

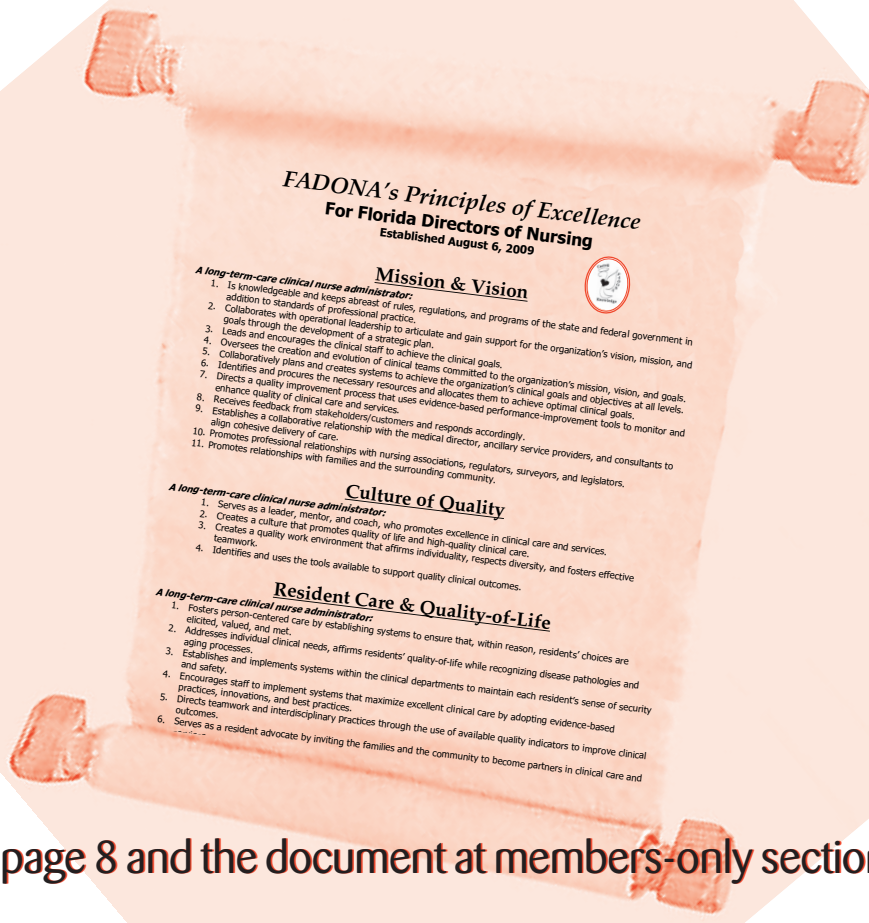
# FADONA<sup>®</sup> F O C U S A



Florida Association Directors of Nursing Administration/LTC

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

## FADONA Think Tank Approves “Principles of Excellence for Florida Directors of Nursing”



**FADONA's Principles of Excellence  
For Florida Directors of Nursing**  
Established August 6, 2009

**Mission & Vision**

- A long-term-care clinical nurse administrator:**
1. Is knowledgeable and keeps abreast of rules, regulations, and programs of the state and federal government in addition to standards of professional practice.
  2. Collaborates with operational leadership to articulate and gain support for the organization's vision, mission, and goals through the development of a strategic plan.
  3. Leads and encourages the clinical staff to achieve the clinical goals.
  4. Oversees the creation and evolution of clinical teams committed to the organization's mission, vision, and goals.
  5. Collaboratively plans and creates systems to achieve the organization's clinical goals and objectives at all levels.
  6. Identifies and procures the necessary resources and allocates them to achieve optimal clinical goals.
  7. Directs a quality improvement process that uses evidence-based performance-improvement tools to monitor and enhance quality of clinical care and services.
  8. Receives feedback from stakeholders/customers and responds accordingly.
  9. Establishes a collaborative relationship with the medical director, ancillary service providers, and consultants to align cohesive delivery of care.
  10. Promotes professional relationships with nursing associations, regulators, surveyors, and legislators.
  11. Promotes relationships with families and the surrounding community.

**Culture of Quality**

- A long-term-care clinical nurse administrator:**
1. Serves as a leader, mentor, and coach, who promotes excellence in clinical care and services.
  2. Creates a culture that promotes quality of life and high-quality clinical care.
  3. Creates a quality work environment that affirms individuality, respects diversity, and fosters effective teamwork.
  4. Identifies and uses the tools available to support quality clinical outcomes.

**Resident Care & Quality-of-Life**

- A long-term-care clinical nurse administrator:**
1. Fosters person-centered care by establishing systems to ensure that, within reason, residents' choices are elicited, valued, and met.
  2. Addresses individual clinical needs, affirms residents' quality-of-life while recognizing disease pathologies and aging processes.
  3. Establishes and implements systems within the clinical departments to maintain each resident's sense of security and safety.
  4. Encourages staff to implement systems that maximize excellent clinical care by adopting evidence-based practices, innovations, and best practices.
  5. Directs teamwork and interdisciplinary practices through the use of available quality indicators to improve clinical outcomes.
  6. Serves as a resident advocate by inviting the families and the community to become partners in clinical care and

See the article on page 8 and the document at members-only section of [www.fadona.org](http://www.fadona.org)

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352/854-6262 • Fax: 352/584-0010

**Region III Coordinator: 2009–2011**

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407/949-4205

**Region IV Coordinator: 2008–2010**

**Carla Russo – [crusso@filtc.com](mailto:crusso@filtc.com)**  
813/960-1969 • Fax: 813/960-8510

**Region V Coordinator: 2009–2011**

**Cheryl A. Chmielewski – [cchmielewski@greystonehcm.com](mailto:cchmielewski@greystonehcm.com)**  
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**Region VI Coordinator: 2008–2010**

**VACANT**

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# Message from the President



ADONA continues to advance excellence in long-term facilities by providing educational symposiums

and monthly chapter meetings. Thanks to all the speakers, participants, and vendors who contributed to these educational meetings.

Our goal is to continue to advance excellence in LTC to strengthen public opinion and improve quality of care. As nurse executive leaders, FADONA continues to impact the industry and make a difference.

Recently, FADONA participated in a PACT\* Quarterly Improvement Steering Committee with Centers for Medicare & Medicaid Services (CMS). In an informative meeting with other states, we discussed goals and plans to reduce pressure sores, and restraints and to improve communication between hospitals and long-term care facilities. Working as a collaborative team with the Agency for Health Care Administration (AHCA), Quality Improvement Organization (QIO), and Florida Health Care Association (FHCA), Florida can accomplish its goals and reduce the documented state averages and improve quality. [\*See page 9.]

FADONA's next step with the PACT committee is to reach out to the state's hospital risk management people to discuss better communication between facilities and to reduce incidence of pressure sores. AHCA also worked with the QIO to present a teleconference to MDS coordinators and directors of nursing regarding the proper coding of pressure sores. These teleconferences were offered in December 2009.

The FADONA board has been

actively preparing for the April 28-May 1, 2010 convention at the Buena Vista Palace Hotel in Orlando.

"Carrying the Torch of Leadership 2010" continues to be the theme, and we have lined up some great speakers who will present the latest trends in LTC. FADONA shall incorporate educational domains using the "Principles of Excellence." Our valued Think Tank members also will be invited as guest speakers on different topics of interest.



Bonnie Cruz

The convention's Annual Awards Luncheon is another highlight for our attendees. Awards are presented to the Nurse Administrator of the Year and CNA Award winners. And, for the first time, we will be honoring the best LTC LPNs in the state. In addition, the Ward Scholarship will be awarded.

Our fabulous Alliance Council is working hard to plan another fun-filled "Tribute to Excellence" fun night for our hard working nurses. The event's theme is rumored to be "country and western," so we're bound to have a heck of a great time.

The FADONA board continues to strive for excellence by accomplishing the goals set out by the team.

We look forward to seeing you in April at the 23<sup>rd</sup> Annual Convention in Orlando.

As always, please free to contact FADONA if you have any input to make our organization stronger. Ideas and feedback are always welcome.

Sincerely,

*Bonnie Cruz*  
**Bonnie Cruz, RN, BSN, MEd**  
**President**



# Regional Reports

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

Hello, all. This has been a busy quarter! On a personal note, I am so glad our annual survey is over.

We also had a very successful Annual Symposium in Pensacola on October 12, with more than 80 nurses and administrators attending from Tallahassee to Pensacola.

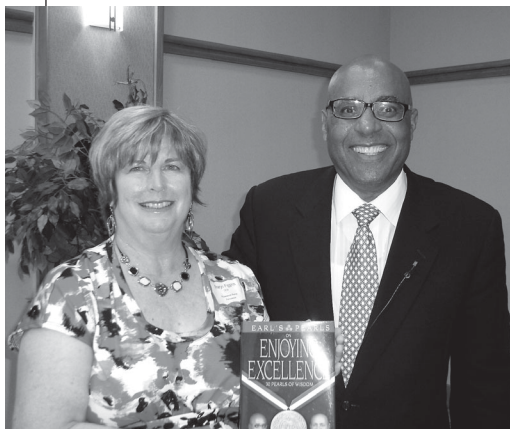
Polly Weaver, bureau chief of Field Operations for AHCA, gave an overview of QIS status, spoke on GPRA scores and the PACT Initiative, and continuity of care between hospitals and facilities.

Then Dr. Earl Suttle revved up the crowd with his energy and motivational leadership ideas. He also

had us standing, sitting, and changing places so we had no time to get drowsy after lunch. I think we all had fun and learned a lot.

The Fort Walton Beach Chapter is still meeting monthly. Its chapter president is Martha Wynn from Emerald Coast. Breakfast meetings on the third Friday of the month are usually sponsored. Gulf South was one of our recent sponsors.

The Pensacola Chapter has a noon meeting monthly with lunch sponsored. On Nov. 18, they met at Consulate Healthcare. Emerald Coast Hospice presented (with CEs) on "Grief and the Holidays." There was no December



Region I Coordinator Sharyn Figgins with motivational speaker, Dr. Earl Suttle.

meeting, and we started again in January. Feel free to e-mail me with any questions. Hope everyone had a happy and safe holiday season.

There has been interest in starting a chapter in the Tallahassee area. Please e-mail or call me if you are interested in helping establish this needed chapter.

I am the director of nursing at Rosewood Manor in Pensacola and can be reached at (850) 435-8400.

**Sharyn Figgins, RN, MSN**  
Region I Coordinator



FADONA President Bonnie Cruz (left) and Region I Coordinator Sharyn Figgins (right) with AHCA's Polly Weaver.



REGION II

Tina Vanaman

### 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

As many of the other regions had already completed their annual symposiums this fall, I had to be different. The Region II symposium was planned to be in January, but we were not able to get it off the ground.

We cannot do this without help from our local members with venues, speaker recommendations and topics, and other logistical issues.

If any of you out there have any ideas to help our region grow or would like to be more active in the region, please do not hesitate to contact me. There are many topics out there, and I have people interested in speaking and offering CEs if I could only build an audience.

You can reach me at Palm Garden of Ocala, (352) 854-6262; my cell is (352) 553-7475; or my e-mail address is [tinavanaman@aol.com](mailto:tinavanaman@aol.com).

Thanks in advance for your support and assistance.

**Tina Vanaman, RN, CDON/LTC**  
Region II Coordinator

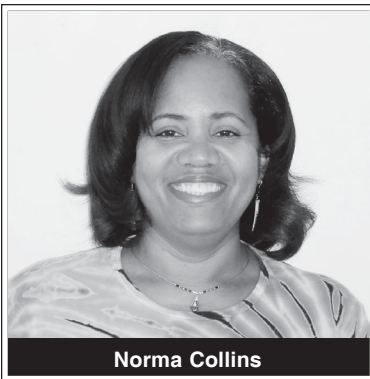
### Board of Nursing Amends Rule

The "Contact Hour" definition changed on June 9, 2009, from 50 minutes to 60 minutes.

#### 64B9-5.001(4) Definitions

Contact Hour. One (1) contact hour equals sixty (60) minutes. One half (1/2 or 0.5) contact hour equals thirty (30) minutes.

Effective immediately, all nursing courses must be using the 60-minute contact hour.



REGION III

Norma Collins

**Region III—Centraleast**

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

The GOFADONA chapter continues to thrive. The August meeting was sponsored by Pharmacy Services & Kreg Therapeutics while our September meeting was sponsored by Medline.

There continue to be lively discussions and exchange of ideas at our meetings that are beneficial to all. Please let us know the things that concern you, and we will try to plan our speakers around them. We would love to see you become a part of our group.

On Oct. 29, we held Region III's Annual Symposium at the Buena Vista Palace. It was a huge hit, as 55 participants joined us for the daylong Intermediate QIS Training session, which was taught by Cindy Mason from Nursing Home Quality. In addition, we hosted 18 tabletop displays that supported our efforts.

Our thanks to the Florida Medical Directors Association for arranging the meeting space during their annual meeting, "Best Care Practices in the Geriatrics Continuum 2009."

I can be reached via the FADONA office and or my e-mail at [normac1212@aol.com](mailto:normac1212@aol.com).

**Norma D. Collins, RN, BS, LHRM**  
Region III Coordinator

**SAVE THE DATE**

*"Carrying the Torch of Leadership 2010"*

**April 28-May 1, 2010**

**Buena Vista Palace Hotel & Spa**  
Lake Buena Vista, Fla.



REGION IV

Carla Russo

**Region IV—Centralwest**

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

Region IV's Annual Seminar was held on Sept. 16 at the Embassy Suites near USF. We had a great lineup of speakers, including attorney **Sheila Nicholson** with Quintairos, Prieto, Wood & Boyer. She was very dynamic.

FADONA in Hillsborough County continues to grow. Any questions about Hillsborough County may be directed

to **Mariann Calta** at (813) 329-6061.



Pinellas County FADONA has its regular meetings the second Tuesday, 5:30 p.m. at Banquet Masters. Any questions about Pinellas County may be directed to **Liz Raymond** at [nurse\\_raymond@yahoo.com](mailto:nurse_raymond@yahoo.com).

Polk, Hardee, and Highlands counties are having meetings quarterly. Please contact **Sandy Kenyon** at (863) 422-8656 or (863) 632-6367 if you have questions or want to volunteer to help.

If you have any questions, suggestions, or just want to chat, feel free to call me at (813) 960-1969. My cell is (813) 503-2810, and my fax is (813) 960-8510. My e-mail addresses are [crusso@filtc.com](mailto:crusso@filtc.com) or [tyler48m@aol.com](mailto:tyler48m@aol.com).

**Carla Russo, RN, CDON/LTC**  
Region IV Coordinator

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## Regional Reports

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Regional  
REPORTS

Cherryl Chmielewski

REGION V

**Region V—Southwest**5A—Manatee, Charlotte, Collier  
5B—Desoto, Lee, Sarasota

**R**egion V needs your help. We are currently trying to develop a new chapter in the Fort Myers area. If you wish to become involved in this area or any other in our region, or are interested in serving on any committees, please contact Cherryl

at [cchmielewski@greystonehcm.com](mailto:cchmielewski@greystonehcm.com), or (813) 635-9500.

**Cherrl A. Chmielewski, RN**  
Region V Coordinator

**Region VI—Southeast**6A—Dade, Monroe, Broward, Palm Beach  
6B—Brevard, Indian River, St. Lucie, Martin,  
Okeechobee; 6C—Hendry, Glades

**N**ursing administrative staff in long-term care must continue to promote the environment in which we work and address the challenges that face us daily.

Every area of Region VI can use more dynamic people to champion a group of DONs in their area. Though time, effort, and energy are involved, the results are support for all. Who better to understand our day-to-day challenges than those of us who experience it daily?

We are all in this environment of health care because it is a calling — certainly it's not for the financial reward. Please, consider coordinating a local

group meeting. There are a lot of resources available to sponsor the food, help with notifications, etc.

Please call if support, help, questions, or information are needed to urge you toward this valiant goal.

Here is the following local chapter contact information:

1. **Indian River County** — We invite you to attend our next meeting by calling **Nancy Henderson** for details. She is the local contact, and she can be reached at (772) 288-0060.

2. **Palm Beach County**  
— **Deborah Grotke** at (561) 588-4333.

The Palm Beach County DON Association continues to meet monthly on the third Wednesday.

We have an active, growing group of members and associate members. Lunch and CEs are usually provided with support from our vendors. These meetings allow us to network and share valuable information with our fellow nursing administrators and associates. This in turn helps increase

## Alliance Council Meets with the Board



Alliance Council Luncheon (seated from left to right): Region V Coord. Cherryl A. Chmielewski, Past President Margery Shake, and Cathy Sallitto with AMT. Standing, from left: Dennis Terry and Lisa Kaplan with Sucampo, Oscar Gonzalez with Millennium Pharmacy, Steve Frick with Functional Abilities, FADONA Treasurer Reuben Bowie, Jim Cassidy with Hartmann USA; FADONA Region III Coord. Norma Collins, FADONA President Bonnie Cruz, FADONA 1<sup>st</sup> Vice President Robin Bleier; Gail Allison with SenTech Medical, Chris Gregg (behind) with American Health Associates Clinical Labs, FADONA Region I Coord. Sharyn Figgins, FADONA 2<sup>nd</sup> Vice President Jean Nelson, Paul Barnard with Mobilex USA, FADONA Region V Coordinator Tina Vanaman, FADONA Region IV Coordinator Carla Russo, and Nina Corsi with Evercare.

## Regional Reports

Continued from page 6

Regional  
REPORTS

the quality of care that our facilities can provide to our residents and supports our efforts to be survey-ready.

### 3. Miami-Dade County

— **Hank Drummond** at (786) 566-0598.

Congratulations to our FADONA members in Miami who joined with local Alliance Council members and friends on July 1, 2009, for the very first meeting of the reinvigorated Miami-Dade chapter.

Then, on Oct. 21, FADONA Past-President Gilda Osborn and Region III Coordinator Norma Collins officiated at the swearing-in of newly-elected

chapter officers.

The new officers are as follows:

~ President: **Hank Drummond**, RN, PhD; DON, Gramercy Park

~ 1<sup>st</sup> Vice-President: **Regina Caines**, DON, Miami Gardens Nursing Center

~ 2<sup>nd</sup> Vice-President: **Delia Rudio**, DON, Perdue Nursing Center


~ Secretary: **Anne Museau**, DON, Pines Nursing Home

~ Treasury: **Carol Stuchins**, DON, North Beach Rehab. Center

For more information about the Miami-Dade chapter, contact **Hank Drummond** at [hankmiami@yahoo.com](mailto:hankmiami@yahoo.com); cell: 786-566-0598, or fax: 305-255-4530.

The FADONA board of directors recently voted to ask the membership to consider an amendment to its bylaws that would allow FADONA to create a new region by taking three counties from Region VI, which runs from Vero Beach all the way to Key West.

If passed, there will be a new Region VII formed to encompass Miami-Dade, Monroe, and Broward counties, or Deerfield Beach to Key West.

We do need your help to re-energize other areas of Region VI. If you are interested in helping out, or know someone you think would be a great asset, please contact **Ian Cordes** at (561) 659-2167, or e-mail [icordes@bellsouth.net](mailto:icordes@bellsouth.net). 

# FADONA Adds Annual Excellence Awards for LPNs, CNAs

– Awards honor those “in the trenches” as well as nursing leaders in long-term care.



FADONA President **Bonnie Cruz** is pleased to announce that, this year for the first time, the organization will provide 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place awards of excellence to LPNs (licensed practical nurses) and CNAs (certified nursing assistants).

All these honors recognize professional responsibility and commitment to high standards in caring for residents of long-term care (LTC) facilities. The awards will be accompanied by cash awards of \$100, \$150, and \$250 and are sponsored this year by **RB Health Partners ~ Clinical Risk Consulting**.

Each year, FADONA acknowledges a nurse administrator who has demonstrated professional responsibility in mentoring line staff and nurturing patients, as well as a commitment to the standards of nursing practice and excellence in long-term care.


The 2009 winner of the Director of Nursing Administrator of the Year was

**Reuben Bowie**, RN, MS, CDON/LTC, of Health Central Park in Winter Garden. The 2010 award is sponsored by **Vitas Innovative Hospice Care**.

CNA awards in the past nine years recognized commitment to the profession as demonstrated by a 100-word essay, and there was no LPN category. This year, FADONA members can nominate candidates from all three segments of LTC professionals by completing for each nominee a comprehensive form that will include a short essay from the nominee.

Submissions should be received in the FADONA office by March 31. FADONA's Executive Committee will serve as the selection committee, with input from pertinent regional coordinators. The winners will be announced at the Annual Awards Luncheon, April 30, during FADONA's 23<sup>rd</sup> Annual Convention & Trade Show at the Buena Vista Palace Hotel, Lake Buena Vista, Fla.

These awards support FADONA's “Principles of Excellence for Florida Directors of Nursing,” aimed at providing the atmosphere, mindset, and leadership for the most effective and safest care to long-term-care residents.

Direct any questions or requests for nomination forms to **Ian Cordes** at [icordes@bellsouth.net](mailto:icordes@bellsouth.net) or (561) 659-5581. 

### F-Tag Alert: Did You Know?

Effective Sept. 30, 2009, there were revisions to F441 Infection Control. The revisions included collapse of several tags under **F441**: F442, F443, F444, and F445. Because of the revisions, there were also changes to three QIS Electronic Worksheets: Dining, Kitchen, and Infection Control & Immunizations. These three new forms may be found by selecting the appropriate link at [www.fadona.org](http://www.fadona.org).

# FADONA Establishes “Principles of Excellence” for Florida Directors of Nursing in Long-Term Care

— Principles support the provision of LTC services that are desired, meaningful, successful, and efficient.

**F**ADONA President Bonnie Cruz is pleased to announce that FADONA has developed and recently approved its “Principles of Excellence for Florida Directors of Nursing.” The principles are aimed at assisting directors of nursing in fostering creative leadership in long-term care (LTC). The document was first unveiled during the annual convention this past April when nearly 30 statewide nurse executives came together to participate in an exciting FADONA Think Tank.

The Think Tank was facilitated by **Mary Tellis-Nayak**, vice president of My InnerView, and a veteran of many years in the LTC areas of nursing and operational management.

**“These principles will serve as a great resource for directors of nursing and provide them with the tools to deliver the best care possible.”**

The Think Tank spawned this historic document, which describes the leading principles of excellence. Crafted during the session, it was sent to every member after the conference to solicit additional input.

The “Principles” are divided into five domains: Mission & Vision, Culture of Quality, Resident Care & Quality-of-Life, Caregivers & Staff, and Finance. These five areas 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 the most effective and safest care can be delivered to its patients/residents.

Part of the Mission & Vision is to collaborate with operational leadership to articulate and gain support for the organization’s goals through the development of a strategic plan. It also encourages the promotion of professional relationships with nursing and other LTC associations, regulators, surveyors, and legislators.


Through the collaboration with statewide nurse executives and FADONA members working in LTC, the board of directors of FADONA established “Principles of Excellence for Directors of Nursing in Long-Term Care.”

FADONA President **Bonnie Cruz** offered more insight into its development: “These principles will serve as a great resource for directors of nursing and provide them with the tools to deliver the best care possible.

“We are indebted,” she added, “to think Tank Chair **Robin Bleier** and Co-chair **Carmen Shell** for their foresight and dedication to long-term care and to the residents we all serve.”

It should be noted that these prin-

ciples are aspirational in nature and intended to foster self-appraisal and continuous performance improvement. The principles are neither inflexible rules nor requirements of practice. They are not intended nor should they be used to establish a legal standard of care.

Copies of the Principles of Excellence are available on the members-only section of [www.fadona.org](http://www.fadona.org). 

## **“NEW” RN NURSE STAFF TRAINING DAY**

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April 28-May 1, 2010**

Buena Vista Palace Hotel,  
Lake Buena Vista



# Join the PACT: Positive Action Critical Thinking

By Kimberly R. Smoak, QMRP, MSH; AHCA, Health Quality Assurance-Bureau of Field Operations

**I**n November 2007, the Centers for Medicare & Medicaid Services (CMS) formed a Quality Improvement Steering Committee in an effort to reduce the number of pressure ulcers in the Region. There are eight states in Region IV; those states include Florida, Georgia, Alabama, Kentucky, South Carolina, North Carolina, Tennessee, Kentucky, and Mississippi.

The Quality Improvement Steering Committee has been tasked with reducing the percentage of residents with pressure ulcers in Region IV as specified in the Government Performance and Results Act (GPRA). The Quality Improvement Steering Committee is comprised of public and private-sector trade organizations, state and federal regulatory agencies, quality improvement organizations and other provider organizations.

In 2008, the Agency for Health Care Administration (Agency) took steps toward identifying nursing homes and hospitals in Florida to begin the process of working together with members of the Quality Improvement Steering Committee to reduce the percentage of nursing home residents with pressure ulcers.

The Agency identified four nursing homes — Victoria Nursing Center, St. Anne's Nursing Center, Riverside Care Center, and Miami Jewish Home, to initiate this project.

In addition to the four nursing homes, the Agency also selected eight hospitals from which these four nursing homes said they receive the most admissions. The eight hospitals are Baptist Hospital of Miami, Coral Gables Hospital, Douglas Gardens Hospital, Jackson Memorial Hospital, Jackson South Community Hospital, Kendall Regional Medical Center,



Kim Smoak

Mercy Hospital, and University of Miami Hospital.

The nursing homes and hospitals chosen to work together for the PACT Initiative are all located in the Miami area.

The first step after identifying the specific providers was holding a joint meeting to discuss how we would work collectively to reduce

pressure ulcers in nursing homes. In August 2008 and January 2009, meetings were held jointly with the hospitals and nursing homes to work on the development of a communication tool to document residents' status upon discharge from the nursing home to the hospital, or from the hospital to the nursing home. The specific communication tool developed was borrowed from the state of Georgia, as they used a similar tool and have had much success in their state with the PACT Initiative.


Both the Agency and provider communities have shared comments regarding the tool to enhance communication among the provider groups.

The next step of the PACT Initiative was implementation of the communication tool from April 1 through June 30, 2009. In July 2009, another face-to-face meeting was held to discuss the outcome of the use of the communication tool. Several comments were shared from the hospital and nursing homes that piloted the communication tool; the comments were specific to the duplication of the communication tool and the 3008 Form. In addition to discussing the outcome of the three-month pilot during the July meeting, the Agency officially handed over the lead for the PACT Initiative in Florida to FADONA.

Although the Agency will still stay actively involved in the initiative, FADONA will assume the leadership

role and will work with the Agency to implement the PACT Initiative state-wide and to continue work toward a goal of reduction of pressure ulcers in Florida nursing home residents by 3 percent within the next year.

**FADONA will assume the leadership role and will work with the Agency to implement the PACT Initiative statewide and to continue work toward a goal of reduction of pressure ulcers in Florida nursing home residents by 3% within the next year.**

Based on the most recent GPRA scores (CY 2009, Quarter Period 1), Florida's average percentage is 9.2; while the national score is 8.2. 

Kimberly R. Smoak, QMRP, MSH, is with the Agency for Health Care Administration, Health Quality Assurance-Bureau of Field Operations. Her office is at 2727 Mahan Drive MS#9-A, Tallahassee FL 32308. She can be reached at (850) 410-0191 or (850) 922-9138, or at smoakk@ahca.myflorida.com.

# MDS 3.0 for Nursing Home Providers: What's New from CMS

**T**he MDS is a powerful tool for implementing standardized assessment and for facilitating care management in nursing homes (NHs) and non-critical access hospital swing beds (SBs). Its content has implications for residents, families, providers, researchers, and policymakers, all of whom have expressed concerns about the reliability, validity, and relevance of MDS 2.0.

Some argue that because MDS 2.0 fails to include items that rely on direct resident interview, it fails to obtain critical information and effectively disenfranchises many residents from the assessment process. In addition, many users and government agencies have expressed concerns about MDS 2.0 data quality and validity. Other stakeholders contend that items used in other care settings should be included to improve communication across providers.

MDS 3.0 has been designed to improve the reliability, accuracy, and usefulness of the MDS, to include the resident in the assessment process, and to use standard protocols used in other settings. These improvements have profound implications for NH and SB care and public policy. Enhanced accuracy supports the primary legislative intent that MDS be a tool to improve clinical assessment and supports the credibility of programs that rely on MDS.

## **MDS 3.0 - January 27, 2010** **What's New: Two changes have been made:**

A new version of the MDS 3.0 item subsets (V1.00.1) has been posted. The zip file that is available at [www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp) includes a file called MDS 3.0 Item Subsets V1.00.1

January 2010, which lists the changes that have been made since the previously-posted version to each of the individual item subsets.

The previously-posted MDS 3.0 Item Matrix has been removed from the list of available downloads. The content of this matrix is contained in Appendix F of the RAI manual. A more detailed version of the item matrix that is intended for software developers is available as part of the MDS 3.0 data submission specifications.

## **MDS 3.0 Information for the October 1, 2010 Implementation**

The following files are now available under the Downloads section of this page at [www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp):

**MDS 3.0 Item Subsets V1.00.1 January 2010:** This zip file contains printable documents with the required subset of data items for each MDS 3.0 assessment and tracking document (e.g., admission, quarterly, annual, significant change, discharge, entry, etc.).

**MDS 3.0 RAI Manual Jan. 27, 2010:** This zip file contains chapters 1, 2, 3, 4, 5, and 6. Each section in chapter 3 is contained in a separate PDF file (e.g., Section C: Cognitive Patterns). Appendices A through G, and H are also listed. Chapters 2 and 4 along with Appendix C are now included in this file.

**MDS 3.0 Satellite Broadcast Part I:** This file contains information about the first MDS 3.0 satellite broadcast, which is available in the document labeled "MDS 3.0 Satellite Broadcast Part I."

**Please Note:** Although this is the material that will be applicable with the October 1, 2010 implementation, CMS strongly encourages that all parties refrain from or delay conducting training until after the "Train-the-

Trainer" sessions have been completed (scheduled for the spring 2010).

Questions regarding the "MDS 3.0 RAI Manual" on this page should be directed to [MDS30Comments@cms.hhs.gov](mailto:MDS30Comments@cms.hhs.gov). Please note that CMS will not be providing an individualized response to each inquiry; however, CMS will make sure the issues or comments are addressed in the upcoming MDS 3.0 training sessions or updates to the information provided on this page.

Questions regarding "software development and technical coding" for MDS 3.0 should be directed to [Michael.Stoltz@cms.hhs.gov](mailto:Michael.Stoltz@cms.hhs.gov). Responses to questions will be provided during Vendor Teleconferences.

The information listed at [www.cms.hhs.gov/NursingHomeQualityInits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp) under the "Downloads" section is subject to change. CMS will communicate any changes to these materials on this page as well as through Open Door Forums hosted by CMS.

## **1-DAY OPTIONAL** **NADONA NATIONAL** **DON CERTIFICATION** **PREP COURSE\***

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

**FADONA's 23<sup>rd</sup> Annual Convention:**  
**Carrying the Torch of Leadership 2010**  
**April 28-May 1, 2010**

Buena Vista Palace Hotel, Lake Buena Vista

\* Does not include exam registration fee, which is available at [nadona.org](http://nadona.org)

# FADONA to Offer Certification Preparedness Course for CDON/LTC – Certified Directors of Nursing

**S**ince 1989, the National Association Directors of Nursing Administration in Long Term Care (NADONA/LTC) has been certifying directors of nursing and assistant directors of nursing in long-term care facilities. More than 1,800 DONs have been certified through this program.

On April 28, 2010, FADONA will offer an exam preparation course during its 23<sup>rd</sup> Annual Convention, "Carrying the Torch of Leadership 2010," in Orlando. FADONA Past-President Gilda Osborn, who is a NADONA-approved instructor, will lead the course.

For more information, contact the FADONA Business Office at (561) 659-2167.

## What Does Certification Mean?

Certification indicates that the DON and ADON in long-term care possess a specific core of knowledge in their profession. The profession is unique in the nursing field, and becoming certified validates the uniqueness.

Your field is a specialty and NADONA/LTC is a specialty association specifically for DONs, ADONs, and other nurse administrators. You must be certified to use "CDON/LTC" along with other credentials you may have already achieved.

## Why Should I Become Certified Through NADONA/LTC?

Since NADONA/LTC is the specialty association for nurse administrators in long-term care, it makes sense to become certified through that organization. In addition, the certification program, the rules and regulations, and the test itself, have all been developed by DONs in long-term care. Only a DON or ADON can realize the many facets of the profession.


## If I Fail The Exam, Can I Take It Over Again?

Yes. Included in the price above are two attempts to take the NADONA DON certification exam. If you fail the exam, you may retake it one additional time. If you pass the exam on the first try it is not recommended retaking the exam a second time. NADONA recognizes that many individuals have great difficulty with testing; therefore, NADONA/LTC encourages candidates to retake the examination until they achieve success.



## DON Qualifications

In order to qualify to become certified, each candidate must have completed a minimum of 1,000 hours as a DON or consultant in the long-term care specialty within the last 3 years, have at least 2 years of full-time experience as a DON or ADON, and be able to provide evidence of at least 50 hours of continuing education; or retake the examination.

For more information about the NADONA certification program, contact NADONA at 1-800-222-0539. 

## FADONA/NADONA Membership Application

**Please be advised: Applications without fees cannot be processed.**

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

LTC facility name: \_\_\_\_\_

Other company name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State ZIP

County: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### I am enclosing my FADONA and/or FADONA/NADONA membership dues.

**[ ] FULL MEMBER: \$120/yr. or \$220 for 2 years. Eligibility:** Any registered nurse who is currently or has previously within the past five (5) years (upon initial application) served as director of nursing, assistant director of nursing or administrative RN in a long-term care facility, assisted living facility, or a home health agency that is long-term care, facility-based. "Full" members from Florida automatically join FADONA when joining NADONA. Make all "Full" member dues payable to NADONA and mail directly to: Reed Hartman Tower, 11353 Reed Hartman Highway, Suite 210, Cincinnati OH 45241

**[ ] ASSOCIATE MEMBER: \$240/yr. Eligibility:** Open to any RN, LPN, physician, or other professional who is involved in the health care field and who is interested in supporting the goals and objectives of FADONA. Associate members are non-voting FADONA members and are not eligible for vendor discounts for advertising, exhibiting, etc. You must join FADONA as a Patron or Alliance Council member in order to receive vendor discounts and other benefits. Make "Associate" member dues payable to FADONA/LTC and mail to: 200 Butler St., Suite 305, West Palm Beach, FL 33407.

**TO RECEIVE FADONA CONVENTION MEMBERSHIP RATE:** Make a "copy" of this completed membership form with its accompanying payment and attach copy to the completed Convention registration form.

Amount Enclosed \$ \_\_\_\_\_

# FADONA's 23<sup>rd</sup> Annual Convention: Carrying the Torch of Leadership 2010

Wednesday, April 28, to Saturday, May 1, 2010  
Buena Vista Palace Hotel, Lake Buena Vista, Fla.

## Attention: DONs, ADONs, all LTC Nurses, and Administrators...

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:** 1-day NADONA DON Certification Prep Course
- ✓ **Optional:** Mandatory licensure-renewal courses
- ✓ **Optional:** **"NEW"** RN Nurse Staff Training Day — This series is committed to promoting the highest standards of professional practice. It will include: 2 hours of "Avoiding Medical Errors;" 1 hour of "Being a Pioneer;" 1 hour of "Nurse Practice Act" (and what F-tag 281 is all about); and 1 hour of "Survey Preparedness." **Only \$75!**
- ✓ Exciting leadership sessions
- ✓ State-of-the-science clinical presentations by renowned clinicians
- ✓ Regulatory update from the Agency for Health Care Administration
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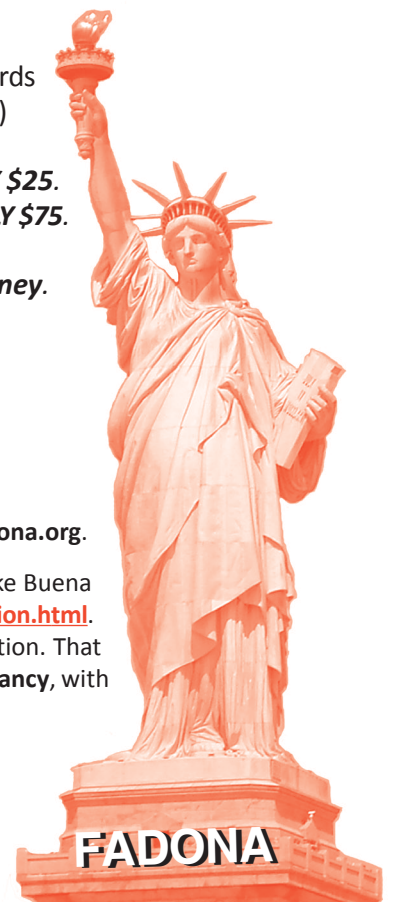
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- ✓ Half price for 1<sup>st</sup>-time attendees
- ✓ Discounted fees for 2<sup>nd</sup>, 3<sup>rd</sup>, etc., registrants from the same facility
- ✓ Registration fees include all planned meals!
- ✓ **"Amazing Friday!"** Includes all educational sessions on April 30, 2010; CEs/CEUs; Awards Luncheon; and Trade Show pass (admission to the "Tribute to Excellence" is extra) — **ONLY \$95.**
- ✓ **Seminar Tickets:** **"NEW"** Any single educational seminar on April 29-May 1 — **ONLY \$25.**
- ✓ **Book of Seminar Tickets:** **"NEW"** Any 4 seminars of your choice on April 29-May 1 — **ONLY \$75.**
- ✓ Earn up to **24.0 CEs/CEUs** for Florida nurses and nursing home administrators.
- ✓ Stay at the stylish Buena Vista Palace Hotel across the street from **Downtown Disney.**
- ✓ Onsite, **free self-parking** is available.

### **CONVENIENT REGISTRATION OPTIONS:**

1. Register online and pay by credit card at [www.fadona.org](http://www.fadona.org).
2. Register over the phone and pay by credit card by calling **(866) 462-2838**.
3. Join now and get the member rate! Go to [www.fadona.org](http://www.fadona.org). Attach a copy of your online confirmation to the registration form, and fax it to **(561) 659-1291**.
4. For additional information, contact FADONA's business office at **(561) 659-2167**, or [fadona@fadona.org](mailto:fadona@fadona.org).

**HOTEL RESERVATIONS:** Call the **Buena Vista Palace Hotel & Spa**, 1900 Buena Vista Drive, Lake Buena Vista, FL 32830, at **1-866-397-6516**. You may also reserve online by going to [www.fadona.org/convention.html](http://www.fadona.org/convention.html). Make your reservations today, and make sure to tell them you are attending the FADONA Convention. That will ensure your single/double room at the special FADONA group rate of **\$130 single/double occupancy**, with no resort fee, and free self-parking!

***Providing critical information for "Exceptional"  
DONs, ADONs, and all LTC nurses and administrators***  
For more convention information, go to [www.fadona.org](http://www.fadona.org).



# Register Today!



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Buena Vista Palace Hotel & Spa • April 28-May 1, 2010



## Carrying the Torch of Leadership 2010

**Convention Highlights:** ✓ Focused on skills needed to be "Exceptional" DONs and nurse administrators ✓ Earn up to 24 contact hours for RNs and NHAs ✓ Special "LTC Nurse Staff Training Day" ✓ Annual Awards Luncheon ✓ Nationally recognized speakers ✓ Innovative and timely programming ✓ Awards presentations ✓ Special registration fee for first-timers ✓ Special registration fee for 2nd, 3rd, etc., from the same facility ✓ Includes all planned meals ✓ Expanded Trade Show hours: Meet manufacturers and suppliers, and stay current with the changes in the industry's products, services, and trends ✓ Affordable luxury hotel rooms ✓ Great door prizes

### 2010 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: NP / RN / LPN / NHA \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

LTC Facility Name \_\_\_\_\_

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

County \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

#### [ ] **YES!** Here are my 2010 FADONA Convention Registration Fees.

1. **Early-Bird "Full Registration" fee\*** is \$295 for members and \$350 for non-members until Feb. 26, 2010. \_\_\_\_\_ \$ \_\_\_\_\_  
— After March 12, the fee is \$350 and \$425 respectively.
  2. **Half-Price "Full Registration" fee\* for 1st-Time FADONA Convention Attendees** ..... \$175 \$ \_\_\_\_\_
  3. **Discounted "Full Registration" fee\* for 2nd, 3rd, etc., from the same facility:** \$ \_\_\_\_\_  
a. When 1st registrant is a member, the fee is \$195 per person.  
b. It is \$225 when the 1st is not a FADONA member. **Please use separate registration forms for each person.**
  4. **Optional: Daylong NADONA National DON Certification Prep Course...** \$95 for members, \$125 for non-members (does not include the cost to take the online NADONA exam – go to [nadona.org](http://nadona.org) for more info) \$ \_\_\_\_\_
  5. **Optional: Daylong RN Staff Training Day** .....\$75 \$ \_\_\_\_\_
  6. **Optional: Florida mandatory licensure update courses** .....\$25 each for members, \$35 for non-members. \$ \_\_\_\_\_  
Please check the ones below that you will be attending:  
 HIV/AIDS Update     Domestic Violence     Preventing Medical Errors
  7. **"Amazing Friday!"** Includes all educational sessions on April 30, 2010; contact hours for RNs, LPNs, and NHAs; Annual Awards Luncheon; and Annual Trade Show (does not include admission to "Tribute to Excellence Dinner") Amazing Friday..... \$95 \$ \_\_\_\_\_
  8. **Seminar Tickets:** Any single educational seminar on April 29-May 1 (1-2 hour seminar) ..... \$25 \$ \_\_\_\_\_
  9. **Book of Seminar Tickets:** Any 4 seminars of your choice on April 29-May 1 (1-2 hour seminars each) ... \$75 \$ \_\_\_\_\_
  10. **"Tribute to Excellence Dinner" on Friday, April 30:** Each paid Full-Registrant above receives one (1) ticket. Extra tickets for spouses or guests are ..... \$70 each \$ \_\_\_\_\_
  11. **Daily Trade Show Pass** — Not available to vendors. .... \$25 \$ \_\_\_\_\_
  12. **Optional Printed Hand-Outs** (see details below)..... \$25 per set \$ \_\_\_\_\_
- Total Amount Enclosed**.....\$ \_\_\_\_\_

\* **Full Registration Fee Covers:** Thursday, April 29, through Saturday, May 1, 2010, only. Fee includes attendance at all FADONA educational sessions; all planned meals and receptions; contact hours for Florida licensed RNs, LPNs and NHAs; handouts on CD; trade show admission; and eligibility to win great door prizes.

**Florida mandatory licensure update courses** and **daylong NADONA national DON Certification Prep Course** on **Wednesday, April 28**, are not included and are extra.

**Handouts:** The fee includes a complimentary CD that contains all handouts provided to us by the speakers. You will receive this CD when you register at the event. In addition, these same handouts will be available at [www.fadona.org](http://www.fadona.org), at least 2 weeks before the convention, so you may print them without charge before you get to the conference. If you prefer, for an extra charge of \$25, you may order a set of handouts now when you register, and it will be ready for you when you arrive at the conference. 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 by **April 1, 2010**. There will be a \$50 administrative fee on all attendee refunds. There will be no attendee refunds after **April 1, 2010**. Refund requests due to AHCA regulatory surveys will be given priority.

**Returned Check Policy:** There is a \$25 charge for all returned checks.

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

**Hotel Reservations:** Registration fee does not include hotel accommodations. For hotel reservations at the special convention rate of **\$130 per night** (single/double) with no resort fee, contact the **Buena Vista Palace Hotel & Spa** at **1-866-397-6516**.

**Make all checks payable to FADONA and mail to: 200 Butler Street, Suite 305, West Palm Beach, FL 33407.**

**Questions? Call the FADONA business office at (561) 659-2167.**

# Communication Requirements in LTC Patient Injury or Condition Change

By Karen Goldsmith, JD; Goldsmith Grout & Lewis, PA

**I**n a joint venture with The Compliance Store, our firm is developing a legal component to complement its website. In preparation, our office is reading all state and federal surveys and certification cases from 2000 forward.

This has been an eye-opener. I have to read about 10 more 2009 federal appeal cases and have yet to find one in which the provider got any meaningful relief. In one case, the appellate board raised the CMP (Civil Money Penalty — imposed to punish individuals or organizations for violating laws or regulations)!

There is much to learn from reviewing these cases, and I will, from time to time, share my knowledge with you. In this article, I will address the position that the federal government takes on notification of the family and physician when a person has an accident or significant change — Tag F 157.

A case synopsis will help you better understand the federal position. In the North Carolina case of *Magnolia Estates Skilled Care v. CMS*, a resident suffered an injury to her right knee, possibly from a seizure in the late evening. The knee was noted to have a small purple bruise.

About a half hour after the nurse had called the physician to report the seizure, she noted that the knee had worsened and was swollen and bleeding. She again called the physician at 10:10 p.m. and got an order to have an x-ray in the morning. The nurse called the x-ray company and made the appointment.

At 10:30, the nurse applied a pressure dressing and noticed that the tip of the bone was visible through the skin (there is conflicting testimony as



Karen Goldsmith

to whether the bone actually protruded through the skin).

In the early morning, the nurse observed some bleeding and gave pain medications and comfort measures. Mobile x-ray came in the early afternoon, and the report showed a fracture of the knee.

The nurse practitioner gave an order for an orthopedic

consult, and an appointment was made for the next day. The resident was taken to that appointment and transferred from the physician's office to the hospital for surgery. Eventually she required an above-the-knee amputation.

This case includes an excellent discussion as to what is expected of a facility when a resident suffers an injury.

## When Must You Report?

The Departmental Appeals Board (DAB)\* has repeatedly held that you must immediately contact the physician when there is an accident, a significant change in condition, or a need to alter treatment significantly. The Administrative Law Judge (ALJ) held in the *Magnolia Estates* case that "immediate" means "as soon as the change is detected without any intervening interval of time." The DAB agreed with him.

An earlier draft of the regulation underlying F 157 allowed a facility 24 hours to contact the physician. That is no longer the law. "Immediate" means right now, without hesitation.

Further, the facility must provide the same immediate notification to the family and/or legal representative. It utilizes the same timeframe for notifying all required parties.

## How Much Must the Nurse Communicate with the Physician?

A second issue raised in this case is

the scope of communication that must occur between the facility and the physician. The regulation requires a consultation — something more than merely contacting the physician. A response from the physician is anticipated. A dialogue should occur between the facility nurse and the physician.

The physician must be fully informed of the resident's condition so that he/she can make an educated decision as to how to proceed. The DAB held that leaving out "even one aspect of the resident's condition can significantly impact whether the physician has been properly consulted."

The DAB specifically held that calling and leaving a message is not enough. Again, there must be a dialogue!

There are all sorts of problems inherent in this interpretation. What if the doctor will not call back? What if the doctor instructs you to just leave the information with his/her nurse? How do you prove that you gave the physician complete information?

Your staff should do everything possible to get the doctor to listen and give direction. If not, staff should be instructed to be sure that a supervisor is aware of the problem. Call the medical director if necessary, but even if you receive instructions from the director, keep trying to reach the attending.

In the *Magnolia* case, there was contact with the physician and his assistant. However, the DAB held that this contact was not immediately after changes in the resident's knee had been observed.

Instruct your nurses about the necessity of giving ALL information, no matter how trivial, to the physician;

*Continued on the next page*

### Communication Requirements in LTC Patient Injury or Condition Change

*Continued from previous page*


and document what information was given. In the course of my review, case after case hinged on a lack of documentation and thus a loss of credibility by the facility. In Magnolia, the ALJ held that, while the nurse testified she shared all the information with the physician, she did not so document. And, of course, the physician testified that he was not fully informed.

Because Centers for Medicare & Medicaid Services (CMS) can impose a fine from the date a facility is out of compliance, even if that date precedes the survey, Magnolia was found in "Immediate Jeopardy" (IJ) from July 25 (the date the injury occurred) until

October 19, the day upon which the survey team found the incident and determined appropriate protective measures had been instituted. The fine of \$3,050 (the minimum for IJ) was upheld, with a resulting fine of more than \$260,000 for the immediate jeopardy.

It is obvious that the floor nurse, in contacting the physician, thought she gave complete information and was following orders. Because she had reported the incident to the physician and received orders for an x-ray the next day, she most likely perceived the chain of events as part of the same accident and had what she thought were appropriate orders. She tried to make the resident as comfortable as possible until the x-ray could be taken.

Learn from this case and others like it. "Immediate" means immediate and

relates to contact with the physician and the family. Err on the safe side in determining whether a change of condition warrants a call to the doctor. Make sure that the doctor gets all the information and that the nurse documents what he/she was told. "Consult with" not just "report to" the doctor. 

*\*When there is a finding of "Immediate Jeopardy," a state and federal penalty will most likely result. Federal penalties are challenged to a federal Administrative Law Judge. If the facility is dissatisfied with the ALJ's decision, it can appeal to the Departmental Appeals Board (DAB), as was done in this case.*

This column is a regular feature of **FADONA Focus**. If you want a subject discussed, please e-mail **Karen Goldsmith** at [klgoldsmith@cfl.rr.com](mailto:klgoldsmith@cfl.rr.com).

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# Clinical Risk Management: Monthly Physician Order & Documentation Reconciliation Process

By Robin A. Bleier, RN, HCRM, FACDONA; 1<sup>st</sup> Vice-President, FADONA

**W**e all know that the purpose of risk management is to protect the organization's assets, which can be defined as our residents, staff, the facility, etc. Effective risk management is a process that supports activities and programs that are proactive (to identify and/or avoid risks) or reactive (to eliminate and/or reduce risks). Ultimately, through identification and root-cause analysis, these activities and programs build quality improvement and enhancement processes.



Robin Bleier

## Monthly Physician & Treatment Order Reconciliation

One of the most important clinical risk systems your facility should have fine-tuned is the monthly medication and treatment reconciliation process. When properly completed, the reconciliation process helps reduce and hopefully eliminate medical errors. Such errors, if undetected, can result in medication side effects or other unanticipated negative resident outcomes; so the stakes are high — resident safety!

## The General Process

There are, of course, several great ways to complete the process, but below are some key considerations and recommendations. Please take some time to review your process and ensure that the nurses who participate in the monthly process have been educated. It is recommended that there be a skill test with return demonstration.

Each resident's monthly physician orders are reviewed and processed to support the contention that provision of medications, treatments, and other modalities were completed as ordered. This is to ensure that the monthly documentation, such as the Physician Order Sheets (POS), Medication/Treatment Administration Records (M/TARs), behavior management flow records, etc., are reconciled so that there are no transcription and/or other pharmacy medical record errors.

## How is it Done?

Normally, there is a set drop-date when the pharmacy provides the facility its monthly POSs and related documentation. On receipt of the documentation:

- The nurse manager or designee will separate all documentation and clip together by resident. (Your process should remind the nurse manager or designee to notify the pharmacy immediately at this point if any documentation is missing, for timely replacement.)

- The nurse manager or designee will reconcile new documentation, normally including these steps:

- a) Comparing the new paperwork with the current ones in use for the month. The nurse manager or designee will make any changes that are needed for the individual resident. This is particularly important with medications and treatments.

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b) Reviewing all telephone orders written in the current month to ensure that no orders were missed, especially those written after the 22<sup>nd</sup> day of the month or in the 2-day period before the new documentation was received.

c) Reviewing the physician summary of all orders and comparing them to the current documentation.

**One of the most important clinical risk systems your facility should have fine tuned is the monthly medication and treatment reconciliation process.**

d) Updating the physician orders/MARs/TARs, etc. as indicated, based on any changes, errors, or omissions. Please be sure to notify the pharmacy in writing of any error, so that they can remove it from their medical records to avoid recurrence of that order and so they can investigate the error.

- The nurse manager or designee would repeat this process for each resident until 100-percent completion is reached. (Remind your nurses to not sign that the individual POS is completed until it is in fact done.)

- The nurse manager or designee would ensure that these documents are completed appropriately.

Each of the POS sections must be checked to ensure accuracy on the

physician order sheets. Specifically, look for ordered medications or treatments that may have “dropped off” or are missing. Also pay particular attention to time-limited medications and/or treatments that have not been stopped as originally ordered.

In addition, each medication should be reviewed to ensure that it has a diagnosis for its use. (Note: Should a medication be ordered by the physician without an expected diagnosis, but it is in use per the physician’s order, it is important to ensure that a progress note by the physician explains the reason for its use.)


- The nurse manager or designee would place the physician-order summaries in a designated location for the physician’s review and signature.

- The nurse manager or designee would forward the signed POS and related documentation to the pharmacy on a set date.

- Finally, the nurse manager or designee would review any errors or omissions and ensure that a report, investigation, or appropriate counseling is completed with the appropriate notifications made and documented.

### **In Summary**

The director is responsible for being knowledgeable about rules and regulations, for creating and/or implementing approved systems, and for ensuring that staff members have been educated and tested. The director must inspect for system compliance, evaluate the effectiveness of the system, and analyze system failures so that corrective steps can be tested and, if indicated, implemented.

This process is for other clinical risk areas, as well. Concerns should be included in the facility quality-improvement process and be included as indicated in QA&A. 

Robin A. Bleier, owns and operates RB Health Partners, Inc. a clinical risk regulatory consulting firm based in Tarpon Springs, Florida. She can be reached at (727) 744-2021, or robinbleier@yahoo.com.

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# Industry Buzz Words... “Culture Change”

By Tina Vanaman, RN, CDON/LTC; Director of Nursing at Palm Garden of Ocala; Region II Coordinator, FADONA

**E**verybody, everywhere in our industry is talking about culture change. What is culture change? Culture change is a lot of different things to a lot of different people. In order to fully understand it, you have to define culture. In our industry I believe that culture means “the attitudes, behaviors, knowledge and values shared by a group” (Princeton.edu). You now know what culture change is and where to begin.

These are all the things you have to change to be successful. That may sound easy, but it is not. You must not only convince management, employees, visitors, and your organization, you must also convince your residents that this change is good. (You know we have done a great job of conditioning them to the “institutional” way of living). You must be willing to have a headache, to let go of control, to be afraid, and to venture where no one else has ventured. You say you are, so where do I begin? In this article I would like to give you those starting steps.



*Garden Spa: A mani/pedi awaits your arrival.*

The first step for everyone should be to form a culture change committee. This committee must be attended by



*Jennifer Mikula and Tina Vanaman presented at FADONA's 22nd Annual Convention.*

the administrator, the DON, CNAs, nurses, dietary personnel, laundry personnel, maintenance personnel, activities personnel, a social service representative, visitors (family members), and residents. If I have

**I have been working on this program for almost three years now, and there is so much more that needs to be done.**

missed anyone, invite them — the more involved, the better.

When you start this committee, someone will have to be the adventurer (this is usually the administrator and DON). The committee must look at what your center has to offer and then select an area or areas to improve. Maybe you need to begin small and would like to change the way people talk, or you would like to make some aesthetic changes.



*Venetian Spa: All the luxuries you cannot get at home.*

Form sub-committees to research each area (there is a lot out there for culture change in LTC) and begin the education process. Most of it is very simple. We need to always refer to people by name, call items what they are, and provide items that we would use in our home or expect when we go out for a nice meal. Put some pictures on the walls; add fresh paint and maybe a garden; provide linens and glassware for meal service; and offer choices.

Whatever your first project(s), form a subcommittee to work on it and report back at your next committee meeting. Meetings should be held one




*Courtside Café: A great way to make friends.*

time per week for the first several months. Once you are well established, you can decrease them to bi-weekly and then monthly. You should plan to always have a monthly meeting of some format for many years to come.

During this first meeting, there is one more thing the team should work on. You need to begin formatting your culture-change vision statement. Work on it every week for 3-4 weeks. Participants should bring their revisions with them to every committee meeting. Your vision statement is complete when everyone on the committee has given feedback more than once and agrees that your statement reflects your goals for your programs.

This is only a place to start. I look forward to writing future articles on culture change. I have been working on this program for almost three years now, and there is so much more that needs to be done. Please remember, do not become frustrated when no one shows up for a meeting, do not give up when it feels like everyone is against you, do not let anyone else change your mind when you know in your heart you are doing the right thing for so many people that will be touched for many generations to come.

We as nurse leaders have a wonderful opportunity to make a mark in our profession by changing the image of LTC forever. 

## AHCA to Reference FDA's 2009 Food Code for F371


**T**he Food and Drug Administration released its 2009 Food Code this past November. As has been done in the past, the Agency for Health Care Administration reported that it will use the 2009 Food Code as a reference for F371 (only as a reference). The Food and Drug Administration updates the Food Code every four years to reflect current advancement in science and technology.

The FDA has published the 2009 Food Code document in one PDF file, rather than separate files for each chapter. However, it is more than 5 MB!

Here is the link to the 2009 Food Code on the web: [www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/UCM189448.pdf](http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/UCM189448.pdf).

A summary of the changes in the FDA Food Code can be found starting on page 688 of the PDF document.

More information about the 2009 Food Codes on the FDA website can be found at [www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/default.htm](http://www.fda.gov/Food/FoodSafety/RetailFoodProtection/FoodCode/FoodCode2009/default.htm).

The AHCA surveyors have been made aware of the changes to the 2009 Food Code, and questions regarding the 2009 Food Code may be sent directly to **Mary Maloney** at [maloneym@ahca.myflorida.com](mailto:maloneym@ahca.myflorida.com). 

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# Region IV Hosts Another Successful Symposium

By Jean Nelson, RN-BC, BSHSA; 2<sup>nd</sup> Vice-President, FADONA

**R**egion IV hosted a highly successful 11<sup>th</sup> Annual Regional Educational Seminar on Sept. 16, 2009, at the Embassy Suites at the University of South Florida in Tampa.

We had a wonderful turnout for the seminar, with 90 attendees and 30 vendors. The morning began with a vendor show and a continental breakfast. The vendors were welcomed by everyone, and door prizes were given away.

Our first speaker was Diane Vaughn, who was sponsored by Medline. Her topic was "QIS the Quiet Information Session... you can't afford to miss."

We had an additional break this year after our first speaker, to allow our guests more time with the vendors. The next speaker was Paige Mutual, RPT, CWS, who was sponsored by American Medical Technologies. Paige's topic was "Wound Etiologies."

A nice buffet lunch for our working meal was generously sponsored by Forest Labs. The guest lunch speaker was Dr. John McDonough from Geriatric Psychiatric Services; he spoke on "Depression & Dementia in the Elderly."

Our next speaker was to discuss "Pain," but he was unable to be there. We had to ad lib the next hour, as several FADONA members discussed the Q&A and review of QIS surveys in our local communities. It was hosted by Betty Barron and Jean Nelson, and a lot of good information was shared.

Our final speaker was attorney Sheila Nicholson with Quintaros, Prieto, Wood & Boyer. Her topic was "Understanding How Plaintiffs Use Documentation to Litigate a Case."

Good questions and answers followed all these speakers.

FADONA provided 7.0 continuing education hours for nurses and 6.0 hours for nursing home administrators.



Jean Nelson

We would like to thank all our vendors, who participated with our symposium to help make it one of the best so far.


The vendors included:

**American Health Associates Clinical Lab, American Medical Technologies, Ashton Gardens, Bayer, Bristol-Myers Squibb, Dermatology Healthcare, DFB, Ecolab Group, Functional Pathways, Gulf South Medical Supply, Healthpoint, Home Instead, KG Health Partners, Life Path Hospice, Life Systems, Eli Lilly, Medbest Recruiting, Medical Nutrition, Medline, Millenium Pharmacy Systems, Mobile**

**Ultrasound Services, Mobilex USA, Novartis, Ortho-Fit Partners, PharMerica, Senior Care Pharmacy, Ultrasound Imaging, Ultra Healthcare Services, West Coast Brace & Limb**

**Thanks for you help and support!**

I would like to extend a special thank you to Carla Russo, Region IV Coordinator, for all her hard work with the vendors. A special thanks to Marianne Calta, president of the Hillsborough chapter of FADONA, for her help to make this one of the best seminars at a new site.

Again, let me share a reminder with you to join FADONA and help us represent you and all our facilities in Florida. FADONA is a great place to network! 

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# DEA Told to Revise Legal Framework for Controlled Drugs in Long-Term Care

**A**ccording to a recent report from the American Society of Consultant Pharmacists (ASCP), U.S. Sen. Herb Kohl (D-WI), chair of the Senate Special Aging Committee and member of the Senate Judiciary Committee, and with Sen. Sheldon Whitehouse (D-RI), member of the Special Aging and Judiciary Committees, sent a long-awaited letter to Eric Holder, U.S. Attorney General.


The letter highlighted the need to review and modify aspects of the current federal legal framework

governing long-term care (LTC) patients' access to medications subject to the Controlled Substances Act (CSA).

Specifically, the letter noted that "the CSA legal framework is ill-suited to the unique needs of this patient population and the practice protocols of those who provide their care." The letter said that existing requirements may cause needless delays in dispensing medications, as well as potential patient harm and suffering. The letter calls on DEA to review and comment on proposed draft legislation that would amend the

CSA to recognize chart orders as well as the LTC nurse's role as the agent of the prescriber — within 20 days.

The senators' letter is the first public step toward engaging DEA in dialogue around the critical issues facing LTC pharmacists, providers, and prescribers who are struggling to ensure that patients receive appropriate and timely controlled medications in the LTC/hospice environment while dealing with unworkable DEA rules and regulations.

For more information, contact ASCP at [govaff@ascp.com](mailto:govaff@ascp.com). 

# FADONA Responds to Haiti's Devastating Earthquake

**T**he earthquake of 7.0 magnitude that devastated Haiti has collapsed a society that is calling out for help. Our nation is responding and is on the front line, offering leadership and military assistance.

Many citizens have donated monies and services to assist in search and recovery. This is just the beginning of a very long road to recovery. We must reach out and help in any way possible.

The Florida Association Directors of Nursing Administration/LTC is urging the LTC community to educate themselves about the needs of the relief efforts. FADONA is also asking that donations be sent to Haiti for disaster assistance.

Here is some important information to assist you:

1) State Department Operations Center phone number: 888-407-4747 (to inquire about American family

members in Haiti)


2) State Department Operations web site: [www.travel.state.gov](http://www.travel.state.gov).

3) Aid and donations should be coordinated through American Red Cross.

4) Former President Clinton is our ambassador to Haiti; sending funds to his relief fund will also ensure that donations are distributed to those in need.

5) You can also text "HAITI" to 90999 to donate \$10 to American Red Cross relief for Haiti. The charge will show up on your next cell phone bill.

FADONA donated \$1,000 to the ambassador's website for medical relief. And, as a result of our plea, NADONA joined in our effort and made its own donation and request to its members nationwide.

On behalf of the Board of Directors of FADONA, thank you for helping the Haitian people in their desperate hours of need. 

## "MEMBERS ONLY!"

The official FADONA website at [www.fadona.org](http://www.fadona.org) is "Members Only."

Access to the "Members Only" sections is restricted to current members of FADONA. If you are a member and have not received your user name and password, please e-mail the business office at [fadona@fadona.org](mailto:fadona@fadona.org), or call (561) 659-2167.

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# FADONA Think Tank 2010




One of the critical issues the Think Tank rallied around at a Jan. 14, 2010 Think Tank Steering Committee meeting (see group photo below) sponsored by SenTech Medical — which we believe is vital to the success of the PACT pressure ulcer initiative — was the development of a “Universal” transfer- and discharge-tool that could be utilized statewide by hospitals, nursing homes, home health, etc.

We were joined at this meeting by Kim Streit, MBA, MHS, FACHE; vice president of Healthcare Research and Information with the Florida Hospital Association. She has since reached out to FADONA to help organize a new workgroup to create this important tool. The new undertaking, by the Collaborative on Reducing Readmissions in Florida, will be co-chaired by Cathy Ates, who is immediate past-president of FADONA and who now chairs the Think Tank, and Denise Remus, RN, PhD, chief quality officer of Baycare Health System.

This new effort will bring the PACT Initiative and the Collaborative on Reducing Readmissions in Florida much closer to a shared mission.

FADONA is very excited about the direction we are all heading on this important workgroup — a collaboration between the key groups in this continuum, i.e., FHA, FHCA, FAHSA, FMDA, and of course FADONA!

According to Kim, we will initially work with the nursing home community, then move to other post-acute providers and physician offices. We will look at existing forms to determine the critical pieces of information needed to assure a smooth transition from the hospital to the nursing home. Kim anticipates that there will be one face-to-face organizational meeting in Orlando, possibly in March, then the remaining work may be done via conference calls.

If you have any questions, please do not hesitate to direct them to **Ian Cordes**, director of operations, at **icordes@bellsouth.net**, or at (561) 659-2167. 



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RXPERTS PHARMACY HOLLYWOOD, FL 954-919-1818 TAMPA, FL 813-740-1818	<b>NIGHTINGALE, FLORENCE</b>		<b>123-A</b>
	<b>M &amp; M's - PLAIN</b>		
	<b>CHEW ONE PIECE OF CANDY AS NEEDED FOR CHOCOLATE CRAVINGS</b>		<b>1 OF 3</b>
	Qty: 30 PIECES	Date: 09/18/09	PV DS
	NDC: 00113041178	Exp: 03/10	Dr: SMITH, A.
	Rx#: 050994 001	GOLDEN ACRES NURSING HOME	
	M & M's - PLAIN Last Name: <b>Nightingale</b> First Name: <b>Florence</b> Room: <b>123-A</b> Rx#: <b>050994 001</b>		
	Date: 09/18/09		<b>ORDER</b>
		050994 M & M's - PLAIN NIGHTINGALE, FLORENCE ONE PIECE PRN	09/18/09 Qty: 30

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