



# FADONA® FOCUS



*Florida Association Directors of Nursing Administration/LTC*

*Together, we can have a positive impact on Long-Term Care!*

## FADONA's 30<sup>th</sup> Anniversary Convention Carrying the Torch of Leadership 2017

Rosen Plaza Hotel, Orlando • March 13-16, 2017

# Honoring Our Past, Celebrating the Future



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**Jean Nelson** – (813) 367-7321  
jeannelson5@verizon.net

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Cell: (941) 773-9284  
susie1rn@aol.com

**2<sup>nd</sup> Vice President: 2013-2018**

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norma@rbhealthpartners.com

**Secretary: 2016-2018**

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**Reuben Bowie**

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## Regional Vice Presidents

**Region I Vice President: 2015-2017**

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**Region II Vice President: 2012-2018**

**Jacqueline Hinerman** – (352) 732-2449  
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**Region III Vice President: 2016-2017**

**Kimberly Biegasiewicz** – (352) 750-6619  
Kim.Biegasiewicz@greystonehealth.com

**Region IV Vice President: 2016-2018**

**Bobbi Jo Rivera** – (352) 567-3122  
brivera@royaloaknursingcenter.com

**Region V Vice President: Vacant**

**Region VI Vice President: 2016-2018**

**Elizabeth Page** – (305) 790-2689  
epage@polarisrx.com

**Region VII Vice President: 2013-2017**

**Amina Dubuisson** – (954) 495-7788  
adubuisson@greystonehealth.com

## Business Office

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# Message from the President



reetings  
FADONA mem-  
bers! Can you  
i m a g i n e ?

FADONA has been around for 30 years? FADONA will be having two celebrations this year! Our Annual Convention in March — Honoring Our Past, Celebrating the Future — and a cruise leaving Port Canaveral on Oct. 27 and

returning the morning of Oct. 30. We're sailing on RCCL Cruise Line's Majesty of the Seas. FADONA has successfully hosted cruises every five years. They typically feature a smaller, more intimate group of nurse leaders, administrators, and vendors.

So to start off our 30<sup>th</sup> Anniversary Convention on Monday, March 13, we are offering an 8-hour, Optional Pre-Convention Day, NADONA Infection Control & Prevention Certification Prep Course with J. Hudson Garrett Jr., PhD, MPH, MBA, FNP-BC, FACDONA; chief clinical officer. This workshop will prepare you to take the NADONA Certification Exam and expertly meets the new CMS requirements.

For the rest of the week, we have a fantastic lineup of speakers and subjects to meet everyone's needs. Our keynote speaker on Tuesday is Sara Hamm, RN, BSN, MS, CDP, FACDONA; vice president of Successful Aging & Health Services with Lifespace Communities.

Some of the exciting topics we will be covering include: Improving Relationships with Your Boss: Transforming Reactivity with Dr. Debra Hagerty; New Rules to Live by – State Operations Manual Changes 2017 & Beyond with Leah Killian-Smith; Reducing Avoidable Hospital Readmissions



Jean Nelson

– Expert Panel with Leonard Hock, DO, CMD; Sheryl Love, RN, BSN, LHRM; HSAG's Edna Clifton, MBA, BSN, RN; and AHCA's Kim Smoak, MSH, QIDP; Assessment of Pressure Injuries with Jeri Lundgren, RN. Other topics include Regulatory Compliance Workshop; Advance Directives and the Impact of

the Representative on the Role of Substitute Decision-maker; How to Attract, Hire, and Retain Top Nursing Talent and Onboarding Employees for Success; Putting QAPI to the Test; Infection Prevention & Surveillance Practices for Residents with Skin infections & Chronic Wounds. And many more great subjects.

We will be having our Annual Awards

Ceremony on Wednesday. So, make sure you have turned in your nominations for the 2017 Nurse Administrator of the Year Award, which is sponsored by OPTUM-Care, and entries for the Annual LPN & CNA Awards of Excellence, sponsored by RB Health Partners, and recognize your staff! Please join us and say hello to many of our past presidents!

There will be an amazing Trade Show on Tuesday and

Wednesday, and a Casino Fun Night, *Stay Calm and Get Your Irish On!*

We have had an excellent year of firsts! We hosted regional symposiums in three areas — Never Too Late to be Up-to-Date! — with expert speakers Robin Bleier, Pamela Scarborough, and A.C. Burke. Hope you were able to attend one of the meetings offered in Jacksonville, Orlando, and Miami.

Continued on page 19

**FADONA has been a big part of my life for the last 20 years. I have learned so much from all of my peers and leaders in Florida, and met so many amazing people.**

# Regional Reports



REGION I

Sharyn Figgins

**Region I—Northwest**

1A—Bay, Escambia, Holmes, Okaloosa, Santa Rosa, Walton, Washington; 1B—Jefferson, Madison, Calhoun, Leon, Taylor, Franklin, Gadsden, Gulf, Jackson, Liberty, Wakulla

We continue to network and support each other through our e-mail contacts. We can ask the group questions, see how others are handling specific issues, support each other when one is in survey, and share survey results.

Feel free to contact me with questions, ideas, or suggestions for our region at (850) 313-6325. If you want to be added to our contact list, let me know at rgsqf@aol.com.

**Sharyn Figgins, RN, MSN**  
Region I Vice President



REGION II

Jacqueline Hinerman

**Region II—Northeast**

2A—Hamilton, Lafayette, Alachua, Marion, Clay, Nassau, Suwannee; 2B—Dixie, Union, Putnam, Baker, St. Johns, Columbia, Gilchrist; 2C—Levy, Bradford, Duval, Flagler

We are currently looking for facilities to host FADONA meetings in the Jacksonville and Ocala areas. This is a great time to share with your colleagues the

wonderful things you may be doing at your facilities. If you are interested in hosting a meeting, or would like to be on our e-mail list, please send me a message.

Jacqueline Hinerman, phone (352) 732-2449; e-mail [jacqueline.hinerman@northporthealth.com](mailto:jacqueline.hinerman@northporthealth.com).

**Jacqueline Hinerman, RN**  
Region II Vice President



REGION III

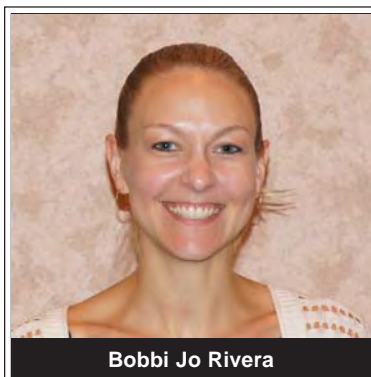
Kimberly Biegasiewicz

**Region III—Centraleast**

3A—Lake, Osceola, Orange, Seminole  
3B—Volusia, Hardee

We are planning our next regional meeting and need your help! Contact me at (352) 750-6619 or [Kim.Biegasiewicz@greystonehealth.com](mailto:Kim.Biegasiewicz@greystonehealth.com).

**Kimberly Biegasiewicz**  
Region III Vice President



REGION IV

Bobbi Jo Rivera

**Region IV—Centralwest**

4A—Hillsborough, Pinellas, Highlands, Polk  
4B—Hernando, Sumter, Citrus, Pasco

We are looking for ways to regenerate and come together for support and networking opportunities.

If you are interested in getting involved, this is a great way and I am here to assist. Getting together gives area DON and nurse leaders an opportunity to see what's new in the industry and also leave plenty of time to network with colleagues.

Pinellas County chapter has new leadership. Our thanks to Liz Raymond for her years of service. We continue to meet the second Tuesday of the month at The Banquet Masters in Seminole.

Congratulations to the new 2017 Board:  
**Jeri Reed**, President

lrcbabs@aol.com (727) 439-5381

**Shalika Vitta**, Vice President

svitta80@gmail.com (727) 216-5126

**Tory Flood**, Secretary

tory.flood@ahss.org (727) 858-1268

**Rhonda Blum**, Treasurer

rblum@geiger.com (727) 232-6250

We look forward to an exciting 2017!

The Pinellas County chapter wishes everyone a Happy New Year!

I am also available to assist in any way and can be contacted at (352) 567-3122 or [brivera@royaloaknursingcenter.com](mailto:brivera@royaloaknursingcenter.com). I encourage you all to get involved in the events and meetings occurring within the counties under Region IV.

**Bobbi Jo Rivera**  
Region IV Vice President

**SCHOLARSHIPS**  
**AVAILABLE**

FADONA is currently accepting scholarship applications — including the **Imogene Ward Nursing Scholarship Award** — from eligible applicants.

If interested, please go to <http://fadona.org/scholarship.html> or call the business office at (561) 683-0037.

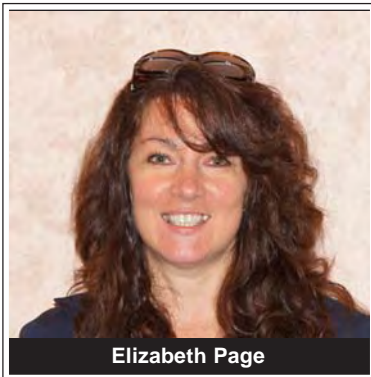
**Regional REPORTS**

**Region V—Southwest**

5A—Manatee, Charlotte, Collier

5B—Desoto, Lee, Sarasota

If you have any questions for or about Region V, please call the FADONA business office at (561) 683-0037 or e-mail [icordes@bellsouth.net](mailto:icordes@bellsouth.net).



Elizabeth Page

REGION VI

**Region VI—Southeast**

6A—Palm Beach; 6B—Brevard, Indian River, St. Lucie, Martin, Okeechobee; 6C—Hendry, Glades

If you would like information on future meetings and events for the Palm Beach County chapter, please call **Andrew Rosebrough**, PBC-DONA community liaison, at (561) 723-7888 or e-mail [andrew@pmdxu.com](mailto:andrew@pmdxu.com).

If you have any other questions for or about Palm Beach County chapter, please call **Debbie Grotke**, chapter president, at (561) 683-1400; e-mail [grotke@anho.edu](mailto:grotke@anho.edu).

If you have any questions for or about Region VI, please call me at (305) 790-2689 or e-mail [epage@polarisrx.com](mailto:epage@polarisrx.com).

**Elizabeth Page**  
Region VI Vice President

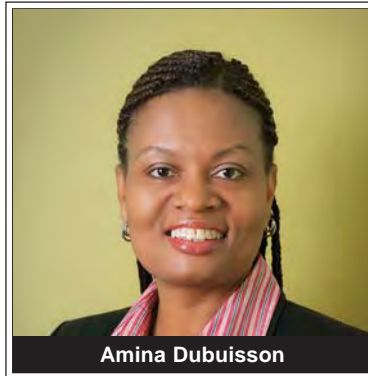
**Region VII—Southeast**

Miami-Dade, Monroe, and Broward Counties

This region runs from Deerfield Beach all the way south to Key West.

**Broward County Chapter**

For information regarding the Broward County chapter, call or text **Heather Grasso**, secretary, Broward



Amina Dubuisson

REGION VII

FADONA, at (561) 275-9273 or via [fadonabroward@gmail.com](mailto:fadonabroward@gmail.com).

If you are interested in helping grow our region, contact **Amina Dubuisson** at (954) 790-5171, or [adubuisson@greystonehealth.com](mailto:adubuisson@greystonehealth.com).

**Amina Dubuisson**  
Region VII Vice President

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- ✓ Educational Awards
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- ✓ National Network
- 📞 Contact NADONA at **800-222-0539** for additional information.

What would you do if you discovered the Golden Egg?

Visit the **CareerCenters** at [www.fadona.org](http://www.fadona.org) and [www.fmda.org](http://www.fmda.org).

*These are the official online CareerCenters of the Florida Association Directors of Nursing Administration and FMDA – The Florida Society for Post-Acute and Long-Term Care Medicine.*

These **CareerCenters** are a **treasured** online resource designed to connect long-term care industry employers with the largest, most-qualified audience of nurses, nurse administrators, directors of nursing, medical directors, physicians, physician assistants, and advanced practice nurses in Florida.

**Job Seekers** may post their résumé (**it's FREE**) — confidentially, if preferred — so employers can actively search for you. **Let these CareerCenters help you make your next employment connection!**

# FADONA Proudly Presents its 30<sup>th</sup> Anniversary Convention: Carrying the Torch of Leadership 2017

Convention Corner by Susie Jensvold, RN; 1<sup>st</sup> Vice President, and Chair, Convention Planning Committee, FADONA

**I**t is awesome that FADONA has hosted 30 conventions and we look forward to many more. This year's theme is dedicated to Honoring Our Past, Celebrating the Future.

On Monday, March 13, Pre-Convention Day, FADONA is offering the 8-hour NADONA National Board Certification Preparatory Course taught by NADONA's Chief Clinical Officer, Dr. Hudson Garrett. He is an internationally known expert in infection prevention and control and infectious diseases. This course will meet and exceed the new CMS requirements for the Infection Preventionist training.

A Welcome Reception is planned for Monday from 5:30 to 7:30 p.m. and it is spon-



Susie Jensvold

sored by Consulate Health Care.

The Planning Committee has crafted an interesting and packed agenda with state and national experts to continue our mission of leadership and education.

The keynote address on Tuesday will be Nursing Leadership Essentials presented by Sara Hamm, vice president of

Successful Aging and Health Services, Lifespace Communities.

Other speakers include Kim Smoak, chief of field operations, Agency for Health Care Administration; Jeri Lundgren, president, Senior Providers Resource; Attorney Raws Williams; Robin Bleier, president, RB Health Partners; Dr. Pamela Scarborough, director of Public Policy and Education, American Medical Technologies;


to name a few.

We are also featuring a panel of statewide experts on Reducing Avoidable Hospital Readmissions. Don't miss this session.

There is a Casino Fun Night themed *Stay Calm and Get Your Irish On!* If you're enough lucky to be Irish... You're lucky enough!

Please mark your calendars immediately and talk with your administrator/executive director regarding the importance of attending the convention.

The agenda and registration form are available on pages 7 and 10. Do not hesitate to contact the FADONA business office at (561) 683-0037, with any questions you may have.

We look forward to seeing everyone in March for fun times, networking, camaraderie, and exciting education! 

## So Many Reasons to Register Today!

Sign up today for the most innovative lineup of clinical, administrative, and motivational offerings — not to mention, the best LTC educational value in Florida.

- ✓ **Optional Pre-Convention** — 8-hour NADONA National Infection Prevention Board Certification Preparatory Course taught by NADONA's Chief Clinical Officer, Dr. Hudson Garrett, who is an internationally known expert in infection prevention and control and infectious diseases. • Course meets the new CMS requirements for the Infection Preventionist training
- Complimentary access to online training webinars and also an eBook containing all clinical recommendations for infection prevention and control for LTC health care settings. • Space is limited. • Open to all LTC health care professionals. • Receive a \$50 coupon to take the board certification from NADONA.
- ✓ **Welcome Reception** — 5:30-7:30 p.m., Monday, March 13 — Sponsored by **Consulate Health Care**
- ✓ State-of-the-art presentations by expert nurses, regulators, consultants, physicians, and pharmacists who understand LTC
- ✓ 90-minute **AHCA Regulatory Compliance Workshop: Highlights from CMS' New Conditions of Participation**
- ✓ **SAVE MONEY with Flexible Options & Affordable Fees:** ❖ Discounted early-bird registration fees ❖ Half price for 1<sup>st</sup>-time members
- ✓ **"Amazing Wednesday — March 15, 2017!"**
  - ❖ Includes all educational sessions on March 15; CEs/CEUs; Awards Recognition; Trade Show pass; Product Theater Luncheon — **ONLY \$115**
  - ❖ Special rate for additional staff members from the same facility, organization, or corporation — **ONLY \$95**
- ✓ **Seminar Tickets:** Any single educational seminar starting with session #102 on Tuesday, March 14 — **ONLY \$25**
- ✓ **Book of Seminar Tickets:** Any four (4) seminars of your choice from sessions #102 through #116 — **ONLY \$85**
- ✓ **CEs/CEUs:** Earn a maximum of **23 CEs/CEUs** for Florida licensed nurses and Florida licensed nursing home administrators.
- ✓ **Convenient Registration Options:** 1. Register online and pay by credit card at [www.fadona.org](http://www.fadona.org).  
2. Join NADONA/FADONA now and get the member rate. Attach a copy of your online confirmation to the registration form, or fax it to (561) 689-6324.
- ✓ **\*Hotel Reservations:** \$169 per night (single/double), no resort fee, **50% discounted self-parking** for overnight hotel guests, good three (3) days pre- and post-program dates, based on availability. Call the **Rosen Plaza Hotel, 9700 International Drive, Orlando, FL 32819; (800) 627-8258; or (407) 996-9700** (hotel direct) and identify yourself as part of the **FADONA Convention Group** to receive the group rate. You may also reserve online by going to [www.fadona.org/convention.html](http://www.fadona.org/convention.html). \* Reservations must be made no later than **Feb. 15, 2017**.



**Register Online Today at [www.fadona.org](http://www.fadona.org)**

# Carrying the Torch of Leadership 2017

## MONDAY, MARCH 13

8 a.m.-6:15 p.m. **REGISTRATION & INFORMATION**

Optional Pre-Convention Day

**NADONA Infection Control & Prevention Certification Prep Course**

(101) 8.0 hours

8:30 a.m.-5:45 p.m. *J. Hudson Garrett Jr., PhD, MSN, MPH, MBA, FNP-BC, PLNC, CDONA, CADDCT, CDP, CALN, GDCN, FAAPM, VA-BC™, IP-BC, FACDONA; Chief Clinical Officer*

5:30-7:30 p.m. **WELCOME RECEPTION –**

Sponsored by Consulate Health Care — *Everyone is Invited!*

## TUESDAY, MARCH 14

7:30 a.m.-5 p.m. **REGISTRATION & INFORMATION**

8:30-9:30 a.m. **Keynote Address: Nursing Leadership Essentials**

(102) 1.0 hours

*Sara E. Hamm, RN, BSN, MS, CDP, FACDONA; Vice President of Successful Aging & Health Services, Lifespace Communities*

9:40-10:40 a.m. **New Rules to Live By - SOM Changes for 2017**

**and Beyond** (103) 1.0 hour

*Leah Killian Smith, BA, NHA, RHIA; Director of Governmental Services and Quality Assurance, Pathway Health*

10:45-11:45 a.m. **Improving Relationships with Your Boss:**

**Transforming Reactivity** (104) 1.0 hour

*Debra Hagerty, DNP; Assistant Professor, Armstrong Atlantic State University*

11:50 a.m.-12:50 p.m. **Product Theater Luncheon Program (Non-CE) COPD in the Long-Term Care Setting** – Presented by Sunovion

12:55-2:25 p.m. **Reducing Avoidable Hospital Readmissions Expert Panel** (105) 1.5 hours

- **Leonard Hock Jr., DO, CMD, MACOI, HMDC;** Chief Medical Officer, Harbor Palliative Care & AIM, TrustBridge Health; President, FMDA - The Florida Society for Post-Acute and Long-Term Care Medicine
- **Cheryl D. Love, RN, BSN, BS-HCA, MBA, LHRM, CPHRM;** Director of Quality and Patient Safety, Florida Hospital Association
- **Edna B. Clifton, MBA, BSN, RN;** Associate Director Care Transitions, Health Services Advisory Group, Inc.
- **Kimberly R. Smoak, MSH, QIDP;** Chief of Field Operations, Health Quality Assurance, Agency for Health Care Administration

2:30-3:30 p.m. **Concurrent Session A1: Assessment of Pressure Injuries (Ulcers) Utilizing the New NPUAP Definitions** (106) 1.0 hour

*Jeri Lundgren, RN, BSN, PHN, CWS, CWCN, CPT; President, Senior Providers Resource*

2:30-3:30 p.m. **Concurrent Session A2: Sexuality, Intimacy, and Quality of Life for Seniors** (107) 1.0 hour

- **Lawrence Siegel, MA, CSE, AASECT;** Sage Institute for Family Development
- **Joy Siegel, EdD, MBA;** Senior Solutions

3:30-6 p.m. **ANNUAL TRADE SHOW & SILENT AUCTION**

Official Opening & Silent Auction in the Exhibit Hall to benefit FADONA's Scholarship Fund

6-7 p.m. **Regional Roundtable Discussions** (108) 1.0 hour

## WEDNESDAY, MARCH 15

7:30 a.m.-5 p.m. **REGISTRATION & INFORMATION**

7:30 – 8:30 a.m. **Wellness Tips and Light Exercise for Your Health and the Health of Your Residents and Staff** with Certified Personal Trainer **Jeri Lundgren, RN, BSN, PHN, CWS, CWCN, CPT;** President, Senior Providers Resource (109) 1.0 hour

8:40-10:10 a.m. **AHCA Regulatory Compliance Workshop: Highlights from CMS' New Conditions of Participation** (110) 1.5 hours

*Kimberly R. Smoak, MSH, QIDP;* Chief of Field Operations, Health Quality Assurance, Agency for Health Care Administration

10:15-11:15 a.m. **Advance Directives and the Impact of the Resident Representative on the Role of the Substitute Decision-maker** (111) 1.0 hour

*Karen Goldsmith, Esq.;* Goldsmith & Grout, P.A.

11:20 a.m.-12:20 p.m. **Concurrent Session B1: Reduce Readmission with Medication Management in Care Transitions** (112) 1.0 hour

- **Blanca Morales, PharmD;** Pharmacy Director, Partner Care Pharmacy
- **Kelley Rice-Schild, NHA;** Partner Care Pharmacy

11:20 a.m.-12:20 p.m. **Concurrent Session B2: How to Attract, Hire and Retain Top Nursing Talent and Onboarding Employees for Success** (113) 1.0 hour

- **Steve Waterhouse, BSEE;** CEO, Predictive Results
- **John Dalton, BA;** Owner / CEO, Optimum RTS

12:25-1:05 p.m. **ANNUAL AWARDS RECOGNITION PRESENTATION OF AWARDS for 2017**

*Nurse Administrator of the Year Award* is sponsored by **OPTUMCare**. *Annual Awards of Excellence* are sponsored by **RB Health Partners**.

1:10-2:10 p.m. **Product Theater Luncheon** – Presented by Janssen Pharmaceutical Companies of Johnson & Johnson

2:15-4:45 p.m. **TRADE SHOW, SILENT AUCTION, DOOR PRIZES**

7-10 p.m. **Themed Fun Night: Stay Calm, Get Your Irish On!**

Fun Casino Tables, Chinese Auction, Exceptional Food, Drinks, Camaraderie & Entertainment!

Sponsored by the **Alliance Council's Platinum Partners**

## THURSDAY, MARCH 16

8 a.m.-1:30 p.m. **REGISTRATION & INFORMATION**  
8-9 a.m. **COFFEE AND LIGHT BREAKFAST**

8:30-10 a.m. **Putting QAPI to the Test! QAPI Meeting from DON and Administrator's Perspective** (114) 1.5 hours

- **Robin A. Bleier, RN, LHRM, CLC;** President, RB Health Partners; With special guests.
- **Betty Barron, MSN;** Director of Nursing, Bear Creek Nursing Center
- **Kimberly Biegasiewicz, RN;** Greystone Regional Director of Clinical Operations, The Greater Villages Region
- **Amina Dubuisson, RN, MSN, MBA/HCM, LNHA;** Executive Director at North Beach Rehabilitation Center

10:10-11:10 a.m. **Fine-Tune Your Paper Trail!** (115) 1.0 hour  
*Rawsi Williams, RN, Esq.;* Rawsi Williams Law Group

11:15 a.m.-12:45 p.m. **Infection Prevention and Surveillance Practices for Residents with Skin Infections and Chronic Wounds** (116) 1.5 hours

- **Pamela Scarborough, PT, DPT, MS, CDE, CWS, CEEAA;** Director of Public Policy and Education, American Medical Technologies

12:45 p.m. **DOOR PRIZES & END OF CONVENTION**

Note: Sessions and speakers are subject to change.

# The Role of the Resident Representative

By Karen L. Goldsmith, Esq.; Goldsmith & Grout, PA

**I**n Phase I of the new CMS regulations for nursing homes, effective Nov. 28, a new “creature” is created called the resident representative. This person is someone identified by the resident, either formally or informally, with powers typically delegated to that person by the resident. In some cases, the resident representative is appointed by law. Both will be discussed in this article.

A clear understanding of the role of the resident representative is particularly important in Florida. We have a very specific law that permits a person to appoint a health care surrogate, or a provider to appoint a health care proxy when the resident has failed to make this appointment. The authority the resident can give to the resident representative overlaps the health care surrogate/proxy laws in several ways.

The Florida Advance Directives law permits a person designated by the resident as the health care surrogate to:

- Make health care decisions for the incapacitated resident
- Consult with health care providers
- Provide written consent for treatment or care
- Decline treatment or care
- Be given access to medical records
- Apply for public benefits
- Authorize release of information to certain individuals
- Authorize admission, transfer or discharge of the resident

The proxy’s responsibilities include all of these with specific requirements if a decision involves a life-prolonging procedure.

Both should act in accordance with the resident’s wishes or, if the wishes are unknown, in the best interest of the resident.

(See Florida Statute 765.205 for more detail.)

We also have guardianship and conservator laws that permit a court to empower a third party to handle affairs of



Karen Goldsmith

an incapacitated individual. This can be all decisions or limited in scope. Reading the appointment papers issued by the court is essential to determine the authority.

The resident representative, on the other hand, derives his authority from directions of the resident in line with federal regulatory authority. The resident

representative, subject to approval, of the resident, may:

- Support the resident in decision making
- Access medical, social, or other personal information of the resident
- Manage financial affairs
- Receive notifications (such as transfer/discharge notice, change in condition)

**The authority the resident can give to the resident representative overlaps the health care surrogate/proxy laws in several ways.**

Like the health care surrogate/proxy, the resident representative must act in the best interests of the resident.

The resident representative may be court-appointed (guardian or conservator), authorized by law (surrogate or proxy), or appointed by the resident. If the resident representative is appointed by the resident there need not be a determination of incapacity as would be required for surrogates, proxies, guardians, and conservators to act.

The scope of the authority given to the resident representative is determined by the

legal documents appointing that person or the details of the resident’s appointment.

Why is this important? Because, while some of the authority given to the surrogate/proxy, guardian, or agent under a power of attorney overlaps that given to the resident representative, some of it may not. For example, a health care surrogate does not have the broad authority to manage the resident’s finances, only the limited ability to pay for care. The resident representative does not have the authority to make resident health care decisions, but the ability to support the resident in making decisions.

It is critical that the resident understands the role each plays. If the resident wishes to appoint a resident representative but already has a health care surrogate, the resident needs to understand what each can do. In fact, if both are appointed and are different people, you may have two individuals involved in the care planning process, each with distinct aspects of their role.

Perhaps the resident wants to change the identity of their health care surrogate rather than just appoint a resident representative and this determination needs to be made and crystal clear to staff.

HIPAA comes into play here as well. The resident needs to understand what information the resident representative may receive. If the resident does not want the resident representative to get access to their medical records, they should limit the authority given to that person. Likewise, staff needs to know the boundaries of the authority of each resident representative to access information.

There are times when both a surrogate and a resident representative are helpful. For example, if a surrogate is out of town, a resident representative could attend care plan meetings and report to the surrogate.

Important points to remember:

- A health care surrogate can also be a resident representative but a resident representative is not necessarily a health care surrogate.

Continued on page 11



# Carrying the Torch of Leadership 2017

## Convention News

### Continuing Education

This educational program will be approved for **23** maximum contact hours for **Florida licensed nurses** and **nursing home administrators** by FADONA, CE Broker Provider #50-682. **ANCC Accreditation:** This continuing nursing education activity is being applied for through the Alabama State Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

### "Paperlite" Convention

In keeping with our organization-wide initiative, the convention will be paperlite – not paper free. This means that we will not be providing printed session handouts.

FADONA has its own mobile app. The app contains many exciting features and is available now and throughout the year. Download it for free in iTunes and Android stores by searching for "FADONA" or "Florida Association Directors of Nursing Administration." The app will work on tablets and smartphones and will allow you to view convention information, including the agenda and speaker handouts.

Handouts will also be available online for paid registrants at [www.fadona.org](http://www.fadona.org). This will allow you to view and print them without charge before you arrive. Look for the handouts to be posted online **7-10 days prior** to the convention.

If you prefer, for an extra charge of **\$75**, you may order a printed set of handouts no later than **March 1**, and it will be ready for you at the registration counter when you arrive. However, please be aware that we cannot ensure the availability of every PowerPoint presentation or handout for every session.

### Fun Homemade, Themed Gift Basket Contest & Silent Auction

We are inviting all our members, convention attendees, and exhibitors to create and donate themed, homemade gift baskets for the silent auction in the Exhibit Hall. Baskets will be judged by a panel of Platinum Partners and the winners will receive great door prizes at Fun Night.

All proceeds from the sale of these baskets will benefit the FADONA Scholarship Fund. Over the years, FADONA has provided more than \$20,000 in scholarships to its members and their staff and, with your support, we will be able to continue our noble tradition.

For more information on how you can participate, please call Cindi Taylor at the FADONA business office at **(561) 683-0037**.



### Rosen Plaza Hotel, Orlando

Please note that FADONA is financially responsible for all hotel rooms reserved in its group block. Any unused rooms, not sold, are still billed to FADONA in the form of attrition. We ask for your support in booking only at the convention hotel to ensure we fill the room block and can continue to offer discounts to our attendees. We ask that you reserve hotel rooms realistically and cancel any unneeded rooms with as much notice as possible. Thank you for your cooperation.

### Attendee Comments from Carrying the Torch of Leadership Said it Best!

*"I enjoy going to FADONA because they provide excellent information to enhance the work place."*

Peggy M., RN, North Miami

*"Great conference."*

Jeannette B., RN, NHA; Osteen

*"Excellent presentation of knowledge and experience in an engaging and entertaining way. Fantastic speakers with relevant and helpful content."*

Sara H., High Springs

*"Overall, the presenters and topics were superb and this was a stimulating and educational event. Thank you!"*

Nancy N., RN, Palm Beach Gardens

*"First time participant as an NHA, very much enjoyed and will return."*

Marc F., NHA, Ocala

*"I really enjoy our conference, all the presentations were professionally presented and relate to my daily responsibilities."*

Patricia H., RN, West Riviera Beach

*"Thank you for a great experience. I wish I could have attended the whole convention."*

Sauder S., RN, Apopka

*"Once again FADONA has provided lectures that are pertinent to our day-to-day job as Director of Nurses!"*

Rose D., Clearwater

*"Great convention! Loved all the CEUs."*

Beverly E., RN, Ormond Beach

*"This conference offered a wealth of knowledge and fosters relationships with other LTC nurses that would be much harder to develop. Very, very nice conference."*

Jeri B., RN, Viera

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## Our Sponsors Rock!

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**RB Health Partners** – LPN & CNA Awards of Excellence

**OPTUMCare** – Nurse Administrator of the Year Award

**Guardian Pharmacy** – Hotel Key Cards

**FADONA's Platinum Partners** – Casino Fun Night



# Register Today for FADONA's 30<sup>th</sup> Anniversary Convention & Trade Show

Rosen Plaza Hotel, Orlando • March 13-16, 2017

**Convention Highlights:** ✓ Focus on skills needed to be "Exceptional" DONs and nurse administrators ✓ Earn contact hours for RNs, NHAs, LPNs, with requested ANCC approval for nurses ✓ CDC/ANA Recognized NADONA Infection Control & Prevention Certification Prep Course ✓ Annual Awards Celebration ✓ Alliance Council Sponsored Fun Night ✓ Nationally recognized speakers ✓ Innovative and timely programming ✓ Special members-only registration fee for first-timers ✓ Special registration fee for 2<sup>nd</sup>, 3<sup>rd</sup>, etc., person from the same facility for Amazing Wednesday ✓ Full registration includes all planned meals ✓ Meet manufacturers and suppliers, and stay current with the changes in the industry's products, services, and trends at our Annual Trade Show ✓ Great door prizes ✓ Relax and have a blast with new and old friends at this year's Welcome Reception ✓ Register online at <http://fadona.org/convention.html>



**FADONA's**  
**Carrying the Torch**  
**of Leadership**

## 2017 FADONA Convention Registration Form

*Not a member? Join now at [www.fadona.org](http://www.fadona.org) or call the business office for an application and mail it directly to NADONA (attach and mail a copy of the form and accompanying payment to FADONA). Registration forms without fees cannot be processed. Please use separate registration form for each person.*

Name \_\_\_\_\_ Title \_\_\_\_\_

Circle all appropriate professions: RN / LPN / NP / NHA \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

LTC Facility Name/Org. \_\_\_\_\_

Home Address \_\_\_\_\_

County \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

### [ ] **YES!** Here are my 2017 FADONA Convention Registration Fees.

- |   |                    |
|---|--------------------|
| 1. <b>Early-Bird "Full Registration":</b> * \$295 for members and \$350 for non-members on or before <b>Feb. 17, 2017</b> .<br>— After Feb. 17, the fee is \$350 for members and \$425 for non-members.   | \$ _____           |
| 2. <b>First-Time Attendees:</b> "Full Registration" fee* for members only .....   | \$245 \$ _____     |
| 3. <b>Optional Pre-Convention on March 13: NADONA Infection Control &amp; Prevention Certification Prep Course:</b> This 8-hour course includes a \$50 coupon towards NADONA's nationally recognized certification exam. \$175 for member; or \$195 for non-members ..... | \$ _____           |
| 4. <b>"Amazing Wednesday!"</b> Includes all educational sessions on March 15; contact hours for RNs, LPNs, NPs, and NHAs; Annual Awards Celebration, Annual Trade Show, and Product Theater Lunch .....   | \$115 \$ _____     |
| ✓ <b>Special Rate:</b> Additional staff members (per person) from the same facility, organization, or corporation.....  | \$95 \$ _____      |
| 5. <b>Seminar Tickets:</b> Any single educational seminar on March 14-16 (1- to 1.5-hour seminars) .....  | \$25 \$ _____      |
| 6. <b>Book of Seminar Tickets – Not intended for vendors:</b> Any 4 seminars of your choice on March 14-16 (1- to 1.5-hour seminars, includes Trade Show pass).....   | \$85 \$ _____      |
| 7. <b>Fun Night on Wednesday, March 15:</b> Each paid Full-Registrant above receives one (1) ticket.<br>Extra tickets for spouses or guests (this rate is not available to vendors or exhibitors) .....   | \$75 each \$ _____ |
| 8. <b>Optional Printed Handouts</b> (see details below) .....   | \$75/set \$ _____  |
- Total Amount Enclosed** — Please use separate registration forms for each registrant..... \$ \_\_\_\_\_

\* **Full Registration Fees:** Includes attendance at all FADONA educational sessions **Tuesday, March 14- Thursday, March 16, 2017**; all planned meals and receptions; CEs/CEUs for Florida-licensed RNs, NPs, LPNs, and NHAs; trade show pass; one (1) ticket to Fun Night; product theaters; and eligibility to win great door prizes. Register online at <http://fadona.org/convention.html>

**Handouts:** All handouts provided to us by the speakers will be available at [www.fadona.org](http://www.fadona.org) at least **7-10 days** before the convention, so you may print them without charge before you get to the convention. If you prefer, for an extra charge of **\$75**, you may order a set of handouts now when you register, and it will be ready for you when you arrive at the convention. However, please be aware that we cannot ensure the availability of every PowerPoint presentation or handout for every session due to the speakers' timeliness of providing their materials.

**Refund/Cancellation Policy:** All requests for attendee refunds must be made in writing and received on or before **March 1, 2017**. There will be a **\$50** administrative fee on all attendee refunds. There will be no attendee refunds after **March 1, 2017**. **Refund requests due to AHCA regulatory surveys will be given priority.**

**Returned-Check Policy:** There is a **\$35** charge for all checks returned from the bank.

**Special Needs:** Let us know if you would like to request a special diet or if you have other needs during your stay with us. Contact the business office for more information.

**Hotel Reservations:** Registration fee does not include hotel accommodations. **Rosen Plaza Hotel:** The special FADONA group rate is **\$169** per single/double occupancy with no resort fee, and 50% discount off self-parking for overnight guests. Hotel will provide group rate for three (3) days pre- and three (3) days post-program dates, based on availability. Complimentary high-speed internet access in guestrooms and public spaces with basic wireless internet access in the assigned meeting rooms and pre-function areas.

For hotel reservations, call **1-800-627-8258**; or **407-996-9700** (hotel direct) and identify yourself as part of the FADONA Convention Group to receive the group rate. You may also reserve online by going to [www.fadona.org/convention.html](http://www.fadona.org/convention.html).

\* Reservations must be made no later than Feb. 15, 2017. Reservations requested after the cut-off date will be on a space-available basis.

**Make all payments payable to FADONA and mail to: 400 Executive Center Drive, Suite 208, West Palm Beach, FL 33401.**

**Questions? Call the FADONA Business Office at (561) 683-0037; Fax: (561) 689-6324**


**Register online at <http://fadona.org/convention.html>**

**The Role of the Resident Representative**

Continued from page 8

- Just as a resident can limit the powers of a health care surrogate to something less than all the powers set out in the statute, a resident can give limited authority to the resident representative and should be given that option.
- The appointment of a resident representative does not suspend HIPAA requirements so it is essential that staff know what is in the document appointing that person.
- The facility should have a form it uses to indicate the authority given to the resident representative.
- If the resident declines to appoint someone, get that in writing as well.

- Appointing their health care surrogate or proxy as resident representative does not automatically limit the authority of the surrogate/proxy to that which may be given to the resident representative. Unless the resident specifically changes the document appointing the surrogate, the authority would remain the same.
- Staff needs to be aware of the authority of each resident representative since that person may be asking for information or wanting notifications to be given to them.

As this concept develops we will see where the issues arise and how to find solutions to them. If you have any issues, please feel free to contact me at (407) 312-4938 or [kgoldsmith@ggflawfirm.com](mailto:kgoldsmith@ggflawfirm.com). If I can help, I will be happy to do so. 



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# Five-Star Quality Rating System – A Primer

– The Five-Star Technical User’s Guide has been updated and is available online.



MS created the Five-Star Quality Rating System to help consumers, their families, and caregivers compare nursing homes more easily and to help identify areas about which you may want to ask questions.

The Nursing Home Compare website features a quality rating system that gives each nursing home a rating of between 1 and 5 stars. Nursing homes with 5 stars are considered to have much above average quality and nursing homes with 1 star are considered to have quality much below average. There is one Overall 5-star rating for each nursing home, and a separate rating for each of the following three sources of information:

**Health Inspections** – The health inspection rating contains information from the last three years of onsite inspections, including both standard surveys and any complaint surveys. This information is gathered by trained inspectors who go onsite to the nursing home and follow a specific process to determine the extent to which a nursing home has met Medicaid and Medicare’s minimum quality requirements. The most recent survey findings are weighted more than the prior two years. More than 180,000 onsite reviews are used in the health inspection scoring nationally.


**Staffing** – The staffing rating has information about the number of hours of care provided on average to each resident each day by nursing staff. This rating considers differences in the levels of residents’ care need in each nursing home. For example, a nursing home with residents who had more severe needs would be expected to have more nursing staff than a nursing home where the resident needs were not as high.

**Quality Measures (QMs)** – The quality measure rating has information on 11 different physical and clinical measures for nursing home residents. The rating now includes information about nursing homes’ use of antipsychotic medications in both

long-stay and short-stay residents. This information is collected by the nursing home for all residents. The QMs offer information about how well nursing homes are caring for their residents’ physical and clinical needs. More than 12 million assessments of the conditions of nursing home residents are used in the Five-Star rating system.

**Caution** – No rating system can address all of the important considerations that go into a decision about which nursing home may be best for a particular person. Examples include the extent to which specialty care is provided (such as specialized rehabilitation or dementia care) or how easy it will be for family members to visit the nursing home resident. As such visits can improve both the residents’ quality of life and quality of care, it may often be better to select a nursing home that is very close over one that may be compared to a higher rated nursing home that would be far away. Consumers should therefore use the website only together with other sources of information for the nursing homes (including a visit to the nursing home) and state or local organizations (such as local advocacy groups and the State Ombudsman program).

In the Downloads section online, the Five-Star Quality Rating System Technical Users’ Guide provides in-depth descriptions of the ratings and the methods used to calculate them. Beginning with the March 2009 version, the Technical Users’ Guide consists of two documents: the Five-Star Quality Rating System Technical Users’ Guide and the Five-Star Quality Rating System State-Level Cut Point Tables. In addition, beginning with March 2009 we have posted a data file that contains reported, expected, and adjusted staffing time values for all nursing homes on Nursing Home Compare - Updated January 2017.

The updated guide is available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/fsqrs.html>. 

## Evaluation of the Quality Indicator Survey (QIS)

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/NHs.html>

**Agency:** Centers for Medicare & Medicaid Services (CMS), HHS.

**Executive Summary:** The Executive Summary of the Evaluation Report of the Quality Indicator Survey (QIS) is now available for download. The QIS evaluation was funded early in the 5-State QIS pilot, and was designed to answer questions about accuracy, documentation, changes in the number and type of deficiencies, and whether the QIS process is more efficient.

Improved consistency is inherently embedded into QIS processes, so this was not evaluated. The Study instead assessed whether the QIS also had beneficial effects on other aspects of the survey process, such as improving the accuracy of citations. Since the evaluation did not find improved accuracy, we conclude that non-QIS factors, including (a) survey guidance clarification, (b) training of surveyors, and (c) surveyor supervision are prudent approaches to improvement of accuracy.

CMS continues to issue improved surveyor guidance as well as to strengthen surveyor training. CMS also concluded that future QIS development efforts should concentrate on building upon the QIS strengths relative to consistency improvement, and on giving supervisors more tools to assess performance of surveyor teams.

Congratulations, FADONA, on 30 years of healthcare leadership!



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# Transition to Electronic Health Records Means Updates to Security Standards

By Heather L. Stewart, RHIT, CCS, CHPS; Health Informatics and Coding Consultant, RB Health Partners

**F**or providers, patient confidentiality and record security are important components of daily operation. However, many providers may not follow the most current security requirements. The Health Insurance Portability and Accountability Act (HIPAA) standards have been updated to ensure that covered entities (CEs) protect the confidentiality, integrity, and availability of all electronic personal health information (ePHI). This includes protections against anticipated threats or hazards to the security or integrity of ePHI.

These updates provide CEs guidance regarding implementation of customized security measures based on the size and complexity of a covered entity's technical infrastructure and software security capabilities. This customization is determined by the CEs based on the probability and criticality of the risk potentials determined after analysis.

The Office of Civil Rights (OCR) began Phase 2 audits in July 2016 for CEs and in the Fall of 2016 for business associates (BAs). Audits focused on either Security Rule controls or Privacy and Breach Notification rule compliance. The goal of these audits is to enhance industry awareness of requirements, identify problem areas, and develop tools and guidance to assist CEs with compliance evaluation, and breach prevention. A breach is the access, use, or disclosure of unsecured protected health information (PHI), by means not permitted by the HIPAA, which poses a risk of financial or other harm to the affected person. Audit processes and results will also be utilized to develop a permanent audit program. Thus, the importance of understanding and implementing the newest standards is of the utmost importance for all CEs and their BAs.

There are three areas of safeguards that must be reviewed: Administrative, Physical, and Technical. Each area has standards with required and/or addressable implementation specifications. CEs must implement all

required specifications and assess the appropriateness of all addressable specifications in relationship to their contribution to protecting the electronic protected health information (ePHI). If implementation of an addressable specification is not reasonable or appropriate, the CE must document why and implement an equivalent alternative measurement when possible.

The administrative safeguards cover the security management process. This includes the implementation of policies and

**The security officer, in conjunction with the privacy officer, is responsible for the development and implementation of a facility's privacy and security policies and procedures.**

procedures to prevent, detect, contain, and correct security violations. These policies include workforce security, sanctions, information access management, security and awareness training, disaster recovery and emergency operation planning, and incident response and reporting. Implementation specifications also include the completion of a risk analysis. The risk analysis is a detailed and accurate assessment of the potential vulnerabilities to the confidentiality, integrity, and availability of ePHI. Another required

specification is the appointment of a facility security officer. The security officer, in conjunction with the privacy officer, is responsible for the development and implementation of a facility's privacy and security policies and procedures. Lastly, the administrative safeguards update the requirements of the CE and their BAs. Business associate agreements (BAAs) should be reviewed to ensure that components of the safeguards are addressed and assurance is made that the BA will abide by the requirements.

The next safeguards are related to the physical environment and devices in which the ePHI is maintained and stored. Collectively, these are known as the physical safeguards. CEs should have policies and procedures in place to limit access to the electronic information system and areas where records are stored. This is done by implementation of facility security plans, access controls, and contingency operations. Important components of physical safeguards are workstation use and security. Workstation use policies will address the way workstations are used and what applications and programs are acceptable to run. Workstation security policies address restrictions to the workstation access. CEs must also address controls for computers and other devices or media where ePHI may be stored including policies regarding specifications on proper disposal or re-use of any devices which stored ePHI. The final addressable physical specification is related to access control and validation. CEs must review and implement policies and procedures regarding limiting access to ePHI based on a person's role or function, as well as access to their systems and programs for testing and revisions.

The last set of safeguards are those related to the technical applications utilized to secure ePHI and the systems in which it is maintained. The first required standard is the implementation of access and audit

Continued on page 18

# Florida Association Directors of Nursing Administration/LTC

## In the Trenches with You!

The daily life of a long-term care nurse leader is about managing the next crisis, being constantly aware of your surroundings, and staying up to date on industry changes. At FADONA/LTC, we understand, because we've walked in your shoes.

**Some key points that have an impact with long-term care nurses around the state:**

**FADONA** comprises the **LARGEST** and most active chapter of **NADONA**, the National Association of Directors of Nursing Administration/LTC.

**FADONA/NADONA/LTC** is the largest educational organization dedicated exclusively to nursing and administration professionals in long-term care and assisted living.

**NADONA's** motto is Education, Communication, Service. Everything done by the organization incorporates these elements.

**FADONA** is the only professional organization exclusively for and by long-term care nurses in administration in Florida.

**FADONA** is a great value, affording membership nationally in NADONA, as well as in Florida with FADONA, for only \$125 annually or \$230 for two (2) years.

**FADONA** memberships offer access to our website; our award-winning newsletter, **FADONA Focus**; and discounted registration fees to local, state, and national educational opportunities.

**FADONA** enjoys and supports a cooperative relationship with other professional organizations, including Florida Center for Nursing, FNA, FONE, FLGNA, FHCA, FMDA, FLN, QUIN Council, LeadingAge Florida, FL-GAPNA, and many others.

**FADONA** members are highly flexible, highly trained, and very determined nurse leaders.

**FADONA** members are constantly putting out fires, with compassion and strength.

**FADONA** continues to build the professional network — one step at a time.

**Professional Certification**, CDONA/LTC, is offered through NADONA.

**Professional Standards** that LTC nurse administrators are held to are set by NADONA. These standards embody the same elements as our motto.

## FADONA's Principles of Excellence

In 2009, "FADONA's Principles of Excellence for Florida Directors of Nursing & Nurse Administrators" was published to support the provision of long-term health care services that are desired, meaningful, successful, and efficient. They are intended to assist directors of nursing in achieving these objectives and to guide and inspire creative leadership in LTC.

The principles encourage the director of nursing to follow a reasonable course of action based on current knowledge, available resources, and the needs of the facility so that effective and safe care can be delivered. They are aspirational in nature and intended to foster self-appraisal and continuous performance improvement. The principles are neither inflexible rules nor requirements of practice.

These guiding principles feature FADONA's Mission & Vision, Culture of Quality, Resident Care & Quality-of-Life, Caregivers, and Staff Finance.

### Florida Association Directors of Nursing Administration/LTC

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— Current as of Feb. 1, 2017

## Staffing Data Submission Payroll-Based Journal

— *New quality measures are now included in the overall calculation for Nursing Home star ratings*

CMS has long identified staffing as one of the vital components of a nursing home's ability to provide quality care. Over time, CMS has utilized staffing data for a myriad of purposes in an effort to more accurately and effectively gauge its impact on quality of care in nursing homes. We also post staffing information on the CMS Nursing Home Compare website, and it is used in the Nursing Home Five-Star Quality Rating System to help consumers understand the level and differences of staffing in nursing homes.

Section 6106 of the Affordable Care Act (ACA) requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. The data, when combined with census information, can then be used to not only report on the level of staff in each nursing home, but also to report on employee turnover and tenure, which can impact the quality of care delivered.

Therefore, CMS has developed a system for facilities to submit staffing and census information — Payroll-Based Journal (PBJ). This system allows staffing and census information to be collected on a regular and more frequent basis than previously collected. It is also auditable to ensure accuracy.

As of July 1, 2016, electronic submission of staffing data through the Payroll-Based Journal was mandatory for all skilled nursing facilities.

For questions related to software or technical requirements, please email [NursingHomePBJTechIssues@cms.hhs.gov](mailto:NursingHomePBJTechIssues@cms.hhs.gov).

For questions related to PBJ policies, please email [NHstaffing@cms.hhs.gov](mailto:NHstaffing@cms.hhs.gov).

PBJ website link: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Staffing-Data-Submission-PBJ.html>.



# What's in Your Bundle?

By A.C. Burke, MA, CIC; Sr. Manager Infection Prevention & Preparedness, RB Health Partners

**I**t is well known that performing proper hand hygiene in accordance with national guidelines such as those from the World Health Organization (WHO) or the Centers for Disease Control and Prevention (CDC) is necessary in order to prevent the spread of infections in health care centers as well as in the community. However, in order to ensure the best quality of care for your residents and patients, proper hand hygiene must be implemented in addition to other evidence-based infection prevention practices or “prevention bundle.” A prevention bundle includes: adherence to standard and transmission-based precautions, environmental cleaning and disinfection, minimizing the use of devices, and antimicrobial stewardship. Also, inter-facility communication of resident infection status is a key strategy to help prevent the spread of infections between health care centers when residents and patients are transferred to other facilities.




A.C. Burke

The core components of standard precautions include: hand hygiene, use of personal protective equipment, and respiratory hygiene/cough etiquette. Transmission-based precautions include contact, droplet, and airborne precautions as well as co-horting of residents with infections due to like organisms when single rooms are not available, and dedicating equipment or ensuring the proper cleaning and disinfection of shared equipment. Contact

example, a few respiratory infections such as those due to adenovirus or multi-drug resistant organism (MDRO) require the implementation of both droplet and contact precautions. Another example, disseminated shingles, requires airborne and contact precautions until lesions are healed or crusted over. Also, transmission-based precautions, are in addition to standard precautions which means if a patient/resident is placed on contact precautions for an infection due to an MDRO and they need suctioning, then a face shield or mask and goggles are also needed for protection from the potential for splash or spray. In other words, a resident/patient on contact precautions does not mean that health care workers only have to use gowns and gloves for care, but that they must also remember to don the appropriate PPE per standard precautions.

The resident/patient environment can contribute to the spread of infections in health care centers. Taking action to ensure the resident/patient environment does not contribute to the spread of infections requires the proper use of appropriate cleaning and disinfection products. Be sure to read labels to use the product correctly and ensure optimal efficacy. For example, take note of the appropriate concentration and the amount of time surfaces are to remain wet with product. High-touch surfaces in the immediate resident/patient environment need to be cleaned and disinfected more often than non-high-touch surfaces, and high-touch surfaces in isolation rooms need to be cleaned and disinfected at least daily.

Implementing prevention bundles or best practices together is the best way to prevent the spread of infections and ensure the best quality of care for your residents/patients. Remember, an ounce of prevention behooves all of us. 

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**Implementing prevention bundles or best practices together is the best way to prevent the spread of infections and ensure the best quality of care for your residents/patients.**

precautions require the use of gowns and gloves for all resident/patient interaction, droplet requires the use of a mask when within six to ten feet of the resident/patient, and airborne precautions require a negative pressure room and use of a respirator or N95 mask. Transmission-based precautions may be implemented together. For



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**Transition to Electronic Health Records Means Updates to Security Standards**

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controls. CEs are required to ensure that only authorized people are allowed access. This is accomplished by providing each person a unique user identification. The unique user identification allows for identifying and tracking each user. Audit controls are hardware, software, or other processes that can record and review activity in the systems containing ePHI. Next, CEs must implement policies to protect the integrity of the ePHI. Policies should address mechanisms in place to

ensure that ePHI has not been improperly altered or destroyed. Just as CEs have specific standards regarding how to properly correct entry errors in paper documentations, the same must be done for electronic documentation. Lastly, technical security measures must address the potential unauthorized access of ePHI transmitted via electronic communication networks. This is most often completed through a process called encryption. CEs should implement policies related to when encryption is required and the process for ensuring encryption of ePHI prior to transmission. It is best practice that CEs utilize a HIPAA-compliant secure email service with encryption capabilities as specified in the regulatory standards to transmit any form

of ePHI.

In conclusion, CEs must take an active role in identifying areas of potential risks and vulnerabilities to the confidentiality and integrity of ePHI. Then implement security measures to reduce the likelihood of these potential risks and vulnerabilities will lead to a breach of ePHI. Compliance with HIPAA standards protects the CE and their patients from potential threats to ePHI and ensures that patient confidentiality and record security continue to be important components of daily operation. ☒

For more information about this or related topics or health information management consultant services, please contact the author at [heather@rbhealthpartners.com](mailto:heather@rbhealthpartners.com) or (727) 786-3032.

**Message from the President**

Continued from page 3

We know that everyone is so busy nowadays in their facilities that they feel they cannot attend monthly meetings, so we are trying to meet your needs. Remember, we are here to support you through your daily challenges. The board understands what you face because they face the same dilemmas you do in their facilities.

We invite you to contact one of our region vice presidents for assistance. It is great to network with others and share ideas. It is very important in our positions to keep up with what is current. We are constantly challenged with regulatory changes, census mix, higher acuity, and staffing ratios. Some days it seems insurmountable, yet we find new ways to move forward and maintain quality outcomes. LTC nurses are resilient and are always bouncing back.

As you know, health care is ever changing and long-term care and skilled nursing communities must stay current on regulations, standards of practice, and techniques in order to keep their nursing

staff up to date to provide our resident(s) the best quality of care. Remember, there are always new things to learn in nursing and long-term care and FADONA hopes to be your primary source for this critical information.

We want to continue to increase our membership in both NADONA and FADONA. When we boost our membership, we have a larger and louder voice to use to work on areas of concern in the nursing home industry. Together, we can stay united as a professional organization to mentor nurse executives who choose to Carry the Torch of Leadership.

Remember, FADONA is still the only dedicated organization for directors of nursing and nurse administrators in the state. We are here to support you. We love hearing from our members during the year with recommendations and suggestions, as it helps the board to better serve you.

I want to take this time to thank the entire FADONA board for all its support during my time as president. I would also like to especially thank Susie Jensvold, our 1<sup>st</sup> vice president and Annual Convention Planning chair, and her amazing team, for all of their

hard work and dedication in planning this great Convention!

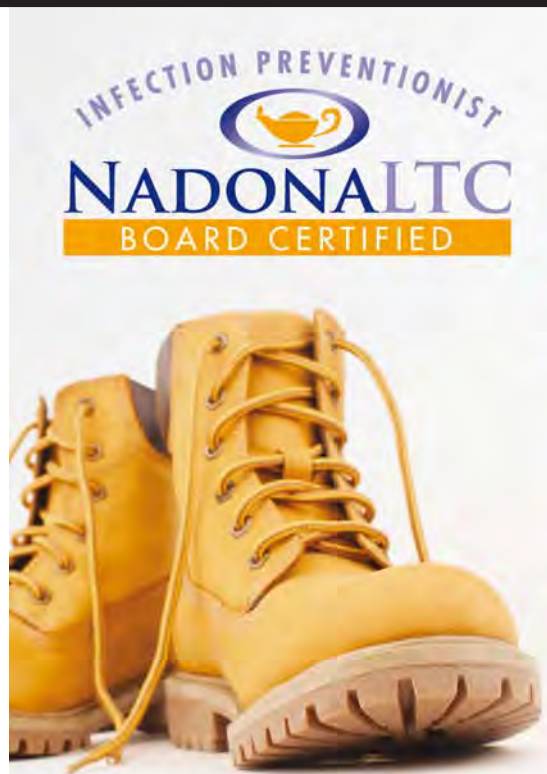
I am sad to say that I will not be running for president again due to my inability to give FADONA the time I feel the position needs. FADONA has been a big part of my life for the last 20 years. I have learned so much from all of my peers and leaders in Florida and met so many amazing people. I will be running for treasurer and continue to be supportive of FADONA. I hope to see a lot of you at the Anniversary Convention in March.

Thanks to all of our members and vendors for supporting FADONA the last 30 years. Come join us in Orlando. It is going to be a blast!

You may contact your FADONA board members or staff as a resource if needed. Please check out our FADONA website at [www.fadona.org](http://www.fadona.org) for additional news and updates.

Respectfully submitted,

*Jean Nelson*  
**Jean Nelson, RN-BC, BSHCA**  
**President**



**I am** ready to get to work with the right knowledge and resources in my tool belt.

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