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2011 Annual Award Winners Recognized at Convention



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Message from the President



Today's LTC nurse executives are faced with many challenges. The rules are multifaceted in your organization and must be balanced while staying within state and budget compliance. Reflecting back over time, our industry has seen many changes, including PPS, QIS surveys, staffing increases, and now staffing decreases.

One thing that does remain constant for all of us is that change is inevitable.

So how does the nurse executive stay current with all the evolving change and new policies, while still maintaining quality of service? FADONA is here for you!

FADONA is the only dedicated organization for directors of nursing and nurse administrators in the state of Florida. We are here to support our members, and we want to hear from you.

Our goals at FADONA are to be the nurse executive leaders in the state. When we are united as one voice, we as leaders can make an impact with our patients. The FADONA Board works very hard to provide members with state-of-the-art educational programs.

FADONA's "Carrying the Torch of Leadership 2011," held this past April, was a huge success. There were many first-time attendees and the course evaluations were remarkable. We listened to our members and provided you with a wonderful convention, just as we will strive to do in 2012.

So where do we go now? The FADONA Board, along with your support, would like to increase



2011-2012 Board of Directors (from left): Bonnie Cruz, Reuben Bowie, Carla Russo, Susie Jenvold, Jean Nelson (behind), Sharyn Figgins, Cherryl Chmielewski, Tina Vanaman, Norma Collins, Kim Joynes, and Margery Shake

membership to make our voices better heard, offer regional symposiums, plan a November 2012 Leadership Cruise, and develop an informative 2012 annual convention.

We understand that schedules can be busy and you are 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
President

FADONA's Silver Anniversary Convention



FADONA's
Carrying the Torch
of Leadership

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Regional Reports



Sharyn Figgins

REGION I

at Manor at Blue Water Bay in Niceville at (850) 897-5592 for more information.

The Pensacola Chapter continues active networking via e-mail, especially sharing survey concerns and results. Lunch meetings are quarterly and sites rotate, giving us an opportunity to share our facilities. We usually have a guest speaker. Both chapters offer support and networking for each other while sharing best practices.

It is rewarding to share our successes, but even more important to have a community of peers to commiserate with during difficult times, to assist with ideas for problems that seem at times to overwhelm, or even just “do you know a good podiatrist, we need one.” Who else but another DON understands the gut-wrenching feeling when the receptionist tells you “State’s in the building,” or weekend calls from staff “Uh, we have a problem.” Who else understands the high when a family commends one of your staff for going above and beyond, or a resident smiles.

Region I—Northwest

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

The Ft. Walton Beach Chapter continues to be very active, meeting the third Friday of the month for breakfast. The sites rotate around the different facilities in the area. The chapter president, **Beverly Bishop, RN, DON**, is from Parthenon Fort Walton. The topics are timely and interesting and the networking is great! Contact **Bonnie Cruz**

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



Tina Vanaman

REGION II

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

The silence is unbearable!

Somebody talk to me! Region II is way too quiet for my taste. I have tried luncheons, dinner meetings, afternoon meetings, mid-morning meetings, and evening meetings — to no avail.

More times than not, I am standing alone with a speaker and no one to speak to. As DONs, we often say we feel no one is hearing us. Well, maybe it is our own fault because we are not talking. 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.

Region II, wake up and let your voice be heard! I mail letters, fax fliers, and make phone calls every quarter to keep up with where our DONs are working, but rarely get a response. The next time you receive an invite from me to attend a regional meeting, take a chance and come out. I would be glad to meet with you to discuss FADONA and guide you to membership.

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Regional REPORTS

If you are interested in assisting me, 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@Gramercyhealth.com.

I hope to see you soon!

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



Norma Collins

REGION III

Region III—Centraleast

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

What a delight it was to see so many attendees at the August meeting of GOFADONA. Our generous sponsor, Novartis, treated us to a delicious dinner at Fleming's Steak House in Winter Park. Our speaker, **Dr. Bontemps**, was very receptive to questions as she discussed behaviors in dementia and treatment with and without psychotropic medications and the benefits of the Exelon patch. It was significant to note that proper dosing of the Exelon patch could aid in dose reduction and even discontinuation of antipsychotics.

Congratulations to **Reuben Bowie** for organizing such a wonderful event.

There is always something educational to take away from our meetings. From the new faces present, we were able to solicit a three-person nominating committee for a new slate of officers. The current president has been in office for four years and, while his dedication is greatly appreciated, it is time to get some fresh energy and new ideas to keep GOFADONA going forward. If you are interested in holding an office, I am sure the committee would love to

hear from you. Please contact **Teresa Mena** at Waterman Village, Mt. Dora; **Nelson Rios** at Conway Lakes, or **Marisol Arrindell** at The Parks.

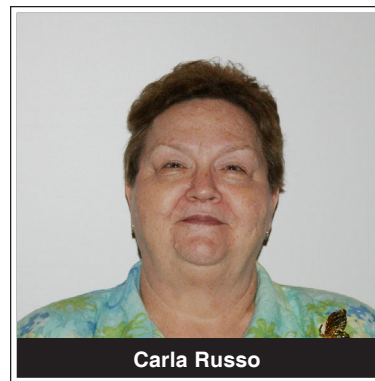
We meet the second Thursday of the month around 6 p.m. Save the date and look for the next e-mail or flier telling you the speaker and location for the next meeting. We want to see you whether you run for office or not.

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 address is normac1212@aol.com.

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

Palm Beach County Directors of Nursing Association's 23rd Annual Symposium, Oct. 19, starting at 5 p.m., Bear Lakes Country Club. For more information, contact Andrew Rosebrough at (561) 732-7888.



Carla Russo

REGION IV

Region IV—Centralwest

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

Region IV has been busy getting ready for its September 7th seminar at the Embassy Suites at USF. Once again, the event was a huge success.

Hillsborough President **Betty Baron** is doing a very good job. She has a meeting every month with great sponsors. We always meet at a restaurant, most times at Red Lobster on N. Dale

Continued on page 6

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Regional Reports

Continued from page 5

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 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 really 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 with us as well.

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 **Sandy Kenyon** at (863) 422-8656 or (863) 632-6367.

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



Kim Joynes

REGION V

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. The initiative is to regroup and gain chapter support county by county. I'm excited to be the new Region V vice

president and look forward to serving my term. I come from 11 years of LTC experience as DNS, educator, and now regional consultant with Greystone Healthcare Management. I am honored to be working in the same region in which I represent FADONA.

WOW! We had a great "get acquainted" meeting on August 24 in Sarasota. We had about 15 new people besides Cheryl Chmielewski and me. Dave Hodil from Artis Medical sponsored our breakfast and was offered time on the agenda to introduce himself and his products.

I introduced FADONA and both Cheryl and I pushed membership. I had color fliers for the 2012 Annual Convention and the November 2012 Leadership Cruise. Both events were well received. There were only four existing FADONA members present, so we have great room to enhance our membership. We were able to appoint a new chapter president, **Tracy Rickabaugh** from Westminster

Towers, a part of the Westminster Communities. She had independently attempted to get the group restarted but is very happy to see that we are getting reorganized and started with her area.

Tracy and I will be communicating to establish a Manatee/Sarasota FADONA Chapter calendar, establish a plan for each meeting, and determine if we are going to have a rotational schedule for the meetings (breakfast, lunch, and dinner). We will also establish a designated sponsor list to help with the support of the meetings.

Based on our attendance I have updated my contact list and we will take this and run with it.

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

Regional
REPORTS

Continued on page 23

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Establishing Professional Standards

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

A line of cases at the federal administrative appeal level holds that state and local standards do not necessarily apply in survey and certification litigation. In one particularly interesting case, a facility was cited for not administering CPR to a resident who was a full code. The nurse on duty argued that the resident was clearly dead and that CPR would have served no function. On appeal, the attorney for the facility argued that the law of that state allowed a nurse to determine (not declare) death and transmit this determination to a physician who would then declare death. The administrative law judge and, ultimately, the CMS appeals board, held that federal regulations and statutes supersede state law.

Thus, sayeth the Board, if federal law requires resuscitation under the circumstances, resuscitation must occur. This finding is fraught with other rights issues but for purposes of this discussion we need not go there. The Board was establishing the professional standard to be applied in the situation it was considering. Recognizing that there are instances where a person is so dead that resuscitation really is purposeless, the Board held that the American Heart Association Guidelines on determining death should be used. All nursing home clinical staff should be fully aware of these guidelines.

Several cases have held that the regulatory criteria for meeting professional standards are more stringent than those in state tort law. While a nurse's actions may be acceptable and in line with her duty in a tort case, those same actions may violate the more stringent federal regulation. A good example would be



Karen Goldsmith

assessment. While community professional standards set out certain factors that must be considered in assessing a person's condition, federal regulations require that providers participating in Medicare and Medicaid use the MDS, a specific system. CMS is not trying to set the community standard, but is setting the requirements to participate in its programs.

**Thus,
sayeth the Board,
if federal law requires
resuscitation under
the circumstances,
resuscitation
must occur.**

Typically, in state litigation, a standard is set by a recognized treatise or other document or the testimony of a like professional. In federal administrative litigation, the proof is less restrictive. In at least one case, a doctor testified as to the standard to which a nurse must be held. In addition, it is clear from the case law that in many instances no written proclamation of the standard is required.

In the federal system, a facility may establish a higher standard for its staff through its policies and procedures. In a case decided last month, the Board held that when a policy says "all" staff will act, "all" staff must act. In that case, the facility's elopement policy stated

that when an alarm went off all staff would go to that door, open it, and look outside the door to determine if someone had eloped. An alarm went off in the nursing home during the dinner hour. It rang for several minutes before an aide, walking by that door, looked outside and, not seeing anyone, shut off the alarm and closed the door. In fact, a resident was outside, in freezing weather without a coat or shoes. A nurse walking by a window happened to see her in the parking lot.

The administrative law judge and the Board held that by stating that "all" staff would go to the door and look for an eloping resident, all staff were bound to do so. A facility, through its policies and procedures, articulates what its management believes the standard for a particular situation to be. While this may not be the community standard and relevant to a civil action, it is the federal standard that must be met to be in substantial compliance with the regulations.

"All" encompasses every staff member. In this case, a nurse was on duty in the dining room, supervising residents. She testified that she could not leave her post because a resident might choke. Surely she was one of "all" the staff who were included in the procedure. Surely, also, she had a very good reason for not leaving the dining area. The Board did not directly address this issue, finding, rather, that this nurse should have at least sent the aides working in the dining room to check the door.

Using the term "all" in certain policies and procedures not only places a particularly high burden on the facility, it also may create a false sense among staff that someone else is doing it. That nurse in the dining room likely thought that there were many other staff members on the floor who were in a better position to respond, and would. How many other people thought the

same? Apparently a number, as only a single aide who happened to be walking by that door, checked it. One wonders if staff even knew that they were supposed to “all” check the door or everyone else thought it was not their job.

In summary, establishing a professional standard to be in compliance with federal regulations requires more than just being aware of your own practice act. In addition, you must at a minimum:

- Know community standards
- Know any and all regulations relative to the function being performed, as they are likely higher than the community standards
- Know the literature CMS relies on to determine its federal standards, like the American Heart Association Guidelines
- Recognize the impact your policies and procedures have on expectations and follow them if they apply to your situation
- Alert management to the need to change any policies and procedures that have unattainable requirements or need to have specific steps taken
- Familiarize yourself with the case law from CMS to help understand its interpretations of the law
- Talk to your fellow professionals and learn from their experiences

This article is for general information only and should not be used to make a decision on a specific factual situation. Each set of facts may lead to a different result.

This column is a regular feature of **FADONA Focus**. If you want a subject discussed, please e-mail Karen Goldsmith at kgoldsmith@cfl.rr.com.



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Greetings Florida Members

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



We are facing such interesting times, dynamic changes, and somewhat alarming concerns related to the long-term care continuum.

As 2nd vice president, focusing on membership, I would like to challenge each of you to consider new, unfamiliar and/or unusual concerns that we may be facing in 2011-2012.

For instance, in Region V, we are noting an extended period of “observation” without the benefit of a three-day stay, thus cutting back on our



Cherryl Chmielewski

Medicare admissions. If you are in need of answers, research, and/or advice on such concerns, that is a major reason to be a part of FADONA.

Our regional vice presidents are available, as is our board of directors and staff, to serve you year-round, not just at convention.

We are available to schedule visits, calls, or e-mail dialogue. Please utilize your best LTC resource, FADONA. We’re always carrying the torch of leadership.

FADONA/NADONA Membership Application

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

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Got Pertussis in Your Facility?

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

Pertussis, also known as “whooping cough” due to its characteristic noise during breathing, is generally thought to be a vaccine-preventable pediatric disease. However, this highly contagious bacterial infection can strike adolescents and adults as well.¹ Pertussis cases are on the increase despite aggressive childhood vaccination programs.²

Adults, including the elderly, can become ill with this respiratory pathogen. Then, the organism can be spread by large respiratory droplets to others, including health care personnel (HCP), who may infect family members. Transmission can occur during talking, coughing, and sneezing. Pertussis transmission to exposed household contacts has been as high as 90%.³ Infants less than 6 months old have the highest infection rate due to their immature immune system and are at great risk for severe disease and death.⁴

There were approximately 400 pertussis cases reported in persons aged 60 and older during 2008.⁴ Of note, pertussis outbreaks have occurred in a nursing home⁵ and a convent of retired nuns.⁶ Pertussis infection in persons 65 years of age and older has been slowly increasing.⁷ Grandparents are providing childcare and were identified as the pertussis transmission source to infants 6-8% of the time.⁷ *Bordetella pertussis*, the bacterium responsible for pertussis, infects only humans.

Symptoms include coughing,



Steven Schweon

ranging from mild to severe intensity, for at least two weeks and lasting up to eight months. Vomiting may occur. Coughing spasms may develop, including a characteristic “whoop,” a high-pitched sound that occurs during inhalation.^{7,8}

The initial presentation may be similar to other respiratory diseases like influenza, *Mycoplasma pneumoniae*, and *Chlamydia pneumoniae*. Misdiagnosis reasons⁸ include not recognizing pertussis due to limited:

- Laboratory diagnostics,
- Physician awareness of pertussis infection in adults, and
- Ability to distinguish pertussis from other respiratory illnesses.

The quality of the individual’s life is obviously impacted. Weight loss, poor sleep quality, urinary incontinence, and repeated medical follow-up may occur. Additional medical sequela, including death, may occur.^{1,8,9}

Individuals are at risk for severe pulmonary complications including pneumonia, rib fractures, hemoptysis, cough syncope, pneumothorax, and aspiration. Neurological complications include intracranial bleeding and herniated lumbar disk. Other reported complications include subconjunctival hemorrhage, sinusitis, otitis media, and a sepsis-like syndrome with bacteremia. Once infected, adults with cardiac and/or pulmonary disease may have their medical condition worsened.

The pertussis diagnosis is confirmed by a nasopharyngeal secretion culture or Polymerase Chain Reaction (PCR). The organism can be difficult to grow in a culture. A positive culture is less likely if it’s obtained late in the illness course, from somebody who’s been on antibiotics, those who have been vaccinated¹⁰, or if the specimen is not collected or handled properly. For these reasons, a negative culture should

not dismiss a pertussis diagnosis.

The PCR test, by identifying genetic material, is more accurate and can detect pertussis faster than the culture. PCR findings are not influenced by antibiotics or immunization. Since 1922, health care personnel must report positive pertussis cases to the department of health.

Individuals are at risk for severe pulmonary complications including pneumonia, rib fractures, hemoptysis, cough syncope, pneumothorax, and aspiration.

Contact the receiving laboratory prior to specimen collection to ensure correct specimen collection. Serology testing has not been standardized for all laboratories while the white blood cell (WBC) count may be elevated.

Droplet precautions are implemented to prevent pathogen transmission, including pertussis, that are spread through close respiratory or mucous membrane contact with respiratory secretions.¹¹ A negative airflow room is not required. Coughing individuals should be encouraged to cover their mouth by using single-use tissues or their sleeves. Also, respiratory tract infections can be prevented with hand hygiene.

Antibiotics eradicate this pathogen from the nasopharynx. Macrolides antibiotics (azithromycin, clarith-



romycin, or erythromycin) are considered the first choice for treatment and prophylaxis. Trimethoprium-sulfamethoxazole may also be used. All HCP and close contacts to a pertussis case will require antibiotic prophylaxis regardless of age or Tdap vaccination status.^{12,13} This will prevent infection and potential pertussis exposure to others.

Vaccination continues to be the most effective approach preventing pertussis and reducing transmission to others. Adults who received childhood vaccines may not be aware their pertussis immunity wanes over time.

During 2005-2006, pertussis (acellular) vaccine, combined with tetanus and diphtheria toxoids (Tdap), became recommended for adolescents and adults up to 64 years of age as a replacement for the tetanus and diphtheria (Td) vaccine.⁸ A one-time dose of Tdap vaccine is also recommended for all HCP, regardless of age, as soon as it's feasible.¹⁴

In 2011, the Tdap vaccine became recommended for adults 65 years of age and older.¹⁵ This recommendation will offer:


- Individual pertussis protection
- Prevent transmission to others, including susceptible infants
- Provide ongoing protection against tetanus and diphtheria.

Despite this vaccine being both safe and effective, adults may decline vaccination due to:

- Believing pertussis is only a childhood disease
- Fearing the actual injection and/or side effects
- Not receiving an HCP recommendation to become vaccinated
- Believing the vaccine causes the infection
- Concerns the vaccine may not be covered by insurance
- Worrying there may be an interaction between the vaccine and other medications/medical conditions

Provide the resident with the Tdap Vaccine Information Statement (VIS), which provides vaccine risks and

benefits and addresses many of these concerns prior to vaccination.¹⁶

Consider placing educational posters, available from your health department, in your facility to promote Tdap vaccination. While there may be risk with any medication, declining the vaccine may result in severe infection and sub-optimal outcomes. 

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Memories from FADONA's 24th Annual Convention

To see view the entire convention photo album, which is sponsored by RXPERS, please go to www.fadona.org/convention.html



LTC Risk Management Certificate Program – FADONA President Bonnie Cruz (second from the left) with panelists Karen Goldsmith, JD; Robin A. Bleier, RN, HCRM, FACDONA; Hazel Mahoney, Vice President of Risk Management, Airamid; and Phyllis Coleman, RN, LHRM, CPHA, Regional Director of Clinical Services, Airamid



MDROs in LTC: Strategies Across Care Transitions – Co-speaker A.C. Burke, MA; Healthcare-Associated Infection Prevention Program Manager, Florida Department of Health (from left); Region I Vice President Sharyn Figgins; with co-speaker Nimalie Stone, MD; Medical Epidemiologist, Centers for Disease Control in Atlanta



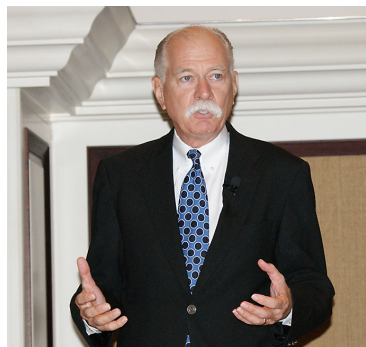
Treating Dementias in the Long-Term Care Patient – Marc Agronin, MD; Director of Mental Health Services, Miami Jewish Home & Hospital for the Aged



Therapy Best Practices for Living in a Post-MDS 3.0 & RUG IV World – William P. Goulding, MS/CCC-SLP; National Director of Outcomes and Reimbursement, Aegis Therapies



MDS 3.0-A Blueprint for Quality Improvement – Sheila G. Capitosti, RNC, NHA; Clinical Compliance Director, Functional Pathways



Chronic Pain Management in the Elderly – Leonard Hock, DO, CMD; Medical Director, Hospice by the Sea, Boca Raton.



Will the Person I Hired Please Come to Work? – Debbie Guined-Forcier; Executive VP, Positioning Motivators



The Changing Culture of Psychoactive Interventions – James Mikula, PhD, NHA; Culture Change Consultants



Making Sense of Advance Directives – Gary Miller, MD, CMD; Senior Medical Director, Vitas Innovative Hospice



Practical Aspects of Managing Diabetes in Long-Term Care – Naushira Pandya, MD, CMD; Professor and Chair, Department of Geriatrics, Nova Southeastern University College of Osteopathic Medicine

Turbocharge Your Infection Prevention Program! – Speakers (from left) Elizabeth K. Young, RN, BSN, CIC; and Steven J. Schweon, RN, MPH, MSN, CIC, HEM

FADONA Treasurer Reuben Bowie (at podium) introduces Polly Weaver, BS; Chief of Field Operations, Division of Health Quality Assurance, Florida's Agency for Health Care Administration

Nurse Executive MDS-PPS Management – FADONA Region III Vice President Norma Collins (at podium) introduces speaker Robin A. Bleier, RN, HCRM; principal, RB Health Partners, sponsor of the 2011 LPN and CNA Awards of Excellence



FADONA President Bonnie Cruz (at podium) introduces FADONA's Ambassadors (from left): Mary Wilson, Kay Trugillo, Carla Russo, Jean Nelson, Susie Jensvold, Sharyn Figgins, Robin Bleier, Tina Vanaman, Norma Collins, and Reuben Bowie



The 2011 Annual Awards Luncheon was sponsored by American Health Associates Clinical Laboratories President Debbie Martin and CFO Jim Jackson



FADONA President Bonnie Cruz being sworn-in for another two-year term.



FADONA President Bonnie Cruz (left) and Convention Chair Robin Bleier mark the official opening of the 2011 Annual Trade Show by cutting the ribbon.



Grand Sponsor, Airamid Health Management, with David Armstrong (from left), Tara Spellman, and Yolanda Pickett, with FADONA President Bonnie Cruz



FADONA President Bonnie Cruz (from left) with Evercare's Wanda Bryant and Sharon Michota. This was Evercare's eighth year-in-row as sponsors of the Nurse Administrator of the Year Award



Grand Sponsor and online convention photo album sponsor, Jeff Wilkes from RXPERTS, with FADONA President Bonnie Cruz



Attendees, Platinum Partners, and guests have fun during the Rajun Cajun Casino Fun Night.



FADONA 1st Vice President Robin Bleier (left) announces the winner of the 50/50 raffle, Deborah Johnson-Eady with Southern Health Care in St. Petersburg



FADONA Board members thank the Platinum Partners and guests at the Rajun Cajun Casino Fun Night (from left): Cherryl Chmielewski, Tina Vanaman, Bonnie Cruz, Kim Joynes, Reuben Bowie, Jean Nelson, Carla Russo, Margery Shake, Susie Jensvold, Norma Collins, and Sharyn Figgins



Robbie the DJ (right), gives away prizes during the spectacular Rajun Cajun Casino Fun Night



Brinn Helton (left) with MobilexUSA, gives out another Fun Night door prize to a lucky winner. MobilexUSA was also the sponsor of the Handout Binders and Handouts on CD.

2011 Annual Award Winners Recognized at Convention

— Convention saw a record number of attendees

By Matthew Reese, BS, FADONA Business Office

The 24th Annual Convention “Carrying the Torch of Leadership 2011” was a resounding success. The convention, which was held at the Buena Vista Palace Hotel in Orlando April 11-14, saw record attendance for the second straight year. The convention gathered together more than 600 attendees, speakers, and exhibitors from around the country.

Each year, FADONA acknowledges a nurse administrator who has demonstrated a high degree of professionalism by mentoring and nurturing, as well as commitment to the standards of nursing practice and excellence in long-term care.

This convention’s most anticipated event, the Annual Awards Luncheon, featured the 2011 FADONA awards presentation, which included the Nurse Administrator of the Year Award sponsored by Evercare, and the



Bear Creek Nursing Center ADON Lori Killory (left) with administrator Maria Owens-Wicker, FADONA President Bonnie Cruz, and DON BettyLou Barron, winner of the 2011 Nurse Administrator of the Year Award, sponsored by Evercare

CNA and LPN Awards of Excellence sponsored by RB Health Partners.


Each year, FADONA acknowledges a nurse administrator who has demonstrated a high degree of professionalism by mentoring and nurturing, as well as commitment to the standards of nursing practice and excellence in long-term care. The 2011 winner of the Nurse Administrator of the Year Award is **Betty Lou Barron**, DON at Bear Creek Nursing Center. **Wanda Bryant**, Health Services Director-FL ISNP Evercare, was on hand, alongside FADONA President **Bonnie Cruz**, to help present the award.

“FADONA would like to congratulate Betty for her intense dedication to her patients and the field of nursing,” said Cruz. It is an honor to have members such as Betty representing our profession.”

FADONA also presented its 11th CNA awards and second-ever LPN awards that recognize certified nursing assistants (CNAs) and licensed practical nurses (LPNs) across the state

of Florida. This year’s CNA Award of Excellence recognized three individuals: **Naomi Clark** from Greenbriar in Bradenton, who placed third; **Sarah Brown** from Palm Garden of Ocala, who finished in second place; and this year’s first-place recipient, **Lillie McGinnis** from Rosewood Manor in Pensacola.

This year featured the second presentation of the LPN Award of Excellence. This year’s first-place recipient was **Rachel Gustin Bishop**, an LPN at The Manor at Blue Water Bay in Niceville. Second place was awarded to **Debbie Bishop**, an LPN at Royal Oaks Nursing & Rehab in Titusville; and in third place was **Alicia Jaster**, an LPN at Greenbriar in Bradenton.

Also, during the Annual Awards Luncheon, **Robin Bleier**, RN, HCRM, FACDONA, recent 1st vice president and past board member of FADONA, was presented with a plaque for her years of service and dedication to FADONA. 



Lisa Batchelor, DON at Greenbriar Rehab & Nursing Center in Bradenton (from left) joins Greenbriar winners, third-place winner of the LPN Award of Excellence Alicia Jaster, and Naomi Clark, the third-place winner of the CNA Award of Excellence; with regional nurse consultant, Kim Joynes, Region V Vice President; and FADONA President, Bonnie Cruz.



Second-place award winner Debbie Bishop, an LPN at Royal Oaks Nursing & Rehab in Titusville (holding certificate), is joined by (from left) Cindy Johnson with Southern Health Care; Fred Landy, Administrator; Rene Potter; Maria Del Carmen Figuero; and Shauna Mills.



FADONA President Bonnie Cruz (from left) with Jennifer Mikula, administrator of Palm Garden of Ocala; Thelma Brown (recipient's mother); second-place CNA winner Sarah Brown; Tina Vanaman, DON; and Donna Thomas, LPN



FADONA President Bonnie Cruz (left) presents Robin Bleier, RN, HCRM, FACDONA, outgoing 1st vice president of FADONA, with a plaque and certificate of appreciation for her many years of service to the members of FADONA.

2011 Award Winners (from left): Sarah Brown, CNA, from Palm Garden of Ocala finished in second place; first-place CNA recipient Lillie McGinnis from Rosewood Manor in Pensacola; third place was Alicia Jaster, an LPN at Greenbriar in Bradenton; Naomi Clark, CNA, from Greenbriar in Bradenton, who placed third; first-place recipient was Rachel Gustin Bishop, an LPN at The Manor at Blue Water Bay in Niceville; second place was awarded to Debbie Bishop, an LPN at Royal Oaks Nursing & Rehab in Titusville; BettyLou Barron, winner of the 2011 Nurse Administrator of the Year Award; and FADONA President Bonnie Cruz



The 2011 LPN and CNA Awards of Excellence were sponsored by RB Health Partners.

What Being an LPN Means to Me

By Rachel Gustin Bishop, LPN, The Manor at Blue Water Bay in Niceville – 1st-Place Winner, LPN Award of Excellence

My path to nursing has been a long journey, diverse in life experiences, both good and bad. My childhood years were endured in fear — fear of abusive parents, a broken home, and my mother's death from metastasized breast cancer when I was 20 years old. Caring for my mother through her four-year illness until her death awakened my nurturing nature.

Nurturing has been cathartic for me, no matter what form it takes. I have always been true to myself, and in turn, have been true to everyone in my life. I speak up for integrity in this home I call nursing, for it is in my heart and soul that I love this profession. It provides me with a vessel to express my love for others and give hope to patients who have nothing left at their end of life. I have grown in spirit and in mind, and with a heavy heart, for I want to believe that my mother has always had one hand on my shoulder and was proud to watch me shine every day as a nurse. For 16 years prior to nursing I was a school teacher for children with exceptional needs. I have been blessed with a beautiful family; my daughter has followed me into nursing as a registered nurse, and will very soon graduate with her BSN.

Nursing is a career that combines scientific principles, technical skills, and personal compassion. Nursing is a



LPN Award of Excellence winner Rachel Gustin Bishop (center), and her husband, Ken Bishop, with FADONA President Bonnie Cruz

special kind of service that helps the patient, as a person, meet the daily needs of life that he or she can't satisfy alone because of illness or injury. It also assists in meeting the special needs of the patient and provides social and emotional resources in their recovery. It is when you give of yourself that you truly give; practical nurses are the believers in life, and their coffer is never empty.

Practical nurses must provide a strong structure and support to their facility or organization and at the same time be flexible enough to be a leader and a teacher in the care of their patients. Education is knowledge, knowledge is power, and it is the knowledge instilled from the nurse to the patient that will facilitate and continue the patients' complete recovery.

The change brought about by my life difficulties was the best thing that ever happened to me. The time had come for my leap of faith, to fulfill my dream I never had the courage to go for. In the middle of my difficulties there lies my opportunity, and that opportunity was nursing. My daily nursing practices offer my patients self-esteem, encouragement, compassion, and empathy, with the hope of independence. I am a rehab nurse, I am here to help you, and together you and I will work together to overcome your limitations.

My 13 years of attending convent school provided me with a very strong core of faith and determination that I give so freely to my patients every day. They know I care about them and I stand next to them to give them courage. My plan for all my patients is motivation, focus, and discipline — and to face their reality together. It is my profound belief that spirituality completes our lives, giving sense, purpose, balance, and strength to our existence.

A simple unplanned act of kindness and an unselfish gesture toward your patient is all you need to provide the basis of a strong patient-to-nurse relationship. My profession as an LPN means all these things and so much more. Being a nurse is my reality and my reality is a beautiful thing: the reality of a successful and joyful rehabilitated patient is complete and whole.

Why My Job is Important to Others

By Lillie McGinnis, CNA, Rosewood Manor in Pensacola – 1st-Place Winner, CNA Award of Excellence

My job as a CNA is very important to others, especially our residents. I often tell them that they did not come to our facility to die, they are here to finish living. It's amazing how the smallest things we do for our residents can make them feel uplifted. A touch on the shoulder or holding a hand can bring a smile to their faces and warm their hearts. Sharing a conversation with our residents lets them know they have a listening ear. The experiences that

they share about their lives can even teach us about our lives today.

A resident said to me one day, "Lillie, you know that I'm dying and I will be dead in a few days. But, before I die, I want to thank you for taking good care of me. If I get a second chance to come back on this earth, I am going to ask for you to take care of me again." Those words revealed to me the importance of what I do for our residents and how much I impact their lives.



Lillie McGinnis from Rosewood Manor in Pensacola (center) with her husband, Frank McGinnis, and sister; Sharyn Figgins, DON (left); and FADONA President Bonnie Cruz

Thanks for the Memories!

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C. diff Guideline Alert for SNFs

An issue has been cropping up across the state and FADONA is working to educate its members. It seems that some nursing homes are refusing patients who have a diagnosis of *Clostridium difficile* (C. diff) until there are three negative lab tests on the patient.

According to the Agency for Health Care Administration (AHCA), there are no current guidelines to support this type of policy. Based on their findings, the most conservative guideline indicates

that even isolation precautions can be discontinued 48 hours after the diarrhea has stopped.

As a result, FADONA has posted some important information on its website that addresses this issue.

The documents were provided by the Department of Health as a product of the collaborative established to address infection assessment and prevention strategies for C. diff. It contains very helpful information and we wanted to share it with our members.

To retrieve these documents, go to the "Regulatory Updates" page on the FADONA website at <http://fadona.org/regulatory.html>. You will then find "CDI Prevention Collaborative Laboratory Testing Information," a table comparing CDI lab tests, and the "CDI Lab Testing Protocol Template."

After you've had a chance to review these documents, please make sure you share this valuable information with the nursing staff in your facilities.

Unity Among Nurses

By Willa Fuller, FNA Executive Director, and Mavra Kear, FNA Treasurer

The ability of professional nurses to achieve legislative and regulatory goals that ensure a safe work environment for nurses, allow nurses to practice to the full extent of their education, protect the quality and standards of nursing practice, and protect the health and welfare of citizens require a unified approach. When nursing groups are fragmented in their efforts to achieve these goals, nothing is gained and all nurses and citizens lose. It is imperative that nurses and nursing groups agree on key issues and a single message to achieve common goals that will advance professional nursing and health care in Florida.

BACKGROUND:

In recent years, legislative changes in Florida were made that negatively impacted nurses and nursing practice in Florida. For example, removing the authority of the Florida Board of Nursing to regulate nursing programs has diminished nursing education standards and access to clinical sites for nursing students. Prohibiting health care professionals with certain legal offenses from practicing until 15 years after the end of judicial sentence, under the guise of Medicare fraud reduction, effectively ended individuals' careers.

Florida remains one of only two states that deny advanced practice nurses the privilege to prescribe controlled substances, which limits citizens' access to high-quality, affordable care and restricts practicing to the full extent of nursing education. Funding for The Florida Center for Nursing, a state-mandated workforce center established to recommend solutions to address the state's nursing shortage, was removed from the state budget. Nursing groups provided information on the pros and cons of these measures and more, but because there was no unified message, efforts were ineffective. Divided, nurses are powerless.

Imogene King (1981) defined power as the "capacity to achieve goals." Sieloff (2004) states that group power is a resource universally present in all groups and nursing groups can effectively use group power to improve the practice environment and quality of care delivered. According to Sieloff, the tendency to turn negative behavior inward, toward one's own group members, is an example of oppressed group behavior. This may take the form of belittling nurses from different specialties or shifts, hazing inexperienced nurses, or valuing membership in a specialty organization over belonging to a national nursing organization that represents all nurses. Members of oppressed groups feel powerless. But, when individuals support one another, group power increases. Through collaboration, individuals and groups have access to more information, expertise, and resources. Working in unity, nurses and nursing groups can set attainable goals that are consistent with the goals of the separate interests.

The Quality and Unity in Nursing (QUIN) Council was created in 1989 to establish communication among nursing groups in Florida. The aim of the group is to provide a forum where key issues affecting nursing are discussed and mutual agreement articulated. It is an action-oriented group where representatives from all practice areas come together armed with information and intent on moving an agenda forward.

The mission of the Florida Nurses Association, a participating organization in QUIN Council, is to serve and support all registered nurses through professional development, advocacy, and the promotion of excellence at every level of professional nursing practice. FNA advocates for all nurses regardless of nursing specialty or practice setting. We believe that nurses

are a gateway to a healthier nation and invite all nurses to join in advocating for a safer and healthier workplace for nurses and a safer and healthier Florida.

RECOMMENDATIONS FOR ACTION:

The Florida Nurses Association and QUIN Council stand together in Unity to support initiatives and activities that:

- Ensure a safe workplace for nurses with staffing levels that create an environment in which nurses can deliver safe, high-quality, patient centered care.
- Protect the quality and standards of nursing practice and education.
- Protect the quality and safety across all practice environments.
- Recognize the knowledge and skill of registered nurses and advanced practice nurses and allow practice to the full extent of nursing education.
- Contribute to the health and welfare of Florida's citizens by ensuring that we have an adequate nursing workforce for future generations through the collection and analysis of workforce data by the Florida Center for Nursing.

We resolve to do this by:

- Developing an aggressive campaign to educate nurses about the importance of a unified front when lobbying for key issues.
- Educating state legislators about effective roles for registered nurses and advanced practice nurses in designing public health policy that creates a healthy Florida.
- Aggressively recruiting members into FNA to increase the voice of nursing before the legislature.
- Involving nursing faculty in the professional association to foster the growth of professional advocacy among new nurses.
- Engaging the public in lobbying efforts through creative strategies and opportunities.
- Growing QUIN Council as the unified voice of nursing organizations in Florida.

Note: FADONA is a long-time participant of the QUIN Council and supports this effort.

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Culture Change and the Role of Psychotropic Medications

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

Palm Garden made decreasing antipsychotic use a top priority in 2007. We began training all of the staff and our attending clinicians on non-pharmacological interventions prior to the use of AP therapy. We developed programs centered around culture change and person-directed care to intervene and provide relaxation and distraction.

We developed an area called the Quiet Zone — a very low-stimuli room. The lighting is low, there is aroma therapy, reclining lift chairs for those who wish to take a nap, and rocker gliders to soothe the nerves. The room is divided by a partial partition allowing for some to nap and watch the beautiful videos while others are sitting in front of a large window that overlooks a butterfly garden and has a lighted bubble wall on one side and a waterfall wall on the other side. It is staffed with a CNA who will gladly provide a gentle-touch massage to hands, shoulders, and arms for those who just can't seem to relax. As you can imagine, this program has been very successful.

We also have a Fun Zone game room. It is open 24 hours a day and has slot machines, a Wii system, checkers, a computer with a large screen, a TV with a library of DVDs and much, much more. Every day we pop popcorn and have a movie of the day as well as hold exercise groups every morning for those who wish to stay in shape and keep their joints moving. Spontaneous parties are a normal occurrence. If someone wants to have a sock hop this afternoon, we just have one, and invite everyone including the staff. This is a place to relax and forget your worries while having a little bit of fun.

The Pamper Zone is just that, a place to be pampered. A CNA will provide manicure or pedicure services, bubble

foot or hand spas, paraffin dips, style your hair, or just visit with you for a few minutes while she gently rubs your hands to relieve the pain in those joints. This is a service many thought only our ladies would enjoy, but it has turned out that we have several men who will race to get the appointment first.

Through these methods we have also been working to decrease our overall use of pharmacological interventions. This process is slower, but effective.


Our final area of relaxation is our spas. We have put a lot of time and effort into incorporating these into rehabilitation and maintenance of an AP appropriate center. Any patient or member can make an appointment to use any of our three spas. They will be spoiled and treated with complete respect for the many years they have given to our country: They will spend time in our spacious sit-down whirlpool that allows them to step in and out with ease as the door on the side opens and closes. Soft music plays in the background, aroma therapy is inviting as you feel the stress melt away when you open the door. After they

complete their whirlpool they can have their hair done, have a hot shave, put on makeup, or just wrap up in the heated towel, dim the lights, and sit and deep breathe for a few minutes. Who would need a drug to relax after this experience? The answer: Very few.

There are many other ways we have worked hard to decrease the use of AP therapy here at our center. We have empowered our patients/members to have a voice. We want them to take control of their care on a daily basis and to let us know what they need or want. The requests are usually very minor and we accommodate as many of them as possible. This alone improves self-esteem and makes everyone feel better. Our ADON meets with our psychiatrist regularly to discuss the need or ongoing need for AP therapy on a patient/member. Trial reductions are conducted regularly to hopefully discontinue the drug in small steps. New admissions are reviewed for appropriate therapy and referrals to the psychiatrist are made to assess the need for ongoing AP use. Education to our staff and clinicians is ongoing and changing the mindset that a pill is not the best answer — is only the easiest answer — is the biggest wall to get over, but we are well on our way.

The last stats I have available would be the end of March 2011. Our AP use is 18.8% — well below the state average of 23.4% and the national average of 25.2%.

Through these methods we have also been working to decrease our overall use of pharmacological interventions. This process is slower, but also effective.

I hope this helps you on your journey to continue to improve the quality of life of all our seniors in Florida and across the nation. If I can provide any further assistance, please feel free to contact me. 

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— Current as of March 28, 2011

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Call for Presentations Announced for “Carrying the Torch of Leadership 2012” Conference

By Matthew Reese, BS; FADONA Business Office

FADONA is pleased to announce that it is now accepting “Call for Speaker Presentations” for its “Carrying the Torch of Leadership” conference in April 2012, at the new Hilton Orlando near International Drive. Presenters who wish to speak at the conference are invited to submit an online proposal that includes details about the intended presentation. Submissions should be based on FADONA’s needs assessment with issues related to long-term care (LTC) and geriatrics medicine. The submission deadline for all applicants is December 1, 2011.

FADONA’s first call for presentations was initiated last year and it was a great success. The program falls into FADONA’s mission of providing the highest quality education to nurse administrators in LTC.

High-profile and relevant educational programs have always been the pinnacle of the annual conference. Attendees expect clinical topics to be strong, evidence-based lectures with cited references and administrative topics relevant to their setting and focused on current best-care practices.


It is the Presentation Review Committee’s intent that the best presentations incorporate attendee

networking, case-discussion (Q&A), small groups, and take-home tools such as handouts, key points, guides, or quick tips. These types of presentations are highly encouraged and will result in the highest possible learning experience for our attendees.

“This unique process of accepting calls for presentations has undoubtedly improved the strength of our annual conference, and with increasing numbers of proposals, the program will continue to improve,” said Cruz.

that this system brought forth for last year’s program, so her excitement about the caliber of submissions this year is even higher.

“FADONA is committed to providing excellence in education to our health care professionals working in long-term care. This unique process of accepting calls for presentations has undoubtedly improved the strength of our annual conference, and with increasing numbers of proposals, the program will continue to improve,” said Cruz.

To learn more about FADONA’s “Call for Presentations,” or to submit a proposal, go to www.fadona.org. Ian Cordes, director of operations, can be reached by telephone at (561) 659-2167 or e-mail icordes@bellsouth.net. 

SCHOLARSHIPS AVAILABLE

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

FADONA President Bonnie Cruz is enthusiastic about the potential success of the call-for-presentations process. She is aware of the quality of speakers

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Regional Reports

Continued from page 6

Regional
REPORTS

date for them. I am so pleased with the way this first meeting in the region turned out. Great thanks to Cheryl and the Benderson Family Skilled Nursing Center and **David Hodil** from Artis Medical. I couldn't have done it without them!

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

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

As the new Region VI vice president, I hope to develop active participation from all members in our region and to assist in providing networking and interesting educational opportunities. I have worked in LTC care for almost 25 years and caring for our elders is my true passion. I have worked in other areas of nursing, but I always come to where my roots are. I hope to be able to instill this passion to enlist participation from current and new members. I also plan to be a support to our members as I know how stressful our environment can be at times. The wonderful moments we experience in our jobs far outweigh the stressful ones, but we all can benefit from supporting each other.

As I read the Regional Reports in *Focus*, I am very impressed with the other regional VPs and the dedication and excitement they generate in their regions. I plan to network with those who are more experienced and learn



Sherry Thomas, the new FADONA Region VI vice president (right), is sworn in by her facility's administrator, Gilda Osborn, a past-president of FADONA.

from others as to how I can be an asset to FADONA. I am very proud and honored to be a part of this great organization! Thank you.

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 **Sherry Thomas** at sthomas@whitehallboca.com, or (561) 392-3000, ext. #441.

Sherry Thomas, RN, BS, CDONA/LTC
Region VI Vice President

Region VII—Southeast

Miami-Dade, Monroe, and Broward Counties

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

Broward County

The Broward County Chapter of FADONA celebrated a "Let's Rebuild" lunch program at the Court of Palm Aire on July 13.

Nearly 50 local DONs attended, enjoyed lunch, and listened to a dynamic 2.0 hour CE presentation on "Clinical Risk Intervention: The Art of Identification, Investigation, and Reporting" with special guest speaker **Robin Bleier**, RN, HCRM, from RB Health Partners.

Congratulations and FADONA's thanks go out to **Andriana Castillo** with Allied Mobile X-Ray & Ultrasound, who sponsored the wonderful buffet lunch and coordinated all the plans for this successful chapter event.

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@bellsouth.net.

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