA team. All call for nominations forms must be returned by December 15, 2017.

I would like to congratulate each of you who recently completed the certification course and examination. A complete listing of all those who successfully passed the examination is listed in this e-news. A job well executed.

While I was reviewing our 2018 convention material and was deliberating about the theme, *Today's Decision/Tomorrow's Vision* I began to think about the many challenges each of you face in your professional lives. The mission of PADONA is to continue to offer educational programs, such as our recently conducted certification course and the approaching annual convention, to assist you in meeting your educational needs. Your jobs are difficult but PADONA is here to support in any way possible. Soon I will be announcing plans which will greatly enhance and enable PADONA to fulfill our organizational mission of supporting you with educational endeavors.

Recognizing the role the Medical Director and Physician Extenders play in your facilities, I have invited the Medical Directors, Nurse Practitioners, and Physician Assistants to attend our 2018 convention and to become part of our team. Feel free to share with them the invitations I recently emailed you.

Please contribute your thoughts and ideas with me on how PADONA can assist you. In closing, I would like to wish each of you a wonderful holiday season.

Chair, Board of Directors / Executive Director PADONA





Are You Managing Coumadin Safely?

Article Provided by Pharmscript

A resident was admitted with a one-time medication order for 5 mg of Coumadin (warfarin) and an order for an INR lab test, which was intended to give the physician guidance in establishing the correct Coumadin dosing. The lab test was not drawn because the resident was at dialysis, but the lab tech did not report this. The audit sheet for lab tests three days later indicated the resident had no Coumadin order, so no labs needed to be drawn. This resident had a history of pulmonary embolism, did not receive the needed Coumadin, and did not have INR labs checked. This resulted in an immediate jeopardy citation by surveyors conducting the facility's annual survey.

In determining the level at which to cite a deficient practice such as this one, surveyors consider the significance of the medication error using three guidelines:

Resident Condition - Does the resident's condition require rigid control? A missed or wrong dose can be highly significant for a resident taking coumadin.

Drug category - Coumadin is from a drug category that has a narrow therapeutic index (NTI). A single medication error could alter the required blood level and result in bleeding or clot formation, depending on whether the level is above or below therapeutic level.

Frequency of Error - If an error occurs repeatedly, there is more reason to classify the error as significant. In our example, the Coumadin was omitted on four consecutive days, placing the resident at significant risk of clot formation, especially since she had a history of pulmonary embolism.

A study published in the American Journal of Medicine estimated that residents of nursing homes suffer 34,000 fatal, life-threatening, or serious events related to the use of Coumadin each year. The Department of Health and Human Services identified Coumadin and other anticoagulants as one of the drug categories most frequently implicated in adverse drug events. When first introduced, Coumadin was considered a breakthrough for patients at risk for blood clots, abnormal heart rhythms, pulmonary embolisms, and deep vein thrombosis. Federal data reports that about one in six nursing home residents takes Coumadin, or its generic version warfarin, or one of the other available anticoagulants. The newer anticoagulants such as Eliquis, Pradaxa, and Xarelto are easier to take than Coumadin, and patients don't need regular blood tests and don't have to avoid certain foods, but unlike Coumadin, these newer drugs cannot be reversed by using Vitamin K, and there is currently no antidote if uncontrolled bleeding begins.

Under the new F-Tag numbering system effective November 28, 2017, significant medication errors are cited at F760 in the following circumstances, as listed in the State Operations Manual Appendix PP: "Modification of monitoring may be necessary when the resident experiences changes, such as acute onset of signs or symptoms or worsening of chronic disease; addition or discontinuation of medications and/or non-pharmacological approaches, such as when a resident who takes warfarin regularly starts on a medication that interacts with warfarin, therefore more frequent blood work may be needed; addition or discontinuation of care and services such as enteral feedings; and significant changes in diet that may affect medication absorption or effectiveness or increase adverse consequences."



Coumadin management requires the best efforts of nurses, physicians, dietitians, and the pharmacist to provide safety to residents. Regular audits must occur to ensure that physician orders, medication administration records (MARs), and lab schedules are coordinated and there are no discrepancies or gaps in service. Once lab tests are drawn, timely notification of results from the lab to the facility and the facility to the physician are critical. There are known cases where critical lab values were obtained but not reported to the ordering physicians, and residents developed uncontrolled internal bleeding and died. In one facility, a "Hold Coumadin" order was given but not noted on the MAR, and the resident continued getting the drug despite dangerously high lab values, resulting in hospitalization when the resident suffered a hemorrhagic stroke.

Each facility must develop its own auditing practices to ensure that Coumadin is managed correctly. The pharmacist is an important team member in this effort. Your pharmacist contributes valuable information through monthly drug regimen reviews, warnings provided when drug-drug interactions may occur, and education for nurses on Coumadin safety. If your facility does not currently focus attention on Coumadin management, begin by working with your QAA/QAPI team to develop audit tools, a regular audit schedule, and commit to providing focused oversight for all your residents who have physician orders for the use of Coumadin. *Your pharmacist is a key resource in this effort, so contact him or her today and work together to provide safe medication management for all your residents.*

Sincerely,

Saul Greenberger, Founder

Treating Hyperkalemia: Avoid Additional Harm When Using Insulin and Dextrose

Article Provided by [Patient Safety Authority](#)

Abstract

Hyperkalemia is a fairly common, potentially life-threatening electrolyte disturbance encountered in hospitalized patients. Treatment of hyperkalemia with insulin and dextrose, without implementing clear protocols and error-reduction strategies, can lead to hypoglycemia and other patient harm. A total of 198 events involving insulin and dextrose for treating hyperkalemia were identified by analysts in reports submitted to the Pennsylvania Patient Safety Authority between January 1, 2005, and December 31, 2016. The three most commonly reported types of events were delayed dose (n = 42), wrong route (n = 41), and wrong dose/over dosage (n = 15). Hypoglycemic episodes were reported in 57 of 198 patients. Standardized treatment protocols, including proper monitoring, can help prevent and detect errors with insulin administration for this indication.

[Click here to continue reading this article](#)



Congratulations!!

PADONA would like to congratulate the following members who recently passed the certification examination and are now Certified Nursing Directors Long Term Care (CNDLTC)



- Lynne Ahner
- Susan Bajan
- Rachel Barto
- Sheila Boyer
- Jessica Bungard
- Katherine Clowney
- Colleen Collins
- Tracy Collins
- Christina Coover
- Stacey DeShong
- Nonni Devine
- Allison Dougherty
- Diana Franco
- Beth Garrett
- Caroline Green
- Jean Hall
- Vicky Hay
- Sharon Hoke
- Michelle Julian
- Dona Manson
- Donna Mela
- Brooke Myers-Patterson
- Donnamarie Pendrak
- Maria Powell
- Holly Reese
- Jessica Rodkey
- Brianna Roth
- Charity Shanabrook
- Kelly Smith
- Rosaline Stevenson
- Jon Trexler
- Jan Wotring

Scholarship Announcement

Each year PADONA awards scholarships to members for continuing their education, for annual convention, DON prep course and advanced DON certificate course. Applicants must be a primary PADONA member for 2 years or a non member that has been recommended by a primary member for 2 years!

Application is easy! A completed application form, a 500 word or less essay, a reference from a faculty member or dean, and a letter of endorsement from a primary member.

Applications due by Dec 31! Do not wait until then----we all know how crazy it becomes with the holidays---commit to nominating someone NOW!

Thank you from the scholarship committee!

[Apply Scholarship](#)



Sign Up Today for the PADONA 30th Annual Convention in Hershey April 4 - 6, 2018

Register early to receive our early bird discount. Please be sure to PAY by January 15, 2018

(not just register by that date) to receive the discounted rate and check the appropriate amount based on your membership status.

[Convention Schedule](#)

[Convention Brochure](#)

[PMDA Associate Membership Invitation](#)

[PMDA Pre-Convention Lecture Invitation](#)

**Only A Few Break Exhibitor Spaces Left at the April 4 to 6, 2018
PADONA 30th Annual Convention - Today's Decision/Tomorrow's Vision
Convention held at Hotel Hershey from April 4 through 6, 2018**

2018 Break Exhibitor Space Contract

2018 Exhibitor Space Contract (ask to be on waiting list)



Welcome New Members!

- Tiffany Bayer - StoneRidge Retirement Towne Centre - Area II
- Maureen Bloch - Cedarbrook Nursing Home - Area III
- Jason Bright - Link-age - Area I
- Jacqueline Carter - The Campus of the Jewish Home - Area II
- Amy Cartwright - The Quadrangle - Area III
- Christina Casey - Country Meadows SN & Rehab Ctr - Area III
- Michele Conner - Complete Healthcare Resources - CHR - Area III
- Kelly Craven - Nottingham Village - Area II
- Michelle Dierdorff - Homestead Village, Inc. - Area II
- Stephanie Fry - The Williamsport Home - Area II
- Chase Glick - Fairmount - Area II
- Josh Grove - Seton Manor - Area III
- Crystal Kymble - Susquehanna Health SN/Rehab Ctr - Area II
- Diane Murray - Fellowship Manor - Area III
- Jessica Rodkey - Laurelwood Care Center - Area I
- Erica Shober - StoneRidge Retirement Towne Centre - Area II
- Kristen Turnbaugh - StoneRidge Retirement Towne Centre - Area II
- Cathy VanScyoc - Valley View Haven - Area II
- Stephanie Wanner - Country Meadows SN & Rehab Ctr - Area III
- Rickie Ann Wasser - The Nugent Group - Area I
- Emily Wilson - Valley View Haven - Area II
- Erin Witman - Fairmount - Area II