PADONA /LTCN
Pennsylvania Association of Directors of Nursing Administration

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PADONA ENews

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Dear PADONA Members,

Every time you tear a leaf off your calendar, you present an opportunity for new ideas and activity! Welcome, 2019!

I rarely establish "new year's resolutions"…mainly because I typically fail to uphold them less than 24 hours into the New Year. But, with each passing year, I do self-assess, both my personal and professional attributes, looking to identify opportunities where I can improve. While my list is rather robust, one area that I need your help with is in "celebrating the successes". Too often, we focus on identifying the opportunities for improvement and fail to recognize the many successes that we are part of each and every day. I have committed in 2019 to myself, my family, my colleagues, and my co-workers to make the effort to recognize and celebrate the many wonderful things—big and small—that positively impact our lives! As Oprah Winfrey once said, "the more you praise and celebrate your life, the more there is in life to celebrate". I think Oprah might be onto something!

In December, PADONA submitted an application for Pennsylvania's Long-Term Care Grant Program requesting funding to provide 200 of our members with the Infection Control Long-Term Care Certificate Training Program provided by The Association for Professionals in Infection Control and Epidemiology (APIC). This is a great opportunity to provide nursing home clinical staff with education and training in infection control prevention and program development. We will keep you apprised of our grant success.

Our 2019 convention registration continues at a swift pace! Register before January 15th to take advantage of the current convention rate. After January 15th, the convention rate increases. Don't miss the opportunity to gear your educational programming toward your professional development needs/goals with two different educational tracks.

Our staff is working on some exciting new educational programs geared to nursing development! One course being planned for February is geared toward enhancing nursing physical assessment skills. More information will be released very soon.

Keep in mind that PADONA is now a Department of Health approved provider of Directed Inservice Training. We can quickly mobilize training resources to assist you with getting back into compliance!

In closing, PADONA has been very fortunate over the past several years that we have been able to absorb operating expense increases without increasing our membership dues. Unfortunately, this year we found it necessary to increase our membership dues by $10 beginning with renewals processed after January 1, 2019.

Cheers to a New Year and an opportunity for PADONA to continue serving YOU! We are looking forward to a 2019 filled with many successes!

All the best,
Candace McMullen, PADONA Executive Director/Board Chair

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Leadership Development Series

The Accountable Leader

"I would have had that ready for the accountant if Abigail had given me the information last week." "We didn't pass that inspection because we had a lot of staff out last quarter." "The leak didn't look too bad, and I thought maintenance would take care of it, so I didn't say anything. "I didn't write her up for her many latenesses because I thought she would remedy that herself."

The examples above are what an accountable leader would NOT say or do. As an accountable leader, you willingly take responsibility for the outcomes of your decisions, your behaviors, and your actions. You do not blame others or external circumstances. You assume ownership for the performance of your staff. You do not play the victim role. Accountability means fulfilling your commitments and being answerable for your own actions. There are no excuses, no blame. **Blaming others for results is not being accountable for your work.**

Very often, responsibility and accountability are confused. We are given responsibility. It could be a task, a particular role, a process. It describes what you are required to do in a job. It is also a value—how you feel about doing good work. It is essential to an organization. Accountability is also essential; it is about actions. It is about being willing to take ownership for everything that happens as a result of actions that were taken—your own or those of your staff. If you know your American history, you might remember that President Truman popularized the phrase "The buck stops here." He used it to mean that he alone accepted responsibility for the way the country was governed under his administration. An accountable leader takes the responsibility given to her/him.

So, when Ellen, a senior manager in a LTC facility, missed the deadline for an important deliverable her staff was supposed to have achieved, she proved herself to be an accountable leader. Instead of pointing fingers or throwing her staff under the bus because they failed to meet their goal, she took responsibility for the missed deadline. Later, she spoke to her staff, and together they came up with remedies that they could implement that would keep them from repeating this error. Accountable leaders seek solutions, not blame.

Accountability is key to the efficiency and accuracy of the work produced by your staff. You must hold them accountable for their work. If you do nothing when, for example, employees are late for work, speak rudely, do not complete their tasks, you are sending a message that these behaviors aren't so important. The loyal few who pick up the burden of doing the work may begin to resent the irresponsible employees and you. Not only could you be creating an environment of low morale, but your dedicated staff may decide to leave.

You, as I have said in previous articles, serve as a role model for your staff. Prove to them that you are accountable. Behave in a manner that demonstrates how important accountability is, and reinforce that you require it of each member of your staff. Make it a value. Praise those who are accountable for their actions and set consequences for those who are not.

Make sure that you clearly define exactly what is expected from each employee and that you have set a time line for each goal. Communicate that you need to be kept informed of progress (or lack of) so that you can help find solutions to ensure completion of the task. Acknowledge that everyone makes mistakes, but that admitting them and focusing on creating solutions is what you expect.

By encouraging accountability in your department and your organization, you will have a more engaged staff, lower employee turnover, higher morale, and increased productivity. It's worth the effort.

-Anne Weisbord
aweisbord@awlearningconsultants.com

I want to highlight a new service that I'm providing: coaching via phone. I work with leaders, managers, supervisors who need help with the people side of their jobs. I address topics like those I've been writing about here as well as issues around conflict resolution, managing your managers, being influential, working with boards, etc. Please contact me if I can be of assistance in helping you become the best leader you can be. aweisbord@outlook.com

Anne Weisbord, president of Career Services Unlimited, has been a communications/leadership consultant for over 20 years. She has worked with health care professionals in a wide range of settings, helping them become more compelling, confident, and articulate speakers and leaders. She has been a keynote speaker and presenter at senior care facilities, nursing organizations, and in staff development in hospitals. She has had personal experience working closely with long-term care staff. www.awlearningconsultants.com.

Clinical Pearls

Flu Vaccination – Is it too late?

Last year's flu season was one of the worst on record with the highest death toll in decades according to the U.S. Surgeon General Jerome Adams, MD who stated an estimated 80,000 Americans died of flu and its complications and over 900,000 were hospitalized in 2017. (1) Although you can get the flu anytime, flu season starts in October and can go as late as March and even April. In the United States, it usually peaks in February according to William Schaffner, MD, Medical Director of the National Foundation for Infectious Diseases. (2)

The timing of Vaccination: Consideration regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, it is recommended that influenza vaccination should be offered by the end of October each year. Revaccination later in the season of persons who have already been fully vaccinated is not recommended. The vaccine should continue to be offered as long as influenza viruses are circulating, and the unexpired vaccine is available. Optimally, vaccination should occur before the onset of influenza activity is in the community. Once administered it takes about 10 days to two weeks for the vaccine to reach its top strength.

Vaccination to prevent influenza is particularly important for persons who are at increased risk for severe complications from influenza. Vaccination efforts focus on delivering vaccination to persons at higher risk for medical complications attributable to severe influenza who do not have contraindications. These persons include but are not limited to:

- All persons aged ≥50 years;
- Adults and children who have chronic pulmonary or cardiovascular, renal,
- hepatic, neurologic, hematologic, or metabolic disorders;
- Persons who are immunocompromised due to any cause;
- Residents of nursing homes and other long-term care facilities.

Persons who live with or care for persons at higher risk for influenza-related complications should also receive the flu vaccination. These persons include but are not limited to:

- Health care personnel, including physicians, nurses, and other workers in inpatient and outpatient-care settings, medical emergency-response workers (e.g., paramedics and emergency medical technicians), employees of nursing home and long-term care facilities who have contact with patients or residents, and students in these professions who will have contact with patients. ACIP guidance for immunization of health care personnel has been published previously; [2]
- Household contacts (including children) and caregivers of children aged ≤59 months (i.e., aged <5 years) and adults aged ≥50 years, particularly contacts of children aged <6 months;
- Household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

There are 4 types of seasonal influenza viruses, types A, B, C and D. Influenza A and B viruses circulate and cause seasonal epidemics of disease. [1]

- Influenza A viruses are further classified into subtypes according to the combinations of the hemagglutinin (HA) and the neuraminidase (NA), the proteins on the surface of the virus. Currently circulating in humans are subtype A(H1N1) and A(H3N2) influenza viruses. The A(H1N1) is also written as A(H1N1) pdm09, as it caused the pandemic in 2009 and subsequently replaced the seasonal influenza A(H1N1) virus which had circulated prior to 2009. Only influenza type A viruses are known to have caused pandemics.
- Influenza B viruses are not classified into subtypes but can be broken down into lineages. Currently circulating influenza type B viruses belong to either B/Yamagata or B/Victoria lineage.
- Influenza C virus is detected less frequently and usually causes mild infections, thus does not present public health importance.
- Influenza D viruses primarily affect cattle and are not known to infect or cause illness in people.

The most effective way to prevent the disease is vaccination. Immunity from vaccination wanes over time so annual vaccination is recommended to protect against influenza. Injected inactivated influenza vaccines are most commonly used throughout the United States. Among healthy adults, influenza vaccine provides protection even when circulating viruses do not exactly match the vaccine viruses. In the elderly, influenza vaccination may be less effective in preventing the flu but decreases the severity of the disease, complications and death. Vaccination is especially important for people at high risk of influenza complications and for people who live or care for the people at high risk such as the elderly.

Apart from vaccination and antiviral treatment, there are protective measures that will diminish the likelihood of catching or spreading the flu such as:

- Regular hand washing with proper drying of the hands
- Good respiratory hygiene – covering mouth and nose when coughing or sneezing, using tissues and disposing of them correctly
- Early self-isolation of those feeling unwell, feverish and having other symptoms of influenza
- Avoiding touching one's eyes, nose or mouth

So, is it too late to get the flu vaccine? The CDC recommends ongoing flu vaccination as long as the influenza viruses are circulating even into January or later. [1]

Rebecca Flack, RN, BSN, MSN, CRNP, DNP
Pennsylvania Association of Directors of Nursing Administration
Professional Development Nurse Educator

References:

https://www.cdc.gov
https://www.webmd.com
http://professionals.site.apic.org/
http://www.nfid.org/

Vendor Spotlight

PADONA's January 2019 Vendor Spotlight is Columbia Ancillary Services.

Columbia Ancillary Services has been a member of PADONA since 2012. Anyone who has attended our convention knows this company as the host of the Thursday Night Dance Party, where our attendees can relax and unwind after their education sessions.

A special thank you to Robin Nagy, Director of Business Development for Columbia Ancillary Services, for her service on the PADONA Board of Directors and Vendor Advisory Committee.

Please stop by and visit Columbia Ancillary Services' booth at our convention.

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(717) 712-2959
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Best Practices in Combating Drug Diversion in Skilled Nursing Facilities
Courtney Kline, PharmD – Pharmacist, Brockie Healthcare, Inc.

With the opioid epidemic continuing to claim tens of thousands of lives across the nation, there is no time like the present to address drug diversion in the nursing home. According to the CDC, drug overdose is the leading cause of death in people under the age of 50. It would be a disservice to patients to assume that anyone is immune from addiction, including nurses, caregivers, janitors, doctors, and family members.

In recent years, there have been many instances in the media in which doctors, nurses, pharmacists, and other healthcare workers have been found guilty of diverting drugs resulting in fines, jail time, and/or loss of licensure. A particularly infamous story involves a radiology technician who stole fentanyl from unattended anesthesia kits in the operating room. He replaced the stolen fentanyl with water, resulting in surgical patients failing to receive the pain medication that the anesthesiologist intended to give. Even worse, the radiology technician failed to switch needles on the fentanyl syringes resulting in the spread of Hepatitis C to five known patients. One patient eventually died from Hepatitis C infection.

How does a healthcare facility go about preventing such a tragedy from happening again?
Having thorough policies and procedures is a good place to start.

1. Implement a ***zero tolerance*** policy. Any employee caught stealing medications, deviating from correct protocols for discarding controlled substances, or improperly administering them to patients should be terminated AND reported to the authorities. Licensing boards should also be notified when applicable. Make it clear to employees that there are no exceptions to the policy. Pre-screening employees via drug tests may help to prevent problems before they start.

2. Provide staff with an anonymous method, such as a hotline, to report suspicious behavior of other coworkers. It could potentially save a coworker from overdosing or causing harm to a resident if the coworker is under the influence of drugs while at work. Make sure that whoever receives the anonymous information has the authority and the ability to investigate and respond appropriately.

3. EDUCATE. EDUCATE. EDUCATE. Create a team who can help educate staff on the risks associated with the use of opioids without proper medical supervision, including signs of addiction and diversion. Staff should be educated that addiction affects all types of people; there is no standard mold that encompasses all addicts. This team could also help educate employees about the hotline and aid in investigations when issues arise.

4. Make friends with your local law enforcement. Know who you need to call in the event you catch an employee diverting drugs and report said employee to authorities. Establishing a criminal record for the employee may prevent them from diverting again.

5. Offer the employee help once they are caught and terminated. Consider extending benefits to allow the employee the opportunity to get treatment and get better.

6. Create specific procedures for staff members when dealing with controlled medications. Shift count is reconciling the quantity of a medication against a declining count sheet at shift change. It is one of the easiest and most effective ways to identify diversion. Make sure that two staff members are actively engaged in the count. Hold both parties responsible for any shortages of medication. Documenting the administration of as needed (PRN) doses properly is imperative. If a declining count sheet is used, all PRN doses should be logged out on the count sheet and documented on the MAR. Discrepancies between the count sheet and MAR should result in an **immediate** investigation.

7. Evaluate areas for improvement in current policies. Once you identify an employee diverting drugs, determine your current policy effectiveness in identifying the diversion immediately. If the diversion was ongoing and unnoticed for a long period, brainstorm ways to improve your policy and practices. Don't be afraid to ask your pharmacy for suggestions. They should provide useful tools such as count sheets to keep a record of pill counts or packaging to prevent accidental loss of medication.

Employees are not the only source of diversion in skilled nursing facilities. Resident families can also pose a problem. Look out for red flags if you think medications are being diverted by family members.

1. If the family takes the resident to outside appointments, request a summary of the visit that shares what new medications are prescribed. Look for notation if prescriptions were printed and if so, hold the family responsible for providing the paper prescription or providing the correct medication with the correct quantity dispensed.

2. If a new controlled medication is prescribed to the patient, use the facility's pharmacy of choice so that the medication is delivered in preferred packaging. This will eliminate family from having unnecessary access to the medication.

3. If a controlled medication is brought in by the family, have 2 qualified staff members count the medication and compare to the number dispensed by the pharmacy as indicated on the bottle. Account for any missed doses. For example, if the medication was dispensed ten days ago and the patient is being admitted today, make sure that no more than 10 days worth of medication is missing. Note any discrepancies in the patient's chart and notify the prescriber if necessary.

4. If a family member raises suspicion of diversion that is occurring outside of the facility, question the resident about outings with the suspected family member. There have been cases in which family members do not notify staff of appointments, receive controlled prescriptions on behalf of the patient at the appointment or even outside of an appointment and then divert the medication. Using Pennsylvania's Prescription Drug Monitoring Program in an ongoing manner can aid in identifying prescriptions that were filled at an outside pharmacy and not delivered to the facility.

As a healthcare professional, it is essential to always be on the lookout for drug diversion and identify it before it causes irreparable harm to residents or staff members. Policies and procedures grounded in best practice standards, education and awareness among staff members and utilizing law enforcement when necessary can promote timely diversion detection. All of these practices ensure that our residents receive the best possible care.

PADONA's 31 st Annual Convention

Wednesday, April 3, 2019 through Friday, April 5, 2019

We changed the schedule for our 2019 convention based on the responses to our recent survey.
Convention Overview Letter

Register Form

Welcome New Members

- Karen Beilstein - Concordia at Lutheran Health and Human Care - Area I
- DeAnne Butcher - White Horse Village - Area III
- Kristina Carlevale - Jewish Home of Greater Harrisburg - Area II
- Greg DeSarro - Oxford Health Center - Ware - Area III
- Amanda Fry - MIMA: Watsontown Nsg & Rehab - Area II
- Alexandra Hallman - Brethren Village - Area II
- Cheri Holland - PSL Swaim HC @ Green Ridge Village - Area II
- Jamila Jones - ProHealth Partners - Area III
- Michelle Kaminski - PSL Swaim HC @ Green Ridge Village - Area II
- Angie Leisey - StoneRidge Retirement - Towne Centre - Area II
- Sandee Smith - Garvey Manor Nursing Home - Area II
- Michelle Snyder - Quincy Village - Area II
- Jessica Toner - The Jewish Home of Greater Harrisburg - Area II
- Abigail Wagner - Ware Presbyterian Village - Area III
- Rebecca Wilson - Garvey Manor Nursing Home - Area II
- Nan Yeater - Valley View Retirement Community - Area II