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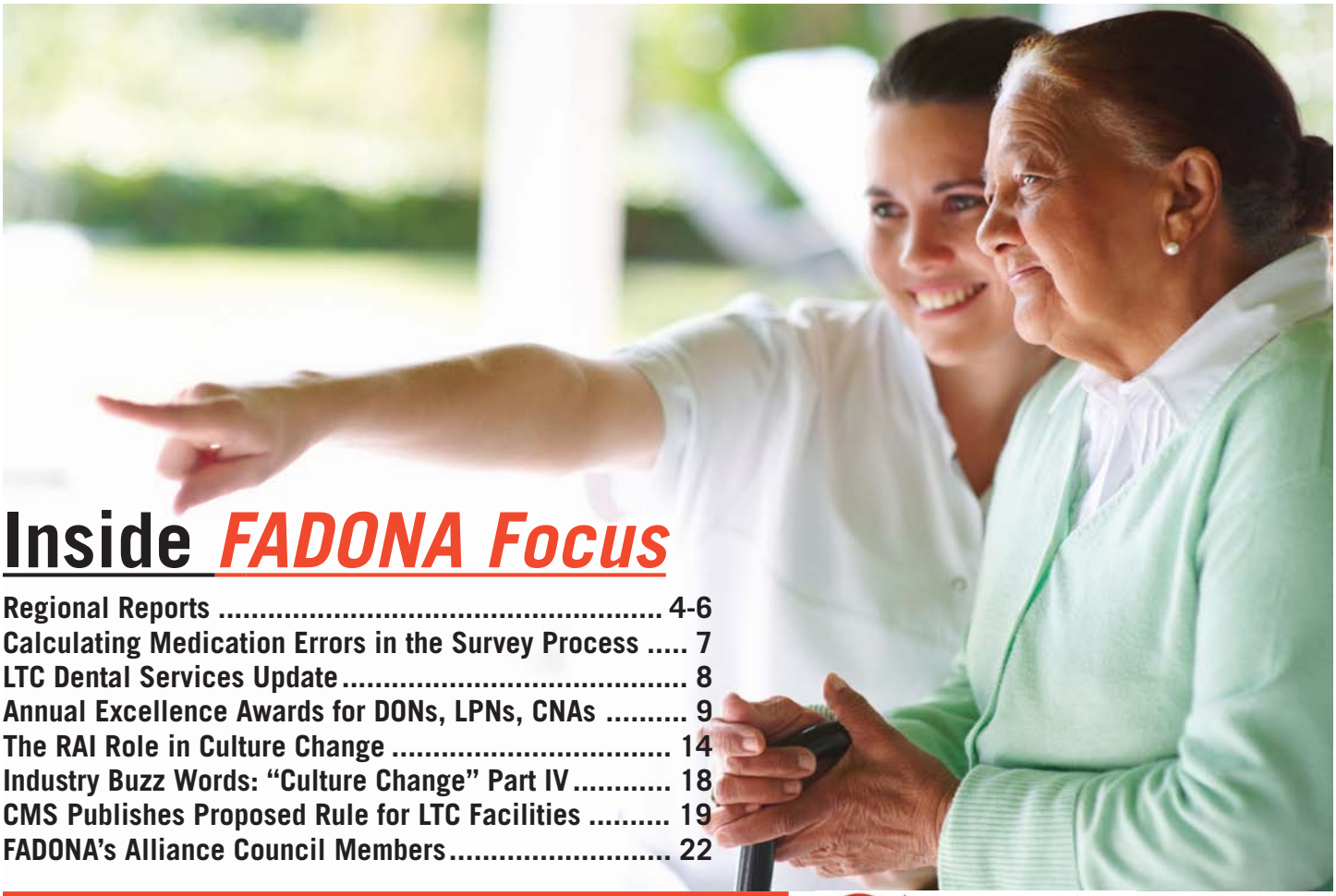

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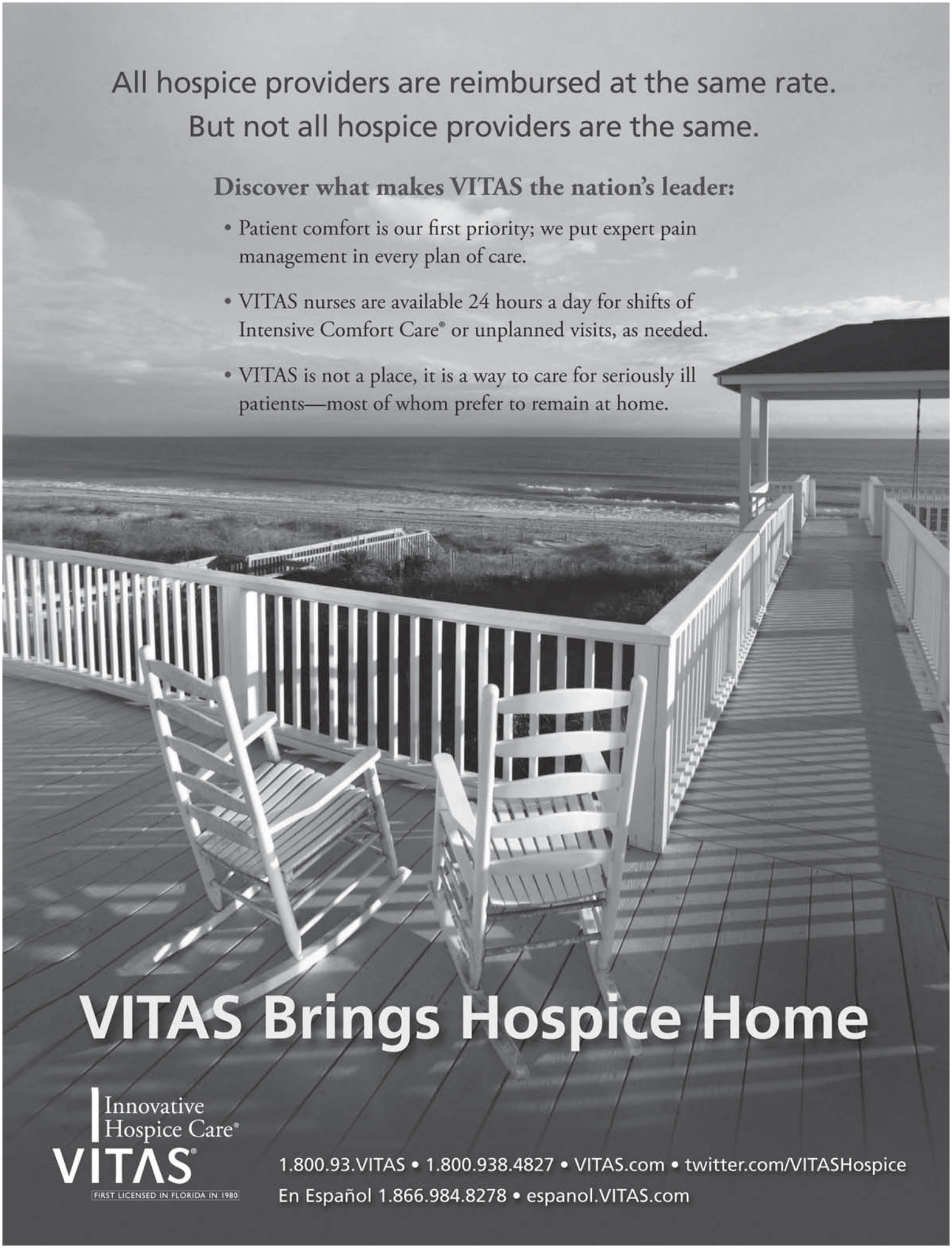
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Message from the President

Greetings, FADONA members! Here we go full speed into the year 2011, preparing for more exciting leadership venues to offer you in months to come.

The FADONA board is re-energized to continue to carry the torch of leadership. Reflecting on the year gone by, FADONA had many highlights that include a six-city regional symposium tour hosting MDS 3.0 intensives. We offered a NADONA Certification Prep Course, the PACT Initiative and collaborative with the Florida Hospital Association, a dental initiative, and a very successful annual convention.

Bonnie Cruz

Our goals now are to continue to strengthen our core and build on these areas. We also are building membership and networking with agencies to bring our members the latest and greatest information available.

Through collaboration and teamwork, FADONA will continue to seek the best programs possible for continuing education. The FADONA board, recently met in Orlando to discuss the April 2011 convention.

Our very first "Call for Presentations" has yielded some excellent potential topics and speakers. This will help make the 24th Annual Convention in April very exciting.

The vendors are also busy planning your convention "Fun Night." We appreciate their constant support in all they do for our organization.

Another continuing education venue for the fall of 2011 will be regional educational symposiums around the state. These 1-day programs will offer 6 CEs on a topic and title to be announced. These symposiums will be based on leadership, and the target audience will be administrators and nurse executives.

FADONA is your organization, and we are here to serve you! We want to be here for you and exchange ideas. Please visit our website at **www.fadona.org** to view updated activities and receive information of interest.

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

Respectfully,

Bonnie Cruz

Bonnie Cruz, RN, BSN, MEd
President

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Buena Vista Palace Hotel & Spa

Across the street from Downtown Disney!

April 11-14, 2011

Regional Reports

Region I—Northwest

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

Region I has two active chapters: Ft. Walton Beach and Pensacola. The Ft. Walton Beach Chapter continues to meet the third Friday of the month for breakfast. The sites rotate around different facilities in the area. The focus of discussions has been sharing recent survey issues and MDS 3.0 experiences. We continue to offer support and networking for each other while sharing best practices. The last meeting was held by Emerald Coast Hospice with an educational video that showed their support for long-term care.

Also, a rally for FADONA Convention support in April 2011 was included, detailing some fantastic speakers. Contact **Bonnie Cruz** at Manor at Blue Water Bay in Niceville at **(850) 897-5592** for more information.

The Pensacola Chapter has been active at networking via e-mail, especially sharing survey concerns and results. They are restarting monthly meetings in March. The March 16 meeting will be hosted at Noon (with lunch) at Bayside Manor, on Langley just off Scenic Highway. Kim Barrett, from Children's and Families Services' Tallahassee office will discuss electronic abuse and neglect reporting.

The Pensacola Chapter meetings are held at noon on the third Wednesday of the month. The sites also rotate, giving us an opportunity to share our facilities and get ideas from others.

Contact me at Rosewood Manor by phone at **(850) 619-2622** or e-mail **sfiggins@gchc.com** for any questions (or directions to meetings).

Sharyn Figgins, RN, MSN
Region I Vice President

FADONA Focus

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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

Participation at some of our recent meetings has improved, but if any of you have any advice on how to spark better attendance, I would appreciate your input. Some think a symposium may be the way, but I have lived in this community my entire life, and I do not think that will work. I would hate to waste the sponsor's time and money.

FADONA is a great organization. As DONs, we need to work together on the many issues that threaten the well-being of our profession and long-term care. Many of our administrators are members of various organizations and involved in saving our industry, but who better to represent our patients/residents than a nurse?

When I went to school, I was taught to be the patient advocate. I ask for two things. First, I need volunteers in other counties to lead local chapters. I cannot cover this large area alone.

Second, I wish to coordinate a visit to Tallahassee this year during Lobby Wednesdays. I want FADONA to be recognized as a force in long-term care. FHCA aligns itself with our administrators and has supported me as a DON for many years. I believe it is time to stand up with them and fight for our patients/residents and our industry.

If you are interested in assisting me with either or both endeavors, please contact me at Palm Garden of Ocala at **(352) 854-6262**, my cell number **(352) 553-7475**, or my e-mail address: **Tvanaman@Gramercyhealth.com**.

Thanks in advance for your support and assistance.

Tina Vanaman, RN, CDONA/LTC, CCNC-C
Region II Vice President

Region III—Centraleast

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

Thanks to all our faithful attendees at our monthly GOFADONA meetings in Orlando. Please look for future meeting announcements.

We will have a break in April

Regional REPORTS

because I hope to see all of you at our annual convention at the Buena Vista Palace Hotel & Spa.

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.

For any questions, please reach me at **(407) 949-4205** or my e-mail at **normac1212 @aol.com**.

Norma D. Collins, RN, BS, LHRM
Region III Vice President

Carla Russo

REGION IV

Region IV—Centralwest

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

We are embarking on a new year for FADONA in Hillsborough County. We have a new president, and we are ready for take-off. It is our desire to have an active region, but to do that, we need your help. Please get involved, and I guarantee you will find a very receptive group. We can get serious, though we also love to have fun. It is a great time to network with those in your same situation.

Our president for Hillsborough County is Betty Barron, DON at Bear Creek in Hudson.

Pinellas County, on the other hand, has great participation. Liz Raymond is president there, and she really has some good programs.

We have always struggled for attendance and involvement as long as I have been involved, which is 11 years. We have had some good officers, and they have really tried to get people involved, but it has always been limited to the same few.

We would love for you to get involved. For Hillsborough County, you can call me or **Betty Baron** at **(727) 863-5488**. For Pinellas County, contact **Liz** at **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) 908-2333,** ext. 257, and my fax is **(813) 908-7827**. My e-mail address is **tampa.dns@sunriseliving.com**.

I encourage everyone to get involved.

Carla Russo, RN, CDON/LTC
Region IV Vice President

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Cherryl Chmielewski

REGION V

Region V—Southwest

5A—Manatee, Charlotte, Collier
5B—Desoto, Lee, Sarasota

Region V needs your help. 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**, or **(813) 635-9500**.

Cherryl A. Chmielewski, RN
Region V Vice President

Continued on page 6

Regional Reports

Continued from page 5

Regional REPORTS

Region VI—Southeast

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

Every area of Region VI needs 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?

Please consider coordinating a local group meeting. There are many 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. Meetings allow us to network and share valuable information with our fellow nursing administrators and associates. This in turn helps increase the quality of care that our facilities can provide to our residents and supports our efforts to be survey-ready.

We 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**.

Region VII—Southeast

Miami-Dade, Monroe, and Broward Counties

It has been nearly one year since the FADONA members approved an amendment to its bylaws that created a new region, which runs from Deerfield Beach all the way to Key West — encompassing the three most southeast counties in Florida. Here is what's going on in the Miami area:

Miami-Dade County: Officers include:
~ President: **Hank Drummond**, RN, PhD; DON, Miami Jewish Health System
~ 1st Vice President: **Regina Caines**, DON, Miami Gardens Nursing Center
~ 2nd Vice President: **Delia Rudio**, DON, Perdue Nursing Center
~ Secretary: **Anne Museau**, DON, Pines Nursing Home
~ Treasurer: **Natalie Roy**, DON, Gramercy Park

For more information about the Miami-Dade chapter, contact **Hank Drummond** at **hankmiami@yahoo.com**; cell: **(786) 566-0598**.

We need your help to develop this brand-new region. If you are interested in helping, or know someone you think would be a great asset, please contact **Ian Cordes** at **(561) 659-2167**, or e-mail **icordes@bell-south.net**.

Scholarships Available

FADONA currently has scholarship funds — including the Imogene Ward Nursing Scholarship Award — available for eligible applications. If interested, please go to www.fadona.org, or call the business office at (561) 659-2167.

Calculating Medication Errors in the Survey Process

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

A new case came out in May 2010 that discussed the methodology that surveyors must use in calculating medication errors. It is not as simple as it sounds.

Karen Goldsmith

The State Operations Manual describes a medication error as "the preparation or administration of medications or biologicals that are not in accordance with the prescription order, manufacturer's specifications or accepted professional standards."

A single significant error may result in a citation after the surveyors have analyzed the medication, including its side effects, looked at the nature of the error (e.g. was the medication given to the wrong resident?) and looked at the impact it had or could have had on the particular resident involved. The SOM defines a significant error as one that causes pain or discomfort or jeopardizes the resident's health and safety.

Single errors are not difficult to analyze from the provider's standpoint.

More difficult to analyze is when the errors are not significant enough in and of themselves to warrant a citation but are numerous. In Woodbine Healthcare and Rehabilitation Center v. CMS (DAB case CR2140), Judge Sickendick took on this formidable task, a termination case that hinged in large part on whether or not the facility met the 5% error rate. The surveyor alleged that she had observed 21 med errors in 48 opportunities (43%), significantly higher than 5%. Sounds like a no-brainer, but wait: Judge Sickendick found for the facility on that citation.

To calculate the error rate, the number of observed errors becomes the numerator, and the number of opportunities for error is the denominator multiplied by 100.

Rounding is not permitted. A 4.99999% error rate does not become 5% error rate, etc. In determining the error rate, both significant and insignificant errors are considered.

If a drug ordered before or after meals is given at the wrong time, Judge Sickendick considers that an error. Likewise, a drug that is order PC and is given AC is an error.

However, the surveyors must apply professional judgment to determine whether the error is so significant as to warrant a deficiency on its own.

Facility policy determines when medications ordered four times a day are to be given. A facility should have a policy as to when the first dose is administered. This sets the timing for the latter doses.

Judge Sickendick noted that, as to timing errors, the SOM language is confusing, because it uses similar language to discuss significant errors as well as timing errors.

Judge Sickendick further held that, in order for a timing error to rise to the level of an error to be included in the 5% calculation, the resident must have received that drug outside the 60-minute window permitted by the SOM and, as well, the error must have been significant; that is, it must have caused discomfort or jeopardized the health or safety of the resident.

This does not mean that a serious significant timing error will not result in a deficiency in and of itself. That will depend on the resident's condition and the nature of the drug.

Judge Sickendick found that, as none of the 20 residents who did not get their medications timely was in discomfort or at risk, those errors could not be counted in the calculation. Thus, he did not uphold the medication error.

I recommend that all of you look at this case. A large number of drugs is discussed as to the timing issue. This could be a useful tool for in-service training or preparation for survey.

You can secure a copy if you are a subscriber to our website, **healthcare caselaw.com**, simply by going to that website and typing in the decision's number (CR2140). It is also available on the official CMS website.

Always remember, as Judge Sickendick so wisely reminded us, that the SOM is not law. It is the policy of CMS. So look at its content with that in mind. The language of the regulation binds the provider.

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**.

LTC Dental Services Update

By Patches Bryan, RN, BSN, CDONA/LTC, CRNAC, CRM, MHA, LNHA, AQIS; CECO, Greystone Health Care Management

This has been a very interesting work-group project, and I will stay involved as long I am needed by FADONA.

FADONA representative, Patches Bryan

If you are not aware, we are now presenting dental groups for facility availability.

1. OnSite Dental – It has been around the longest.

2. The Elan Group – This is a program similar to Apple Tree Dental Program, which has been a leader for LTC in another state.

OHMP has just entered the Florida market — and you will see more new providers in the future.

The dental-care program that I am approving for my buildings is $74 per month, reimbursed to the facility through a Medicaid state process. The policy covers semi-annual dentist visits for oral exams and cleanings. It also covers virtually any dental procedure this population of SNF residents would need: extractions, fillings, denture cleanings, repairs, re-lines, etc. Once a resident has been participating in the program, the person is eligible for new or replacement dentures.

The new policy, called OHMP FL, is $89 per month for the same coverage while adding its Oral Health Maintenance Program, for which I have only brief details.

I think this new program is worthy of at least some consideration, but I am going with the Elan Group. I feel that teeth cleaned more than twice a year might be "milking the system," even though it is issued via an insurance policy, as is the Elan Group Program.

Also, I like the fact that the equipment is brought to the facility and setup in an unoccupied room or the beauty shop — access to running water is required — and the resident does not have to leave the environment. Only for critical extractions and other serious work would the resident need referral to a dentist — and it is this group's responsibility to have the dentist in the contract for that facility.

Both of the above are available through The Elan Group.

By the way, there are no deductibles or co-payments in either plan. Both the $74 policy and the $89 policy are issued by the same insurance company. Elan is contracted with the insurance company and represents both.

Grant money for dental programs still seems to go first to maternal (child and mother), children in school, and the disabled — LTC still brings up the rear.

The big news is that the HRSA grant that funds the DOH's support for the coalition ends in August 2011, and that afterwards, the Florida Public Health Institute has agreed to allow the coalition to come under its 501(c)(3) tax-exempt status. That will allow the organization to continue to apply for federal grant monies to implement the State Oral Health Improvement Plan.

We are continuing to work on the senior report and will have a draft to discuss as a subcommittee, once John Whitman from the TRECS Institute sends an update to his stats. Under the new OHFC operations, a leadership council will be formed to run the coalition, and the senior workgroup will be under this new governing body. The senior report will then be sent to the council for review and action.

FADONA Annual Excellence Awards for DONs, LPNs, CNAs

Enhanced awards honor those "in the trenches" as well as nursing leaders in long-term care.

FADONA President **Bonnie Cruz** is pleased to announce that FADONA will once again provide 1st, 2nd, and 3rd place "Awards of Excellence" to LPNs (licensed practical nurses) and CNAs (certified nursing assistants).

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 increased cash awards of **$200, $300,** and **$500,** respectively, and are sponsored this year by **RB Health Partners**.

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 LTC.

The 2010 winner of the Director of Nursing Administrator of the Year was **Tina Vanaman**, RN, CDONA/LTC, CCNC-C, of Palm Garden of Ocala. The 2011 award is sponsored by **Evercare**.

Nominations 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 vice presidents. The winners will be announced at the Annual Awards Luncheon, Wednesday, April 13, during FADONA's 24th 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.

Nomination forms are open to FADONA members and are available at **www.fadona.org**. Questions may be directed to **Ian Cordes** at **icordes @bellsouth.net** or **(561) 659-5581**.

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Staff Motivation – Just a Tip

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

At a recent board meeting, several people commented on how many of Palm Garden of Ocala staff participate in the annual essay contest. They all wanted to know, "How do you get them to do it? I didn't have any."

Well, honestly, I was puzzled because I didn't realize we were doing anything unusual. I had to put a lot of thought into why Palm Garden of Ocala was so different. Then when I woke up on Monday, January 17, 2011, I knew the answer. PRIDE!

Our staff are very proud of where they work, and they want everyone to know the success stories they have witnessed or accomplished themselves. Everyone has a voice. Many take the initiative to randomly schedule events, games or "gab" sessions.

They love to picnic in the spring and fall, and the administrator and I encourage this independence. With all of this said, it is simple. Empower the staff in the same Culture Change as you are empowering your residents. Their self-worth will soar, and you will soon have them lining up to have you assist them to complete those essays.

Be creative. Say yes!

Carrying the Torch of Leadership in Style

By Robin A. Bleier, RN, HCRM, FACDONA; Convention Chair and 1st Vice President, FADONA

I encourage you to attend our 24th annual convention in Orlando! If you have not already marked your calendar for April 11-14, 2011, please be sure to do so today.

Our educational program continues to be based on FADONA's "Principles of Excellence."

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."

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.

The principles were the result of the first sessions of our Think Tank. The group, facilitated by well-known and respected nurse executive Mary Tellis-Nayak, included many statewide vice presidents of clinical services and the FADONA board.

The purpose of the Principles is to direct focused areas that nursing administrators are expected to know and to continue education and training. Therefore, as we have worked to create our conference educational programming, we ensured that seminar sessions allow participants to work on those key areas. The Principles of Excellence also guided the planning of our educational program for *Carrying the Torch of Leadership 2011*.

We have planned a unique preconvention day for the April convention. It's a LTC Risk Management Certificate Program that is a must-attend for administrative nurses as well as all levels of nursing staff, social workers, administrators and more! The daylong program on Monday, April 11, will offer 6.0 CEs/CEUs. For more details, see pages 11-13.

Any questions may be directed to the business office at **(561) 659-2167** or to **icordes@bellsouth.net**.

See you all there!

Robin A. Bleier

FADONA's 24th Annual Convention

FADONA's Carrying the Torch of Leadership

April 11-14, 2011

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: LTC Risk Management Certificate Program** (6.0) — This FADONA-endorsed Risk Management Certificate Program is geared to LTC staff nurses, nurse executives, and NHAs and will provide you with a framework to understand and join your organization's efforts to develop and enhance an optimal risk management program.

As defined by the Joint Commission, risk management is the "clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the risk of loss to the organization itself."

Speakers: Attorney **Karen Goldsmith**; **Hazel Mahoney**, Vice President of Risk Management, Airamid; **Phyllis Coleman**, RN, LHRM, CPHA, Regional Director of Clinical Services, Airamid; and **Robin A. Bleier**, RN, HCRM, FACDONA, 1st Vice President, FADONA, principal of RB Health Partners. **Only $95! Special Rate: Additional staff members from the same facility, organization, or corporation..... ONLY $75 each**

- ✔ State-of-the-science clinical presentations by expert physicians who understand long-term care medicine
- ✔ Regulatory update from the Agency for Health Care Administration
- ✔ Annual Awards Luncheon and Presentations

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- ✔ **"Amazing Wednesday!"** Includes all educational sessions on April 13, 2011; CEs/CEUs; Awards Luncheon; and Trade Show pass (admission to the ***"Rajun Cajun Casino Fun Night"*** is extra) – ***ONLY $95***
- ✔ **Seminar Tickets:** Any single educational seminar on April 12-14 – ***ONLY $25***
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- ✔ Earn up to **21.0 CEs/CEUs** for Florida nurses and nursing home administrators
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- ✔ Onsite, **free self-parking** is available.

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1. Register online and pay by credit card at **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**. 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**.

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**. 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.

Register Today!

Optional Preconvention Day

Optional Preconvention Day
MONDAY, APRIL 11

8 a.m.–5 p.m. Registration & Information

9 a.m.-4:30 p.m. #101: ***LTC Risk Management Certificate Program*** **(6.0)**
This FADONA-endorsed Risk Management Certificate Program is geared to LTC staff nurses, nurse executives, and NHAs and will provide you with a framework to understand and join your organization's efforts to develop and enhance an optimal risk management program.

As defined by the Joint Commission, risk management is the "clinical and administrative activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the risk of loss to the organization itself."

Speakers: ***Attorney Karen Goldsmith; Hazel Mahoney, Vice President of Risk Management, Airamid; Phyllis Coleman, RN, LHRM, CPHA, Regional Director of Clinical Services, Airamid; and Robin A. Bleier, RN, HCRM, FACDONA, 1st Vice President, FADONA, principal of RB Health Partners.***

Contact Hours: Six (**6**) hours of total CEs for nurses and NHAs

Schedule: **a. Session I:** 9 a.m.-12:15 p.m.; **b. Lunch:** 12:15-1:15 p.m. (cash concessions) **c. Session II**: 1:15-3:30 p.m.; **d. Exam:** 3:30-4:30 p.m.

Exam: Exam will cover material discussed during the program, including the application of Federal regulations, state statutes, etc. Passing grade is 80.

Successful Candidates: Will earn a certificate of completion for the FADONA-endorsed Risk Professional. All attendees that are licensed nurses & NHAs will be eligible to participate.

5-6:45 p.m. **Dinner — On your own.**

6:45-8:15 p.m. #102: Regional Networking: Refreshments will be provided!
Creating Fun Zones in Your Facility **(1.5)**

TUESDAY, APRIL 12: Day 1

7:30 a.m.-5 p.m. Registration & Information

8-9:30 a.m. #103: NON-CE PRODUCT THEATER BREAKFAST PROGRAM
Understanding DEA Guidelines: Compliance is Essential to Resident Care
~ ***Jim Hosch, RPh,*** Director of Pharmacy; **RXPERTS**
☆ Sponsored by **RXPERTS**

9:45-11:45 a.m. #104: ***Infection Prevention in Long-Term Care: National, State, and Local Strategies*** **(2.0)**
~ ***Nimalie Stone, MD;*** Medical Epidemiologist for LTC at the Division of Healthcare Quality Promotion of the Centers for Disease Control in Atlanta and a clinical assistant professor at Emory University's Division of Infectious Diseases
~ ***Anne Carol Burke, MA;*** Healthcare-Associated Infection Prevention Program Manager, Florida Department of Health

10:45-11 a.m. Refreshment Break–*Sponsored by* ***Greystone Health Care Management***

12-1:30 p.m. #105: LUNCHEON PROGRAM
Therapy Best Practices for Living in a Post-MDS 3.0 & RUG IV World **(1.0)**
~ ***William P. Goulding, MS/CCC-SLP;*** National Director of Outcomes and Reimbursement, Aegis Therapies, Delafield, WI

1:45-3 p.m. #106: ***How We Age: A Journey into the Heart of Growing Old*** **(1.0)**
~ ***Marc Agronin, MD;*** Director of Mental Health Services, Miami Jewish Home & Hospital for the Aged

3:15-5:45 p.m. Trade Show: Ribbon Cutting & Official Opening
Book signing with Dr. Marc Agronin

5:45-6:30 p.m. Dinner — Cash Concessions.
☆ ***Concession Stand Vouchers*** *sponsored by* ***Airamid Health Management.***

6:30-7:30 p.m. #107: ***MDS 3.0–A Blueprint for Quality Improvement*** **(1.0)**
~ ***Sheila G. Capitosti, RNC, NHA;*** Clinical Compliance Director, Functional Pathways

WEDNESDAY, APRIL 13: Day 2

7:30 a.m.–5 p.m. Registration & Information

8-9:30 a.m. #108: BREAKFAST PROGRAM
Chronic Pain Management in the Elderly **(1.0)**
~ ***Leonard Hock, DO, CMD;*** Medical Director, Hospice by the Sea, Boca Raton
☆ *This session is supported by an educational grant from* ***Purdue Pharma.***

9:45-10:45 a.m. #109: ***Will the Person I Hired Please Come to Work*** **(1.0)**
~ ***Debbie Guined;*** Executive VP, Positioning Motivators

11 a.m.-12:45 p.m. #110: ANNUAL AWARDS LUNCHEON
The Changing Culture of Psychoactive Interventions **(1.0)**
~ ***James Mikula, PhD, NHA;*** Culture Change Consultants, LLC
☆ ***Annual Awards Luncheon*** *is sponsored by* ***American Health Associates Clinical Laboratories.***
2011 PRESENTATION OF AWARDS
☆ ***Nurse Administrator of the Year*** *is sponsored by* ***Evercare.***
☆ ***LPN*** *and* ***CNA Annual Awards*** *are sponsored by* ***RB Health Partners.***

1-4 p.m. Trade Show & Door Prizes in Exhibit Hall

4:15-5:15 p.m. #111: ***Making Sense of Advance Directives*** **(1.0)**
~ ***Gary Miller, MD, CMD;*** Senior Medical Director, Vitas Innovative Hospice
☆ *Sponsored by* ***Vitas Innovative Hospice.***

7-10:30 p.m. ***Rajun Cajun Casino Fun Night***
Exceptional Food, Drinks & Entertainment — This annual event is planned and sponsored by the **Alliance Council's** Platinum Partners**.**

THURSDAY, APRIL 14: Day 3

8 a.m.-5 p.m. Registration & Information

8-9:30 a.m. #112: BREAKFAST PROGRAM
Practical Aspects of Managing Diabetes in Long-Term Care **(1.0)**
~ ***Naushira Pandya, MD, CMD;*** Professor and Chair, Department of Geriatrics, Nova Southeastern University College of Osteopathic Medicine, Ft. Lauderdale
☆ *This session is supported by an educational grant from* ***Novo Nordisk.***

9:45-10:45 a.m. #113: ***AHCA's Regulatory Update for Nurse Administrators in Long-Term Care*** **(1.0)**
~ ***Polly Weaver, BS;*** *Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration, Tallahassee*
☆ *This session is supported by* ***Airamid Health Management.***

10:45-11 a.m. Refreshment Break–*Sponsored by* ***Parthenon Healthcare.***

11 a.m.-12:30 p.m. #114: ***Lessons Learned from LTC Outbreaks: Creating Interest and Excitement about Hand Hygiene*** **(1.5)**
~ ***Steven J. Schweon RN, MPH, MSN, CIC, HEM;*** **Pleasant Valley Manor Nursing Home, Stroudsburg, PA**
~ ***Elizabeth K. Young, RN, BSN, CIC;*** **Adjunct Faculty, Kent State University College of Nursing; Past President of NE Ohio APIC Chapter; Co-chair Long-Term Care Section, NE Ohio APIC Chapter.**
☆ *Sponsored by* ***GOJO.***

12:30-1:15 p.m. Lunch — Cash concessions.

1:15-2:15 p.m. #115: ***Nurse Executive MDS-PPS Management*** **(1.0)**
~ ***Robin A. Bleier, RN, HCRM;*** principal, RB Health Partners

2:15 p.m. ***Door Prizes & End of Convention***

Note: Sessions and speakers are subject to change.

Register Today for

FADONA's 24th Annual Convention & Trade Show

Buena Vista Palace Hotel & Spa • April 11-14, 2011

Carrying the Torch of Leadership 2011

Convention Highlights: ✔ Focused on skills needed to be "Exceptional" DONs and nurse administrators ✔ Earn up to **21.0** contact hours for RNs, NHAs ✔ LTC Risk Management Certificate Program ✔ Annual Awards Luncheon ✔ Nationally recognized speakers ✔ Innovative and timely programming ✔ Book signing event ✔ 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

2011 FADONA Convention Registration Form

Not a member? *Join now at* ***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 2011 FADONA Convention Registration Fees. NO FEE INCREASE!

1. *Early-Bird "Full Registration" fee** is **$295** for members and **$350** for non-members until March 15, 2011. — After March 15, the fee is **$350** for members and **$425** for non-members. $ _____
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*: **LTC Risk Management Certificate Program for Staff Nurses, Exec. Nurses, and NHAs**....**$95** $ _____
   ✔ **Special Rate: Additional staff members from the same facility, organization, or corporation**.....**$75** $ _____
5. *"Amazing Wednesday!"* Includes all educational sessions on April 13, 2011; contact hours for RNs, LPNs, and NHAs; Annual Awards Luncheon; and Annual Trade Show (does not include admission to *"Fun Night"*) ..... **$95** $ _____
6. *Seminar Tickets*: Any single educational seminar on April 12-14 (1-2 hour seminar) ..... **$25** $ _____
7. *Book of Seminar Tickets*: Any 4 seminars of your choice on April 12-14 (1-2 hour seminars each)..... **$75** $ _____
8. *"Fun Night" on Wednesday, April 13*: Each paid Full-Registrant above receives one (1) ticket. Extra tickets for spouses or guests (this rate is not available to vendors or exhibitors) ..... **$70 each** $ _____
9. *Daily Trade Show Pass* — Not available to vendors. ..... **$25** $ _____
10. *Optional Printed Hand-Outs* (see details below)..... **$25 per set** $ _____

Total Amount Enclosed.....$ _____

* Full Registration Fee Covers: Tuesday, April 12, through Thursday, April 14, 2011, 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.

LTC Risk Management Certificate Program on Monday, April 11, is not included and the registration fee is 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, 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 **March 21, 2011**. There will be a **$50** administrative fee on all attendee refunds. There will be no attendee refunds after **March 21, 2011**. Refund requests due to AHCA regulatory surveys will be given priority.

Returned Check Policy: There is a **$25** 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. For hotel reservations at the special convention rate of **$130 per night** (single/double) with a **$9** per night **OPTIONAL** 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.

The RAI Role in Culture Change

By Robin A. Bleier, RN, HCRM, FACDONA; 1st Vice President, FADONA

Many of us are engaged in important culture change activities.

Robin Bleier

Typically, these are described by enhancements in consumer services, emphasis on quality-of-life, improving the living environment of elders, and so forth. All of these are excellent steps in the walk to achieving culture change. However, few speak to the role of the resident assessment instrument (RAI) in culture change.

RAI Role

The resident assessment instrument (RAI) and process is essential to establishing individual resident gap analysis. This supports our identification of resident risk so that, through additional evaluation and assessment, we can create plans of care that support the resident in attaining and maintain his or her highest, most practicable level of well-being.

In our efforts to grow in culture change, we need to break down the barriers between care staff and individuals who currently actively participate in the interdisciplinary team. Creating a resident-focused care system requires ongoing communication, emphasis on asking for the resident voice, encouraging resident choice, and residents' and their interested persons' participation in care and services each and every day.

In our efforts to grow in culture change, we need to break down the barriers between care staff and individuals who currently actively participate in the interdisciplinary team.

Actions We Can Take

We are very fortunate that our first steps include staff education in the language of the RAI. The manual is full; please see chapter 3 of the MDS 3.0 manual as well as glossary. So logically, we take that information to create an education guide.

After in-service, we confirm with return demonstration and confirmed knowledge that we can take the common terms and definitions and ensure that they are used in the documentation tools provided to our staff. Thus we can ensure consistent documentation, which supports the RAI.

Summary

The changes in the MDS 3.0 provide an excellent avenue for your ongoing steps to culture change in your facility. With the goal of eliciting the resident's voice, the MDS supports a resident-centered approach to help residents we care for attain or maintain his or her highest practicable level. And isn't that the reason we go to work each and every day?

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 robin@rbhealthpartners.com.

PALM BEACH COUNTY

NuVistaCare
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Palm Health Partners seeks innovative care providers who embrace change and understand the power of team work, while maintaining a self-motivated work ethic. We want people who teach as well as they learn. PHP employees must be comfortable with electronic communication and possess strong customer service skills.

As a "start-up" company, we will be filling positions throughout the company, including: DNS, MDSC, SDC, RNs, LPNs and CNAs. We anticipate hiring the first group of employees who will help open the facility — in late **March 2011.**

- DNS
- MDSC
- SDC
- RNs
- LPNs
- CNAs

Wellington Green Facility
NuVista Care at Wellington Green will provide an unparalleled setting for medical care, be it short-term, long-term, or post-acute assisted living.

With a 120-bed skilled nursing facility, and a 52-bed assisted living facility—both on a single campus—NuVista Care at Wellington Green will offer a new standard of highly-integrated post-acute long-term care in Palm Beach County.

PALM HEALTH
PARTNERS

APPLICATION PROCESS:
Only applications received via our web-site will be accepted. Please visit **palmhealthpartners.com** on or after February 1 to submit your application.

In patients with type 2 diabetes, the TITRATE® study demonstrates

Once-daily Levemir® gets the majority of patients to goal safely[1]

64% of patients achieved A1C goal <7% with once-daily Levemir®*

The Levemir® TITRATE trial shows how a majority of patients with type 2 diabetes taking a basal insulin, some with A1C levels as high as 9%, achieved the ADA-recommended target of A1C <7%.[1,2] Patients experienced a mean A1C decrease of −1.2%* and achieved goal safely with low rates of hypoglycemia, nearly all of which were minor or symptoms only.[†]

*70 to 90 mg/dL group.

To see how Levemir® can help your patients achieve their goals, and to learn more about TITRATE, visit TITRATEstudy.com.

Model is for illustrative purposes only.

[†] Minor hypoglycemia rates were 0.42 (70-90 mg/dL) and 0.26 (80-110 mg/dL) per patient-month. A single major hypoglycemic event was reported in the 70 to 90 mg/dL group; no major hypoglycemic events in the 80 to 110 mg/dL group.[1]

Results from a 20-week, randomized, controlled, multicenter, open-label, parallel-group, treat-to-target trial using the PREDICTIVE® 303 self-titration algorithm in insulin-naive patients with type 2 diabetes, A1C ≥7% and ≤9% on OAD therapy randomized to Levemir® and OAD (1:1) to 2 different FPG titration targets (70-90 mg/dL [n=121] or 80-110 mg/dL [n=122]).[1]

PREDICTIVE = Predictable Results and Experience in Diabetes through Intensification and Control to Target: an International Variability Evaluation.

Indications and usage

Levemir® is indicated for once- or twice-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long-acting) insulin for the control of hyperglycemia.

Important safety information

Levemir® is contraindicated in patients hypersensitive to insulin detemir or one of its excipients.

Levemir® should not be diluted or mixed with any other insulin preparations.

Hypoglycemia is the most common adverse effect of all insulin therapies, including Levemir®. As with other insulins, the timing of hypoglycemic events may differ among various insulin preparations. Glucose monitoring is recommended for all patients with diabetes. Levemir® is not to be used in insulin infusion pumps. Any change of insulin dose should be made cautiously and only under medical supervision. Concomitant oral antidiabetes treatment may require adjustment.

Needles and Levemir® FlexPen® must not be shared.

Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy. Dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia in patients being switched to Levemir® from other intermediate or long-acting insulin preparations. The dose of Levemir® may need to be adjusted in patients with renal or hepatic impairment.

Other adverse events commonly associated with insulin therapy may include injection site reactions (on average, 3% to 4% of patients in clinical trials) such as lipodystrophy, redness, pain, itching, hives, swelling, and inflammation. Less common but more serious are severe cases of generalized allergy, including anaphylactic reaction, which may be life threatening.

Please see brief summary of Prescribing Information on adjacent page.

References: 1. Blonde L, Meriläinen M, Karwe V, Raskin P, for the TITRATE™ Study Group. Patient-directed titration for achieving glycaemic goals using a once-daily basal insulin analogue: an assessment of two different fasting plasma glucose targets—the TITRATE™ study. *Diabetes Obes Metab.* 2009;11(6):623-631. **2.** American Diabetes Association. Standards of medical care in diabetes—2010. *Diabetes Care.* 2010;33(suppl 1):S11-S61.

Levemir®
insulin detemir (rDNA origin) injection

novo nordisk®

Levemir® (insulin detemir [rDNA origin] injection)

Rx ONLY

BRIEF SUMMARY. Please see package insert for full prescribing information.

INDICATIONS AND USAGE: LEVEMIR® is indicated for once- or twice-daily subcutaneous administration for the treatment of adult and pediatric patients with type 1 diabetes mellitus or adult patients with type 2 diabetes mellitus who require basal (long acting) insulin for the control of hyperglycemia.

CONTRAINDICATIONS: LEVEMIR® is contraindicated in patients hypersensitive to insulin detemir or one of its excipients.

WARNINGS: Hypoglycemia is the most common adverse effect of insulin therapy, including LEVEMIR®. As with all insulins, the timing of hypoglycemia may differ among various insulin formulations. Glucose monitoring is recommended for all patients with diabetes. LEVEMIR® is not to be used in insulin infusion pumps. Any change of insulin dose should be made cautiously and only under medical supervision. Changes in insulin strength, timing of dosing, manufacturer, type (e.g., regular, NPH, or insulin analogs), species (animal, human), or method of manufacture (rDNA versus animal-source insulin) may result in the need for a change in dosage. Concomitant oral antidiabetic treatment may need to be adjusted. Needles and LEVEMIR® FlexPen® must not be shared.

PRECAUTIONS: General: Inadequate dosing or discontinuation of treatment may lead to hyperglycemia and, in patients with type 1 diabetes, diabetic ketoacidosis. The first symptoms of hyperglycemia usually occur gradually over a period of hours or days. They include nausea, vomiting, drowsiness, flushed dry skin, dry mouth, increased urination, thirst and loss of appetite as well as acetone breath. Untreated hyperglycemic events are potentially fatal. LEVEMIR® is not intended for intravenous or intramuscular administration. The prolonged duration of activity of insulin detemir is dependent on injection into subcutaneous tissue. Intravenous administration of the usual subcutaneous dose could result in severe hypoglycemia. Absorption after intramuscular administration is both faster and more extensive than absorption after subcutaneous administration. **LEVEMIR® should not be diluted or mixed with any other insulin preparations** (see PRECAUTIONS, Mixing of Insulins). Insulin may cause sodium retention and edema, particularly if previously poor metabolic control is improved by intensified insulin therapy. Lipodystrophy and hypersensitivity are among potential clinical adverse effects associated with the use of all insulins. As with all insulin preparations, the time course of LEVEMIR® action may vary in different individuals or at different times in the same individual and is dependent on site of injection, blood supply, temperature, and physical activity. Adjustment of dosage of any insulin may be necessary if patients change their physical activity or their usual meal plan. **Hypoglycemia:** As with all insulin preparations, hypoglycemic reactions may be associated with the administration of LEVEMIR®. Hypoglycemia is the most common adverse effect of insulins. Early warning symptoms of hypoglycemia may be different or less pronounced under certain conditions, such as long duration of diabetes, diabetic nerve disease, use of medications such as beta-blockers, or intensified diabetes control (see PRECAUTIONS, Drug Interactions). Such situations may result in severe hypoglycemia (and, possibly, loss of consciousness) prior to patients' awareness of hypoglycemia. The time of occurrence of hypoglycemia depends on the action profile of the insulins used and may, therefore, change when the treatment regimen or timing of dosing is changed. In patients being switched from other intermediate or long-acting insulin preparations to once- or twice-daily LEVEMIR®, dosages can be prescribed on a unit-to-unit basis; however, as with all insulin preparations, dose and timing of administration may need to be adjusted to reduce the risk of hypoglycemia. **Renal Impairment:** As with other insulins, the requirements for LEVEMIR® may need to be adjusted in patients with renal impairment. **Hepatic Impairment:** As with other insulins, the requirements for LEVEMIR® may need to be adjusted in patients with hepatic impairment. **Injection Site and Allergic Reactions:** As with any insulin therapy, lipodystrophy may occur at the injection site and delay insulin absorption. Other injection site reactions with insulin therapy may include redness, pain, itching, hives, swelling, and inflammation. Continuous rotation of the injection site within a given area may help to reduce or prevent these reactions. Reactions usually resolve in a few days to a few weeks. On rare occasions, injection site reactions may require discontinuation of LEVEMIR®. In some instances, these reactions may be related to factors other than insulin, such as irritants in a skin cleansing agent or poor injection technique. *Systemic allergy:* Generalized allergy to insulin, which is less common but potentially more serious, may cause rash (including pruritus) over the whole body, shortness of breath, wheezing, reduction in blood pressure, rapid pulse, or sweating. Severe cases of generalized allergy, including anaphylactic reaction, may be life-threatening. **Intercurrent Conditions:** Insulin requirements may be altered during intercurrent conditions such as illness, emotional disturbances, or other stresses. **Information for Patients:** LEVEMIR® must only be used if the solution appears clear and colorless with no visible particles. Patients should be informed about potential risks and advantages of LEVEMIR® therapy, including the possible side effects. Patients should be offered continued education and advice on insulin therapies, injection technique, life-style management, regular glucose monitoring, periodic glycosylated hemoglobin testing, recognition and management of hypo- and hyperglycemia, adherence to meal planning, complications of insulin therapy, timing of dosage, instruction for use of injection devices and proper storage of insulin. Patients should be informed that frequent, patient-performed blood glucose measurements are needed to achieve effective glycemic control to avoid both hyperglycemia and hypoglycemia. Patients must be instructed on handling of special situations such as intercurrent conditions (illness, stress, or emotional disturbances), an inadequate or skipped insulin dose, inadvertent administration of an increased insulin dose, inadequate food intake, or skipped meals. Refer patients to the LEVEMIR® "Patient Information" circular for additional information. As with all patients who have diabetes, the ability to concentrate and/or react may be impaired as a result of hypoglycemia or hyperglycemia. Patients with diabetes should be advised to inform their health care professional if they are pregnant or are contemplating pregnancy (see PRECAUTIONS, Pregnancy). **Laboratory Tests:** As with all insulin therapy, the therapeutic response to LEVEMIR® should be monitored by periodic blood glucose tests. Periodic measurement of HbA_{1c} is recommended for the monitoring of long-term glycemic control. **Drug Interactions:** A number of substances affect glucose metabolism and may require insulin dose adjustment and particularly close monitoring. The following are examples of substances that may reduce the blood-glucose-lowering effect of insulin: corticosteroids, danazol, diuretics, sympathomimetic agents (e.g., epinephrine, albuterol, terbutaline), isoniazid, phenothiazine derivatives, somatropin, thyroid hormones, estrogens, progestogens (e.g., in oral contraceptives). The following are examples of substances that may increase the blood-glucose-lowering effect of insulin and susceptibility to hypoglycemia: oral antidiabetic drugs, ACE inhibitors, disopyramide, fibrates, fluoxetine, MAO inhibitors, propoxyphene, salicylates, somatostatin analog (e.g., octreotide), and sulfonamide antibiotics. Beta-blockers, clonidine, lithium salts, and alcohol may either potentiate or weaken the blood-glucose-lowering effect of insulin. Pentamidine may cause hypoglycemia, which may sometimes be followed by hyperglycemia. In addition, under the influence of sympatholytic medicinal products such as beta-blockers, clonidine, guanethidine, and reserpine, the signs of hypoglycemia may be reduced or absent. The results of *in-vitro* and *in-vivo* protein binding studies demonstrate that there is no clinically relevant interaction between insulin detemir and fatty acids or other protein bound drugs. **Mixing of Insulins:** If LEVEMIR® is mixed with other insulin preparations, the profile of action of one or both individual components may change. Mixing LEVEMIR® with insulin aspart, a rapid acting insulin analog, resulted in about 40% reduction in $AUC_{(0-2h)}$ and C_{max} for insulin aspart compared to separate injections when the ratio of insulin aspart to LEVEMIR® was less than 50%. **LEVEMIR® should NOT be mixed or diluted with any other insulin preparations. Carcinogenicity, Mutagenicity, Impairment of Fertility:** Standard 2-year carcinogenicity studies in animals have not been performed. Insulin detemir tested negative for genotoxic potential in the *in-vitro* reverse mutation study in bacteria, human peripheral blood lymphocyte chromosome aberration test, and the *in-vivo* mouse micronucleus test. **Pregnancy: Teratogenic Effects: Pregnancy Category C:** In a fertility and embryonic development study, insulin detemir was administered to female rats before mating, during mating, and throughout pregnancy at doses up to 300 nmol/kg/day (3 times the recommended human dose, based on plasma Area Under the Curve (AUC) ratio). Doses of 150 and 300 nmol/kg/day produced numbers of litters with visceral anomalies. Doses up to 900 nmol/kg/day (approximately 135 times the recommended human dose based on AUC ratio) were given to rabbits during organogenesis. Drug-dose related increases in the incidence of fetuses with gall bladder abnormalities such as small, bilobed, bifurcated and missing gall bladders were observed at a dose of 900 nmol/kg/day. The rat and rabbit embryofetal development studies that included concurrent human insulin control groups indicated that insulin detemir and human insulin had similar effects regarding embryotoxicity and teratogenicity. **Nursing mothers:** It is unknown whether LEVEMIR® is excreted in significant amounts in human milk. For this reason, caution should be exercised when LEVEMIR® is administered to a nursing mother. Patients with diabetes who are lactating may require adjustments in insulin dose, meal plan, or both. **Pediatric use:** In a controlled clinical study, HbA_{1c} concentrations and rates of hypoglycemia were similar among patients treated with LEVEMIR® and patients treated with NPH human insulin. **Geriatric use:** Of the total number of subjects in intermediate and long-term clinical studies of LEVEMIR®, 85 (type 1 studies) and 363 (type 2 studies) were 65 years and older. No overall differences in safety or effectiveness were observed between these subjects and younger subjects, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. In elderly patients with diabetes, the initial dosing, dose increments, and maintenance dosage should be conservative to avoid hypoglycemic reactions. Hypoglycemia may be difficult to recognize in the elderly.

ADVERSE REACTIONS: Adverse events commonly associated with human insulin therapy include the following: **Body as Whole:** allergic reactions (see PRECAUTIONS, Allergy). **Skin and Appendages:** lipodystrophy, pruritus, rash. Mild injection site reactions occurred more frequently with LEVEMIR® than with NPH human insulin and usually resolved in a few days to a few weeks (see PRECAUTIONS, Allergy). **Other: Hypoglycemia:** (see WARNINGS and PRECAUTIONS). In trials of up to 6 months duration in patients with type 1 and type 2 diabetes, the incidence of severe hypoglycemia with LEVEMIR® was comparable to the incidence with NPH, and, as expected, greater overall in patients with type 1 diabetes (Table 4). **Weight gain:** In trials of up to 6 months duration in patients with type 1 and type 2 diabetes, LEVEMIR® was associated with somewhat less weight gain than NPH (Table 4). Whether these observed differences represent true differences in the effects of LEVEMIR® and NPH insulin is not known, since these trials were not blinded and the protocols (e.g., diet and exercise instructions and monitoring) were not specifically directed at exploring hypotheses related to weight effects of the treatments compared. The clinical significance of the observed differences has not been established.

Table 4: Safety Information on Clinical Studies*

			Weight (kg)		Hypoglycemia (events/subject/month)	
	Treatment	# of subjects	Baseline	End of treatment	Major**	Minor***
Type 1						
Study A	LEVEMIR®	N=276	75.0	75.1	0.045	2.184
	NPH	N=133	75.7	76.4	0.035	3.063
Study C	LEVEMIR®	N=492	76.5	76.3	0.029	2.397
	NPH	N=257	76.1	76.5	0.027	2.564
Study D Pediatric	LEVEMIR®	N=232	N/A	N/A	0.076	2.677
	NPH	N=115	N/A	N/A	0.083	3.203
Type 2						
Study E	LEVEMIR®	N=237	82.7	83.7	0.001	0.306
	NPH	N=239	82.4	85.2	0.006	0.595
Study F	LEVEMIR®	N=195	81.8	82.3	0.003	0.193
	NPH	N=200	79.6	80.9	0.006	0.235

* See CLINICAL STUDIES section for description of individual studies
** Major = requires assistance of another individual because of neurologic impairment
*** Minor = plasma glucose <56 mg/dl, subject able to deal with the episode him/herself

OVERDOSAGE: Hypoglycemia may occur as a result of an excess of insulin relative to food intake, energy expenditure, or both. Mild episodes of hypoglycemia usually can be treated with oral glucose. Adjustments in drug dosage, meal patterns, or exercise may be needed. More severe episodes with coma, seizure, or neurologic impairment may be treated with intramuscular/subcutaneous glucagon or concentrated intravenous glucose. After apparent clinical recovery from hypoglycemia, continued observation and additional carbohydrate intake may be necessary to avoid reoccurrence of hypoglycemia.

More detailed information is available upon request.

Date of Issue: July 15, 2009
Version: 5

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Industry Buzz Words: "Culture Change" Part IV

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

Since our last edition, I have worked on an approach that would best describe a "Learning Circle." Through all that work, I learned something myself: There is no right or wrong way. Everyone's use of a Learning Circle will be different to meet that community's individual needs.

Imagine that a tool for culture change is based on individualization. We have all heard the term "Learning Circle" and some of you attended the class that Reuben Bowie and I taught last year on preconvention day. So what is it?

A Learning Circle is a spontaneous or scheduled neighborhood gathering utilized to plan an activity, set a calendar of events, resolve a concern, or celebrate success. Everyone has an equal voice.

During a Learning Circle, you want to give everyone an opportunity to speak. To keep these gatherings successful and not become cumbersome, they should be kept to 10-15 individuals and no more than 10-15 minutes.

The point to a Learning Circle is to encourage adults to make decisions about their daily lives and to participate in improving their home.

The facilitator, who can be anyone in the Learning Circle, announces the reason everyone is gathered, and each person takes no more than 30-45 seconds to give his or her opinion. They should be encouraged to say the first thing that comes to mind. We all know that our "gut feeling" is the most representative of how one views an issue.

Neighborhood leaders get together.

The facilitator should take notes and, at the conclusion of the Learning Circle, summarize the decisions made and assign tasks to volunteers. He or she would also ensure that everyone was aware of any time constraints and set the date and time for the next gathering.

Learning Circles can be used daily, more than daily, or any other frequency that is suitable for your community. The key is to let someone other than the DON have a voice and make decisions. This is a great approach to include in care plan meetings and utilization for MDS 3.0.

This is the foundation of Learning Circles. Don't fret, worry, or lose your mind if they are not the "perfect" Learning Circles. Who cares if they took only 5 minutes or only six people showed up? The point to a Learning Circle is to encourage adults to make decisions about their daily lives and to participate in improving their home.

Good luck and — most important — allow everyone to have fun!

See you next edition, when we review person-directed medication administration.

I wish you all the best with the new phases of your journey, and I look forward to the next issue. May your journey carry very few bumps and bruises.

CMS Publishes Proposed Rule for LTC Facilities

By Leonard Hock, DO, CMD; Chief Medical Officer, Hospice of the Palm Beach

Since the new Hospices Conditions of Participation (CoPs) effective 2008, there has been confusion or disagreement about who would take responsibility for services to hospice residents of nursing homes. Hospice believes they have ownership of the "overall care plan," while most nursing homes and nursing home medical directors have more knowledge of care and support for the frail end-of-life geriatric patient.

I see this proposed change as clearly delineating the responsibilities of each. It does not appear to me to be a bad thing (and CMS regulations can be). It is also consistent with the 2011 Office of Inspector General work plan.

Here is a summary of the rules that were issued this past October: *CMS published a proposed rule for long-term care (LTC) facilities and specified the responsibilities of the LTC facility when contracting with a Medicare-certified hospice for hospice services. The proposed rule mirrors the standard in the Medicare Hospice CoPs (418.112), which specifies the hospice's responsibilities when contracting with a LTC facility.*

The Regulatory Committee for the National Hospice and Palliative Care Organization (NHPCO) were to gather comments on the proposed rule and submit a comment letter on or before the due date of Dec. 21, 2010.

Introduction: On Friday, October 22, 2010, the *Federal Register* published a proposed rule for long-term care facilities that choose to contract with Medicare-certified hospices, and specifies that a written agreement between the facility and the hospice must be in place to specify the roles and responsibilities of each entity.

This proposed rule is a companion rule to the section (418.112) in the Medicare Hospice CoPs, which outlines the requirements that the Medicare-certified hospice provider must meet when it provides hospice services to residents of a LTC facility. This rule proposes to make the requirements for LTC facilities consistent with the June 2008 Hospice CoPs. The goal, as stated by CMS, is to "ensure that both entities are held equally responsible for the written agreement." CMS goes on to state that the "problems LTC facilities and hospices have with the coordination of care is a direct result of the lack of Medicare requirements specifically related to the provision of contracted hospice care in the current regulatory requirements for LTC facilities."

Please note that these are proposed rules, and will not take effect until CMS gathers comments from the field and publishes a final rule. The development of a final rule could take a maximum of three years.

Why is this important? Since the new Medicare Hospice CoPs were published in final form in June 2008, hospices have had regulatory requirements for their relationships with LTC facilities, spelled out in §418.112. LTC facilities have not had a similar regulatory requirement in their regulations. This proposed rule, when finalized, adds that regulatory requirement for LTC facilities, mirroring the requirements for hospices.

The NHPCO Regulatory team and Regulatory Committee reviewed this proposed rule in detail and prepared an NHPCO comment letter before the comment deadline of Dec. 21, 2010. In addition, there is already discussion with the national nursing home associations to collaborate about this proposed rule and the development of resource materials for providers.

The proposed rule may be found in the *Federal Register*, October 22, 2010 (PDF), and questions may be directed to **regulatory@nhpco.org**.

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Abuse Hotline Alert

The Florida Abuse Hotline is actively promoting its web abuse-reporting tool. They are in the process of upgrading the current tool already in use and would like to come and speak to your professional staff regarding web reporting of suspected vulnerable-adult abuse, neglect or exploitation.

The goal is to figure out what would make our professional reporters use this method versus other methods. We are also interested in providing continuing education opportunities.

Please forward the link for their online web abuse-reporting to your staff: **www.dcf.state.fl.us/programs/abuse/report.shtml**.

If you would like to participate in the focus group or hear more about the web reporting opportunity, or for more information, contact **Kimberly Parish Barrett**, Dept. of Children and Families management review specialist: office **(850) 487-6149**.

LTC Risk Management Certificate Program

Optional Preconvention Day: Monday, April 11, 2011

This **FADONA-endorsed Risk Management Certificate Program** is geared to LTC staff nurses, nurse executives, and NHAs to provide you with a framework to understand and join your organization's efforts to develop and enhance an optimal risk-management program.

Contact Hours: Six (**6**) hours of total CEs for nurses and NHAs

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See page 12 for more details!

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These are the official online CareerCenters of the Florida Association Directors of Nursing Administration, Florida Medical Directors Association, and Florida Health Care Social Workers Association.

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

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Propoxyphene's Adverse Consequences

The Food and Drug Administration (FDA) recently issued recommendations against continued prescribing and use of the pain reliever propoxyphene, which is contained in Darvon and Darvocet. Companies manufacturing this product have been asked to voluntarily withdraw it from the U.S. market. FDA's recommendation is based on a new study that showed significant changes to the electrical activity of the heart, even when propoxyphene was taken at therapeutic doses.

A list of the medications containing propoxyphene can be found by visiting the FDA website at **www.fda.gov** (propoxyphene-containing products). Information about propoxyphene and other potentially inappropriate medications can be found at the IQH website **www.iqh.org**. For further information, contact the IQH drug safety project leader Sarah Miller, RN, MSN, **(601) 957-1575,** ext. 250.

According to Pam Johnson, RPh, pharmacy director for PharMerica-Largo, propoxyphene's adverse consequences have been a concern for years, and propoxyphene appears in the SOM Guidelines, Table 1 for monitoring for potential Unnecessary Medications (F-329). Due to these concerns, withdrawal of propoxyphene from the market has been discussed for some time.

Very Important: In her opinion, routine propoxyphene dosing is associated with a very high "DEPENDENCY" potential that is argumentatively an "ADDICTION" potential. Abrupt discontinuance for patients who have received routine doses for an extended period of time will most definitely result in withdrawal symptoms including depression, behavioral changes, and physical withdrawal symptoms. If reductions are attempted for routine users, please consider removing just one of the daily doses, and wait to taper another dose after 2 to 4 weeks. For example, if the resident is receiving 6 doses per day, consider a reduction to 5 doses per day for a month, then 4 doses the next month, and so on. There is no rush to discontinue unless the resident is displaying adverse consequences from the drug.

For additional information, read the MedWatch safety alert, including links to the Drug Safety Communication news release and supporting documents, at:

www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm234389.htm

"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 for convention attendees. However, thanks to a sponsorship from MobilexUSA, attendees will receive 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 for paid registrants only at **www.fadona.org**. This will allow you to view and print them without charge before you arrive at the conference. Look for the handouts to be posted online no sooner than a week to 10 days prior to the convention.

If you prefer, for an extra charge of **$25**, you may order a set of handouts no later than March 25, 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.

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