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Inside *FADONA Focus*

— See the registration form on page 9.

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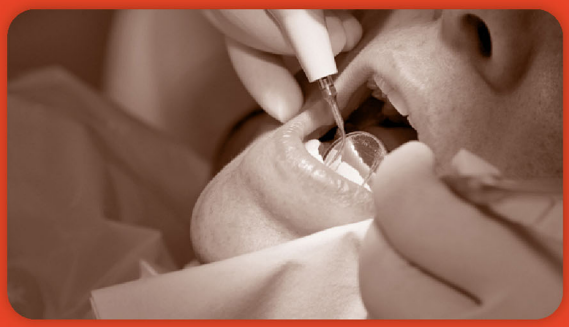

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Message from the President

The Principles of Excellence are the core values developed by FADONA and continue to guide us as we reach out to LTC nurse executives around the state. Responding to the changing times, FADONA is engaged with offering education and resources geared toward these Principles of Excellence in long-term care.

Bonnie Cruz

Many leaders operate with unique styles to achieve the same outcome of quality but the Principles of Excellence offer a common ground for everyone. Long-term care is an industry that requires special talents and leaders who are critical thinkers. Utilizing the Principles of Excellence as a framework, leaders may continue to lead their organizations with quality of life and quality resident care.

This is a very exciting year for FADONA membership as we celebrate 25 years since its founding. What better way to do this than join together at the 25th Anniversary Convention in Orlando — the premiere educational event for nurse leaders. The association has seen many changes over the years, with regulatory and budgetary issues, leadership, etc., but has remained solid. FADONA thanks its membership for their loyalty and support and hopes it will continue for many years to come.

It has been an exciting venture working with the FADONA board and executive office to collaborate on this year's 25th Anniversary Convention. The call for presentations yielded top-notch speakers and topics for your learning pleasure. So we invite you to sign up and join us while we learn and celebrate this milestone anniversary together.

FADONA has invited an amazing motivational-leadership speaker to present at the convention in April. For an encore, this speaker is also the expert trainer for the SPIRIT of Leadership cruise in November. Leadership continues to be our theme and our commitment to bring you the best tools to utilize in your career.

So do not delay, sign up now for FADONA's 25th Anniversary Convention — Carrying the Torch of Leadership 2012.

FADONA's Carrying the Torch of Leadership

So where do we go now? The FADONA board, along with your support, would like to increase membership to make our voices better heard, offer more regional symposia, plan an amazing November 2012 Leadership Cruise, and develop an informative 2012 annual convention.

We understand that schedules can be busy and that you may be overwhelmed at work and seem to be unable to break away for outside meetings. But, we sincerely hope you'll enhance your schedule to join FADONA and become involved at a local chapter level. I promise you that the return will be beneficial to your career by providing a network of sharing best practices and engaging you in a support system for nurse executives like yourselves.

Please visit our website at **www.fadona.org** to stay current with recent association news and updates. As always, feel free to contact us if you have any input to make our organization stronger. Ideas and feedback are always welcome.

Respectfully,

Bonnie Cruz

Bonnie Cruz, RN, BSN, MEd, CDONA
President

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

Our Regional Symposium held last October was a big success. Our topic, "Infections in LTC," was timely and evaluations scored our speakers as excellent. We could not have done it without the support of our sponsors: HAI Infection Prevention Initiative at FDOH; Gulf South – **Adam Davidson**; Decubex – **Mike Tucker**; Abbott – **Brett Allen**; Covenant Hospice – **Dave Hostler**; Mobilex – **Brenda Pylant**; First Choice Medical – **Bill Parker**; Osceola – **Marshall Culbreth**; and **Bobby Dunn**, President of Guardian Pharmacy.

Our chapter at Fort Walton Beach (FWB) meets the third Friday of every month for a breakfast meeting at 8 a.m. The sites rotate and are held at different facilities each month. Discussion is on pertinent issues of interest to the DONs. The January 2012 meeting included brainstorming on dealing with transporting residents from the hospital back to the facility and issues with EMS transport.

Beverly Bishop, FWB chapter president and DON at Parthenon Fort Walton, met with EMS to see what issues/concerns they had with the facilities and brought that information to the group. The February 17 meeting was held at Westwood Health Care Center. For meeting information, e-mail Beverly at **FWDON@PHC-Crest.com**.

The Pensacola chapter continues active networking via e-mail, sharing concerns and highlights, asking each other questions, and supporting each other. The last meeting was held in March. We conducted a survey in February, and I plan to call or visit each facility in the Pensacola area to identify interests, best times to meet, and locals.

We would love for any DON, ADON, or nurse manager to join our meetings or get on our contact list.

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

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 DONs, we often say we feel no one is hearing us. FADONA is an organization that could give you that voice. I would love to lobby in Tallahassee representing FADONA, but I cannot go it alone. I attend every year with my company, and it is an event like no other you have ever experienced.

We need to wake up and let our voices be heard! The next time you receive an invite to attend a regional meeting, take a chance and come out. We would be glad to meet with you to discuss FADONA and guide you to membership.

If you are interested in assisting us, please contact me at Palm Garden of Ocala at **(352) 854-6262**, my cell number **(352) 553-7475**, or my e-mail address is **Tvanaman@Gramercy health.com**.

It has been an honor to have served you and FADONA! Thank you.

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

Region III—Centraleast

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

According to **Reuben Bowie**, the November chapter meeting was awesome. The group was treated to a delicious meal at MoonFish in Sand Lake and Dr. Figueroa's presentation provided great insight on how to reduce the use of antipsychotics. Nominations were taken for officers who were installed at the December meeting. Congratulations to Reuben for organizing these successful events.

On January 17, GOFADONA hosted FADONA's Region III Symposium. It was a 6.0-CE, daylong program titled "Clinical Risk" and featured such notable speakers as Robin Bleier, RN, HCRM, RB Health Partners; Marvin Mengel, MD, medical director of the Adult Hospital Group for Orlando Health; Attorney Karen Goldsmith, JD; Goldsmith & Grout, PA; and Chuck Gooku, MD, CWS, Chief Medical Officer, AMT Wound Care Specialist.

Chuck Gooku, MD, CWS

Regional REPORTS

We meet the second Thursday of each month around 6 p.m. Save the date and look for the next e-mail or flier announcing the location and speaker. Let us know the topics that concern you, and we will do our best to plan the speakers around these topics. We would like to increase participation in our monthly meetings, therefore your participation is crucial

For more information about GOFADONA, please contact the president, **Teresa Mena,** at Waterman Village, Mt. Dora; **Nelson Rios** at Conway Lakes, or **Marisol Arrindell** at The Parks.

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

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

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

Hillsborough chapter president **Betty Baron** is doing an excellent job. She has a meeting every month with great sponsors. We always meet at a restaurant, most times at Red Lobster on N. Dale Mabry. We have the entire back room and it is a very good place to meet and network. 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.

Liz Raymond is the president in Pinellas and she has hosted some really great programs.

We have always struggled for attendance and involvement as long as I have been involved, which is 13 years. We have had some really good officers and they have tried to get people involved but it has always been limited to the same few. Please get involved.

For Hillsborough County you can call me or **Betty Baron** at **(727) 863-5488**. For Pinellas County contact **Liz Raymond** at **nurse_raymond@yahoo.com**. For Polk, Hardee, and Highlands, contact **Patricia Knigge,** Polk County chapter president, at **(863) 937-6562**.

I encourage everyone to get involved.

Carla Russo, RN, CDON/LTC; director of nursing, Brighton Gardens Tampa; phone **(813) 908-2333, ext. 257**; or fax **(813) 908-7827**.

Region IV Vice President

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

There is fire in our torch and FADONA is on the move in Region V.

FADONA Region V, Sarasota/Manatee chapter met in January with 13 participants for a breakfast meeting. Special thanks go to **Tracy Gibbs** at Freedom Village for hosting our event and also to **Mike Lessinger** with Amgen for providing breakfast and new information regarding treatment of osteoporosis in our LTC residents.

Special thanks to the new president, **Tracey Rickabaugh**, for promoting, organizing, and coordinating our meeting. We discussed membership, the upcoming convention in April, and promoted our leadership cruise in November. T-shirts from last year's convention and totes were distributed. We also were pleased to welcome two new participants from Charlotte County who were very interested in seeing some action in their own neck of the woods! I see the region growing already! Sarasota/Manatee chapter

Continued on page 6

Regional Reports

Continued from page 5

met again in March for a lunch meeting.

My next challenge is getting started on Charlotte and Lee counties — identifying contacts and also establishing a sponsor and meeting date for them.

Look for some exciting opportunities to network, explore trends, look ahead to the future of our industry, and how FADONA can assist in educating and equipping our directors of nursing to be shining stars for the people we serve.

Calendar for Manatee/Sarasota Counties Chapter Meetings

Wednesday, May 16, 2012;
Breakfast at 8 a.m., at a location TBA
Wednesday, July 18, 2012;
Lunch at 12 p.m., at a location TBA
Wednesday, September 19, 2012;
Breakfast at 8 a.m., at a location TBA
Wednesday, November 21, 2012;
Lunch at 12 p.m., at a location TBA

I'm looking forward to leading the region and building interest in FADONA membership.

Please forward your questions to me at: **kjoynes@greystonehcm.com** or call me at **(813) 748-8999**. If you would like to host a chapter meeting, just let me know!

Kim Joynes
Region V Vice President

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. 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**.

Region VII—Southeast

Miami-Dade, Monroe, and Broward Counties

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

Regional REPORTS

Broward County

The Broward County chapter of FADONA celebrated a "Let's Rebuild" lunch program last July and they've been busy every since (see photo pg. 8).

Congratulations to Broward County chapter President **Peggy Moses** and her dedicated chapter leaders who are forging forward.

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

Continued on page 8

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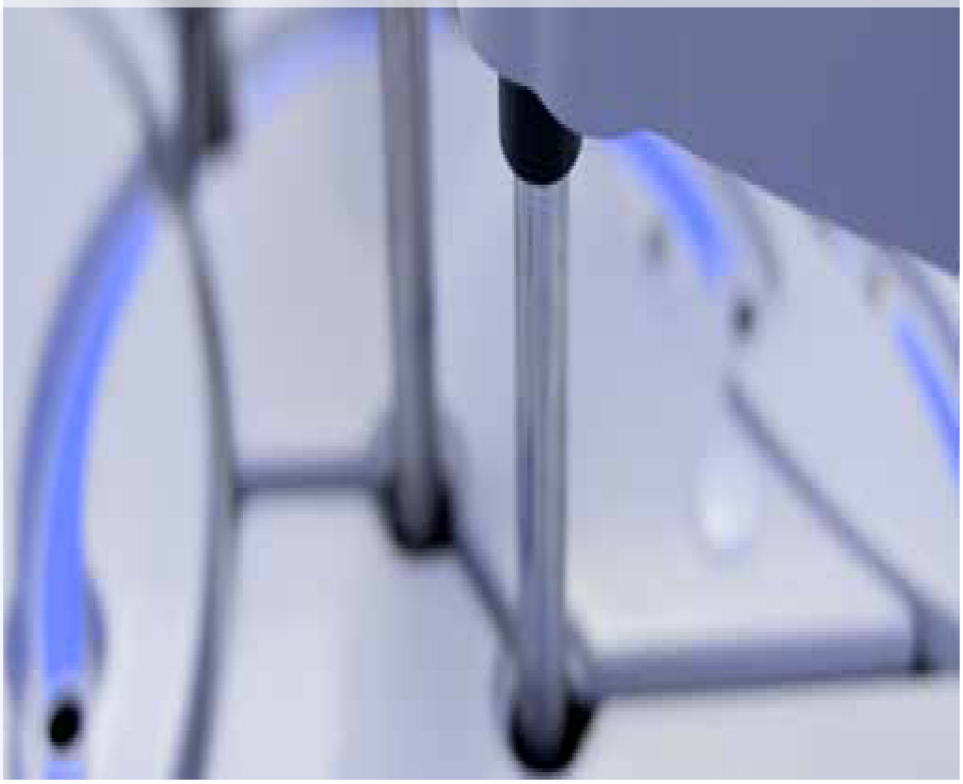

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Greetings Florida Members

By Cherryl A. Chmielewski, RN; 2nd Vice President, FADONA

Well, here we are at the beginning of another new year for FADONA and as always, it is time to assess and reassess our priorities for the upcoming months. I would like to offer a priority to ponder.

Cherryl Chmielewski

As we move forward professionally, I would like to ask each of you to consider the value of FADONA to you as a nurse administrator. When FADONA was first brought to my attention, right after its inception, and I was a relatively new director, it seemed very natural to join an organization that was suited just for directors of nursing. I found out very quickly that FADONA was so much more. Not only does this organization provide leadership and clinical education, it provides mentors, networking opportunities, and most of all, lifelong professional and personal relationships that support through good times and bad. I can honestly say that my FADONA membership is a priority and an asset to me!

I am hoping that everyone reading this will consider such a valuable asset and priority for their own future, recognizing the first true sign of a great leader is that they surround themselves with excellence! FADONA exemplifies excellence and offers all the tools needed for a successful nurse leader.

I would like to challenge everyone to join FADONA today and I challenge each member to bring at least one new member to our ranks this year! Our 2012 convention is just a few weeks away and it would be quite wonderful to fill every seat!

Remember, our strength is in our numbers and our best advertisement is you!

Cherryl A. Chmielewski, RN
2nd Vice President

Regional Reports

Continued from page 6

Special guests at a recent Broward County chapter meeting including (from left) Ian Cordes, FADONA's Director of Operations; Andriana Castillo, Account Executive with Allied Mobile X-RAY and Ultrasound and chapter secretary; Tiffany Cohen, Hospice by the Sea in Boca Raton; guest speaker Leonard Hock Jr., DO, FACOI, CMD, Chief Medical Officer for Hospice by the Sea; Jocelyn Fernandez, Senior Care Coordinator, Tenet/North Shore Medical Center FMC Campus; and Peggy Moses, St. John's Nursing Center and Broward County chapter president

~ 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 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@bellsouth.net**.

Register Today for

FADONA's 25th Anniversary Convention & Trade Show

Hilton Orlando • April 18-21, 2012

Convention Highlights: ✔ Focused on skills needed to be "Exceptional" DONs and nurse administrators ✔ Earn more than **22.0** contact hours for RNs, NHAs, LPNs, with ANCC-approved accreditation ✔ Optional, Hands-on Advanced Pouch Care Workshop ✔ Annual Awards Luncheon ✔ Nationally recognized speakers ✔ Innovative and timely programming ✔ Optional Mandatory Licensure Update Courses ✔ Special registration fee for first-timers ✔ Special registration fee for 2nd, 3rd, etc., person from the same facility ✔ Includes all planned meals ✔ Meet manufacturers and suppliers, and stay current with the changes in the industry's products, services, and trends at our Annual Trade Show ✔ Affordable luxury hotel rooms ✔ Great door prizes

FADONA's Carrying the Torch of Leadership

2012 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: RN / LPN / NP / NHA ___ *License #*_____ *State* _____

LTC Facility Name /Org. _____

Home Address _____

County _____ *Phone (____)* _____ *Fax (____)* _____ *E-Mail* _____

[ ] YES! Here are my 2012 FADONA Convention Registration Fees. NO FEE INCREASE!

1. *"Full Registration" 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., person 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 form for each person.**
4. *Optional:* **(You Can) Work Magic for Your Patients: Pouching Workshop** on **April 18**..... **$75** $ _____
   ✔ **Special Rate: Additional staff members from the same facility, organization, or corporation**.. **$60** $ _____
5. *Optional:* **Florida mandatory licensure update courses** .....**$25** each for members, **$35** for non-members.
   Please check the courses below that you will be attending: $ _____
   ❒ **HIV/AIDS Update** ❒ **Domestic Violence** ❒ **Preventing Medical Errors**
6. *"Amazing Friday!"* Includes all educational sessions on April 20, 2012; contact hours for RNs, LPNs, and NHAs; Annual Awards Luncheon; and Annual Trade Show (does not include admission to *"Fun Night"*) .... **$95** $ _____
7. *Seminar Tickets:* Any single educational seminar on April 19-21 (1-2 hour seminar).....**$25** $ _____
8. *Book of Seminar Tickets:* Any 4 seminars of your choice on April 19-21 (1-2 hour seminars each)..... **$75** $ _____
9. *"Fun Night"* on **Friday, April 20**: 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** $ _____
10. *Daily Trade Show Pass* — Not available to vendors ..... **$25** $ _____
11. *Optional Printed Handouts* (see details below)..... **$25** per set $ _____

Total Amount Enclosed.....$ _____

* Full Registration Fee Covers: **Thursday, April 19, through Saturday, April 21, 2012**, only. Fee includes attendance at all FADONA educational sessions; all planned meals and receptions; contact hours for Florida-licensed RNs, LPNs, NPs, and NHAs; handouts on CD; trade show admission; and eligibility to win great door prizes.

(You Can) Work Magic for Your Patients: Pouching Workshop on Wednesday, April 18, 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 15, 2012**. There will be a **$50** administrative fee on all attendee refunds. There will be no attendee refunds after **March 15, 2012**. 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 **$139 per night** (single/double) with no resort fee, and **$6** per night self-parking, contact the **Hilton Orlando**, at **1-888-488-3509**. 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, which is good three (3) days pre- and three (3) days post-program dates, based on availability. Reservations must be made ASAP, while rooms are still available.

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. Fax: (561) 659-1291.

How to Protect Yourself Against a Survey Citation at F314

By Karen Goldsmith, JD; Goldsmith & Grout, PA; HealthCareCaseLaw.com

No, this is not going to be an article to enlighten you on how I believe that you should prevent and treat pressure ulcers in your facility. Oh, that I could be so brilliant. What I am going to share with you is the benefit of Monday morning quarterbacking. Not by me, but by surveyors and ultimately CMS.

Karen Goldsmith

There have been several survey and certification administrative decisions in the last few months discussing F314, its requirements, and how nursing homes can run afoul of it.

F 314 has two prongs. First, a facility must prevent pressure sores acquired in the facility unless clinically unavoidable. Second, once an ulcer develops, regardless of the source, you must supply the care and treatment necessary to heal the ulcer, prevent it from getting worse, and prevent infection. Note the word "necessary." We will discuss this later.

If you cannot show that you have supplied all the treatment and care necessary to prevent the ulcers, you will never get to the question as to whether it was clinically unavoidable. If there is a treatment available, you must at least consider it. If it is not feasible for some reason, document.

Oh, there is that dirty word again. DOCUMENT. I present it all in caps because it should be. As I read some of these cases in which facilities were cited for F 314, I cannot help but wonder — is this really a documentation case?

I will discuss a very recent case out of Ohio and will include tidbits from other cases interspersed as appropriate. In that case, a resident was admitted with a "mild" risk for skin breakdown. His care plan included all those things normally associated with this assessment: low airloss mattress, turning and repositioning, skin checks, etc. etc. On June 6, his physician determined that he was deteriorating quickly and was likely to develop unavoidable skin breakdown. The facility did not up his assessment from "mild." That was interpreted as a failure to recognize the increased risk. Staff continued with the same care plan (also not updated) because staff felt that they already had everything in place to prevent pressure sores. But they did not document that they had made this determination.

The standard is not "all reasonable steps." The standard is prevent them at all costs, and if they develop anyway, take all steps to heal.

Around the same time the occupational therapist started looking for a new wheelchair for this resident (from a 16x16 standard seat to a 16x18 sling seat). There is no documentation as to why this recommendation was made nor why the new wheelchair was purchased. There was plenty of staff testimony in the hearing that the chair was 18 inches deep, not wide, and was to accommodate the resident's long legs. Since there was no documentation as to this the administrative law judge gave little credence to the testimony. It appears from his remarks that he tended to believe that the resident's hips rubbing on the sides of the wheelchair caused the ulcers. There was no evidence of that, by the way (remember who has the burden — not CMS — see discussion below).

Also several nurses testified that the ulcers were in the back, not on the sides of the hips. The judge did not give weight to this testimony either. The records were silent as to the specific location.

One nurse testified that the ulcers were likely caused by a bunched-up incontinence pad that the resident may have rubbed against. Bad choice of reason! The judge held that the facility should have adequately monitored the resident such that the pad could not bunch up. So he found a lack of adequate monitoring.

The facility proudly presented testimony that the ulcers healed. Uh oh. The administrative judge held that the fact that the resident's body was "healthy" enough to heal a decubitus ulcer sure doesn't support the

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argument that it was unavoidable.

A major problem in these cases is that CMS need only establish a prima facie case — which can be nothing more than submission of the 2567. The burden then shifts to the facility to show by a preponderance of the evidence that it was in compliance. Absent documentation, this judge at least, questioned how the witnesses could be so sure that the wheelchair fit properly, that the care plan was followed, etc. So the facility may have lost the case merely because its evidence was not contemporaneous with the resident's care and treatment.

The notes just prior to the development of the decubitus ulcers show that the resident had edema and swelling. No one looked into this development and assessed its impact, if any, on the resident's potential for skin breakdown. Or at least it was not documented.

Moral: Document even the most mundane decisions or elements of them.

Note that I used the word "necessary" in discussing the treatment and care standard that must be applied to preventing and healing decubitus ulcers. The standard is not "all reasonable steps." The standard is prevent them at all costs, and if they develop anyway, take all steps to heal. In this case healing was not an issue, but in many cases it is. These are cases where often the facility is cited because nursing management does not take steps necessary to ensure that the doctors are ordering properly aggressive treatment.

Let me recap the issues in these cases and share with you what I believe could have been done. In other words, let me Monday morning quarterback the Monday morning quarterbacks.

• Resident was not reassessed for risk immediately when his physician noted he was at risk for development of skin breakdown because of decline (note the word "immediately")

• While there was some problem with the resident's wheelchair, the reason was not clear from the records and testimony from non-treating nurses. If the chair was too narrow, the judge surmised the decubitus ulcers were from friction in the chair. If the chair was too short, perhaps they were caused by friction when the resident leaned forward to propel himself. Remember, the burden is on the facility to show unavoidability, not CMS to show ulcers were avoidable. There was no evidence as to why the regular seat was replaced with a sling seat — might just have been that the new seat was the only one they could get on that size chair. However, the judge assumed there was a reason and because it was not documented, surmised it could have been part of the problem. Moral: Document even the most mundane decisions or elements of them.

• Portions of the care plan for decubitus ulcers were not implemented on a regular basis. Judges routinely find that if you put it in the care plan and did not change it, the team must believe the intervention is necessary. How often is routine implementation of the care plan not thoroughly documented? While we are in this area, let me bring another point to your attention. Many facilities document by exception. If that is the case in your facility, it behooves you to have a policy for documentation that clearly states that. Train your staff as to how much documentation is expected of them. Turning and repositioning is an area that oftentimes is documented irregularly. That leaves your record open to a conclusion that if it was not documented, it was not done, or a finding by a judge that you truly did not document by exception. This makes your lawyer's job much harder.

• The bunched-up incontinence pad should not have been there. The judge found monitoring not sufficient.

The bottom line is that if a person is prone or becomes prone to skin breakdown, your staff must consider every possible intervention. Choose the ones that likely will help with prevention and healing. Those you determine are not viable, document why. When you introduce a new intervention (in this case the wheelchair), clearly and completely document the elements of the care that will be benefited by this intervention. Then document that it is done.

Finally, there is that double-edged sword: causation. If you determine the cause of the ulcer is related to a failure of care, that may be a problem for you, but know that if you do identify the cause and respond immediately to it (document), that could lessen the impact of a deficiency. If you do not determine the cause, someone will likely Monday morning quarterback you and the impact could be worse.

– This column is written for general information only and should not be used as legal advice. For specific situations, contact you facility attorney and follow his/her advice.

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**.

"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 April 6, 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.

HAIs Are the Most Common Complications

By A.C. (Anne-Carol) Burke, MA; Healthcare-associated Infection Prevention Program Manager, Florida Department of Health, Bureau of Epidemiology; and Chaz M. Rhone, MPH, Healthcare-associated Infection Prevention Epidemiologist

Healthcare-associated infections (HAI) are the most common complication of healthcare, resulting in 1.7 million infections and 99,000 deaths each year in the United States. The implementation of recommendations for healthcare-associated infection prevention from the Centers for Disease Control and Prevention (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) have been shown to reduce HAI by 70% overall and virtually eliminate some specific types of infections. Through partnerships and the commitment of stakeholders, the Florida Department of Health (FDOH) strives to reduce HAI in people who interact with Florida's health care system.

The FDOH HAI prevention program began in 2010 with support from federal grant funds provided by the CDC. The program is guided by an advisory board that includes representation from organizations such as FADONA, Florida Professionals in Infection Control, Agency for Healthcare Administration, Florida Infectious Disease Society, and other key stakeholders. We strive to maximize resources, improve health care culture for patient safety, and coordinate HAI-related prevention initiatives across the health care continuum.

Recently, the second cohort of HAI prevention collaboratives began, which includes two statewide collaboratives, one focusing on preventing catheter-associated urinary tract infections (CAUTI) and the other focusing on preventing multi-drug resistant organisms (MDRO) infections. On November 18, 2011, the FDOH in collaboration with the Northeast Florida Association for Professionals in Infection Control and a physician champion from Mayo Clinic Jacksonville, launched a third new regional collaborative for the prevention of Clostridium difficile in the five-county area comprising Metropolitan Jacksonville.

The prevention collaboratives include acute care hospitals, long-term acute care hospitals, rehabilitation facilities, skilled nursing facilities, and nursing homes, and build on the experiences of the initial round of collaboratives. Participating facilities benefit from additional training, opportunities to network, collaboration, and problem solving with their peers during monthly coaching calls/meetings. Facilities also interact with FDOH staff via regional face-to-face meetings or a site visit.

The prevention collaboratives consist of two phases: The first phase focuses on baseline measurements and the second focuses on implementation of evidence-based prevention strategies. During the first phase, the importance of proper data collection, interpretation of case definitions, and analysis and reporting of data is reinforced. The nursing homes/skilled nursing facilities provide outcome measurement data (HAI rates, device utilization, etc.) using the FDOH's Excel tool submitted through Florida's Quality Improvement Organization to ensure protection of this data. Additionally, facilities are expected to collect process measures (hand hygiene, isolation audits, environmental cleaning observation). Baseline data, in addition to pre-assessment survey results, give a concrete starting point on which to begin developing a facility-specific action plan to address any areas for improvement.

The second phase of the prevention collaboratives is initiated with staff education on evidence-based prevention strategies. On subsequent monthly calls during this time the collaborative tools are presented with instruction on their usage in addition to suggestions on incorporating the tools into regular practice. While presented in a generic format, facilities are encouraged to customize the tools for facility-specific purposes.

Data collection and analysis are crucial to identifying clusters or outbreaks and addressing them as necessary. Data can also measure the success of an intervention. Collection of process measures assists facilities in pinpointing deficiencies in a specific process and provides educational opportunities for staff. By collecting process and outcome measures, facilities are aware of how the practices of the staff impact HAI rates.

For more information on the Florida Department of Health HAI prevention initiatives, please visit our website at **http://www.doh.state.fl.us/disease_ctrl/epi/HAI/HAI.html**. You may also e-mail us at **HAI_Program@doh.state.fl.us**

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Got Scabies?

By Steven J. Schweon, RN, MPH, MSN, CIC, HEM; Infection Preventionist, Pleasant Valley Manor Nursing Home, Stroudsburg, PA

Just the mention of scabies is enough to make one itch. The thought of a scabies outbreak in an LTC facility is enough to generate panic, fear, and unease. What is scabies? It's a highly contagious, non-life-threatening parasitic skin condition that is characterized by a rash and intense itching. The parasite, Sarcoptes scabiei, is a mite that causes this infestation. The mite cannot jump or fly.

Steven Schweon

Scabies is derived from Latin for "the itch," and can affect people from all socio-economic classes, races, and ages. Scabies is transmitted through prolonged skin-to-skin contact and infested personal items such as clothing, towels, and bedding.

Scabies is generally not a reportable disease to the public health authorities, making it difficult to determine how many cases occur annually. Global epidemics have been associated with overcrowding, malnutrition, sexual contact, war, and poverty. Outbreaks can occur in LTC, hospitals, schools, and childcare facilities.

The scabies mite is transparent, white, eyeless, and has four pairs of stubby legs. The female is about twice the size of the male mite. Infestation starts when the fertilized female begins to tunnel into the epidermis by releasing a substance that dissolves the skin. After burrowing, the mite will deposit two to three eggs daily in addition to feces for up to two months.

Burrows can be found near the elbows, axilla, buttocks, abdomen, chest, and penis. They measure from 0.5 to 1 cm long and may be difficult to recognize. They appear as grayish-white or pink threadlike lines arranged in a twisted or zigzag pattern on the skin. Additionally, papules, vesicles, and pustules can also develop. The skin can become very excoriated. A dermatological consult may be needed.

The eggs hatch after a three- to eight-day incubation period. The mite goes through three molting stages until maturity. The males will spend most of their time on the skin surface while the fertilized female will burrow into skin, thus repeating the cycle.

Norwegian or crusted scabies is a severe, overwhelming variant. The resident can be infected with hundreds to millions of adult female mites and be highly contagious. Risk factors include Down Syndrome, AIDS, renal failure, and NIDDM. Hyperkeratotic crusted skin nodules develop, with potential secondary bacterial infections, sepsis, and death.

The scabies diagnosis is confirmed by viewing a skin scraping that contains a mite, mite parts, eggs, or waste products.

Scabies can be misdiagnosed because it can mimic other dermatologic conditions, including eczema, ringworm, dermatitis, lupus, psoriasis, drug reaction, impetigo, and insect bites. Suspect scabies in the resident who has an unexplained itching that intensifies at night. However, some residents may have an impaired ability to scratch. Consider scabies in your differential for an unexplained rash.

The resident is usually asymptomatic during the infestation period, which averages four to six weeks without a history of previous exposure. However, despite the lack of symptoms, scabies can be transmitted to others during this time period.

The scabies diagnosis is confirmed by viewing a skin scraping that contains a mite, mite parts, eggs, or waste products. However, a negative skin scraping does not necessarily rule out scabies. The burrows ink test is an alternative method to confirm the diagnosis. The clinical picture can be masked if there is another skin condition present and/or topical/systemic corticosteroids are being used.

Once the diagnosis is made, the resident and others in close personal, skin-to-skin contact with resident should be treated with a scabicide as soon as possible. Permethrin 5% topically is considered the safest and most effective agent. Multiple treatments may be required. Initiate contact isolation precautions. Ivermectin, an oral agent, can also be used, but the medication is not FDA approved as a scabicide. Offer frequent education and reassurance to the resident and the staff. Personal belongings including clothes, wheelchair pads, pillows, and blankets will need to be laundered. An EPA hospital-approved germicidal agent will need to be used on the wheelchairs, bed frames, walkers, tables, etc.

Unfortunately, residents can itch for one to four weeks after successful treatment due to dead mites, eggs, and feces remaining in the skin. Secondary skin infections can develop due to severe itching.

To prevent scabies from spreading,

evaluate all residents thoroughly for skin rashes. Teach staff to wear gloves when touching any rash or non-intact skin and perform hand hygiene afterwards.

In summary,

- Teach staff to report skin rashes
- Suspect scabies with an unexplained generalized skin rash
- Begin precautions while establishing a diagnosis
- Ideally, treat all persons together to prevent reinfestation

Two additional, credible information sources include:

California Department of Public Health. Prevention and control of scabies in California long-term care facilities. Available from: **http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/PrevConofScabies.pdf**

Centers for Disease Control and Prevention. Parasites-scabies. Available from **http://www.cdc.gov/parasites/scabies/**

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The Alliance Council met numerous times, both in person and telephonically, to discuss and develop the Fun Night activities and trade show game card. They enjoyed lunch with the FADONA Board on January 14 at the Hilton Orlando (above). Below, they gathered in Tampa on February 8.

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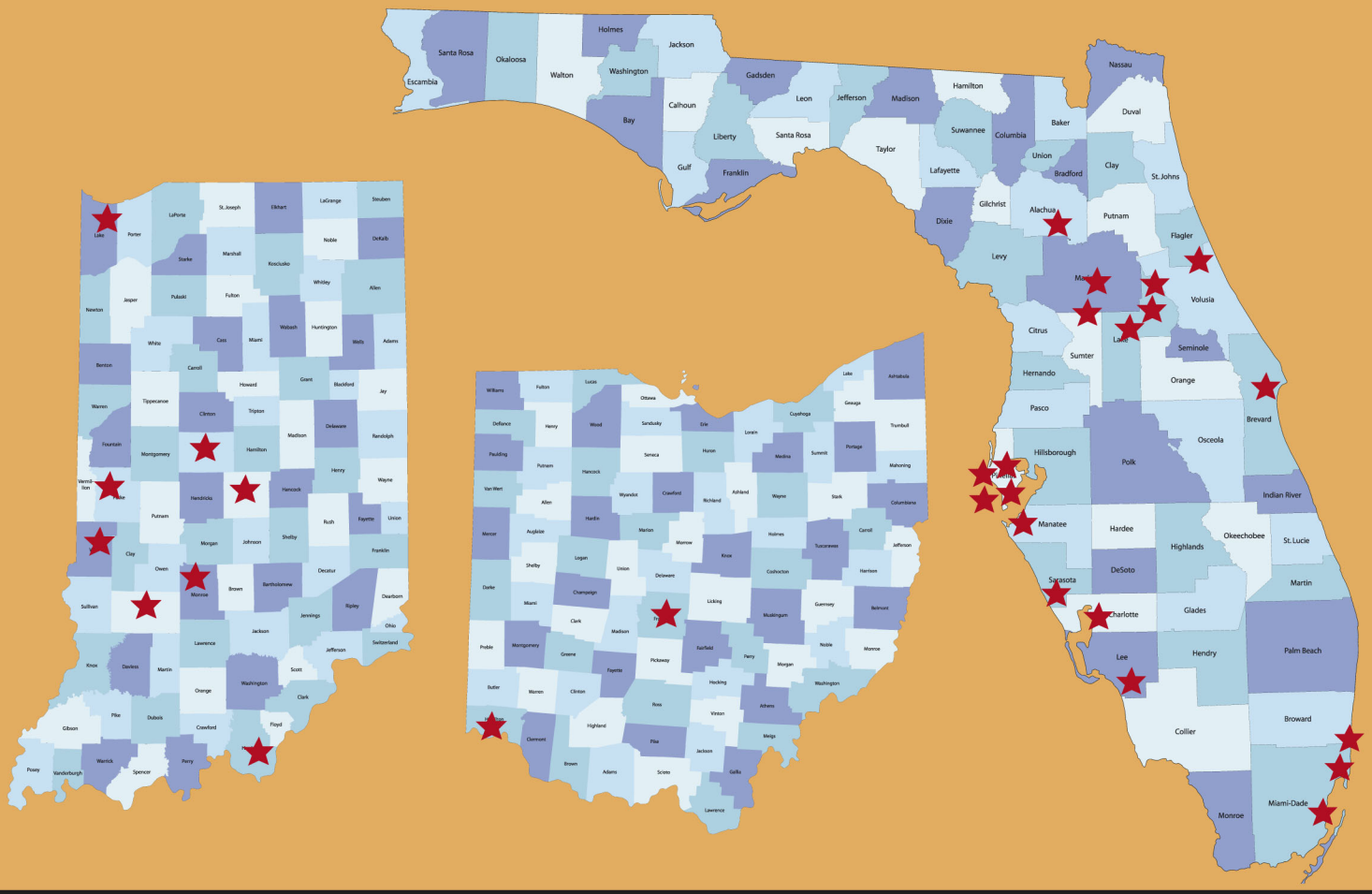

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