IHCA Standing Committee Members—Did You Renew Your Commitment to Serve?

Your input is important to us!! The renewal period for IHCA Standing Committees (Administration/Finance & Operations; Awards Task Force; Education, Convention & Trade Show Committee; IHCA PAC; Legal Committee and Public Policy Committee) ended yesterday. Did you submit your commitment form to continue serving on an IHCA standing committee?

IHCA Committees have the responsibility for the policy review of all Association functions. As you may know, each year the IHCA Standing Committee and Task Force participation process takes place. Last month you had the opportunity to nominate yourself or another member of the association to serve on (or continue serving on) one or more 2017 IHCA Standing Committees and Task Force Groups. If you didn’t complete your commitment form—you still have a chance. Submit your form by December 9, 2016 and let us know if you plan to take part in standing committee work in 2017!!

Individuals should be nominated for up to three committees and rank their selections in order of preference. To submit your nominations, please click here to fill out the online form or click here to download the printable form. If you wish to serve on more than one committee, please fill out a separate form for each committee, listing it as the first choice. Otherwise, the selections will be considered in order of your choices listed. If you are currently serving on an IHCA Standing Committee, please submit a form (one for each committee) to renew your commitment to serve.

Newly-Developed Hip Implant Mimics Real Bone to Last Longer

According to an article that appeared on Futurity.org last month, a newly-developed hip replacement could potentially last longer and create fewer problems than the replacements currently in use. The secret to the success of this new development? The implant mimics the varying porosity of real bones in order to trick the host bone into remaining alive. In doing so, the new implant is actually less solid than current implants, but is just as strong.

The implant was designed by researcher Damiano Pasini, who teaches mechanical engineering at McGill University. He worked on the design for more than six years. The final product is known as a femoral stem and it connects the living femur with the artificial hip joint. When discussing the design, he noted the pyramid-like shapes visible on its surface.
“What we’ve done throughout the femoral stem is to replicate the gradations of density found in a real femur by using hollowed-out tetrahedra,” he stated in the article. “Despite the fact that there are spaces within the tetrahedra, these forms are incredibly strong and rigid so they’re a very efficient way of carrying a load. Just think of the lattice-work in the legs of the Tour Eiffel.”

Pasini also noted that because the implant loosely mimics the cellular structure of the porous part of the surrounding femur, it is able to trick the living bone into keep working and staying alive. This allows the implant to avoid many of the issues now associate with the implants currently in use. The biggest issue being that most implants are solid, so they are harder and more rigid than bone. This leads the implant to absorb a large part of the stress, as well as the weight-bearing role that is usually handled by the living femur.

As the current implants take on the stress and weight bearing, there is insufficient stress to stimulate cell formation in the living bone, which begins to deteriorate. The deterioration of the femur is one of the key reasons many implants become painful and need to be replaced. It also makes a second hip replacement difficult to implant because there isn’t enough healthy bone to hold it in place.

“Unfortunately, I’ve seen many cases where people simply don’t have enough living bone for [a second replacement] to work easily,” stated Michael Tanzer of the Joe Miller Orthopaedic Research Laboratory. “We are optimistic that this implant will reduce these kinds of problems.”

To read more about this new development, please click here to read the full article from Futurity.org.

**Nursing Home, Hospital Admissions for Parkinson’s Patients on the Rise**

According to a study out of Ireland, published recently in the *Journal of Parkinson’s Disease*, the number of patients with Parkinson’s disease who need long term skilled nursing care after being discharged from the hospital is increasing at a “troubling” rate.

For the study, researchers from the School of Public Health, Physiotherapy and Sports Science at University College Dublin examined hospital discharges of individuals with Parkinson’s disease from 2009 to 2012. They looked at why they were admitted and what setting they were discharged to. Most of the individuals included in the study were admitted due to one of the following: acute lower respiratory infection, urinary system disorders, pneumonia or femur fractures.

Throughout the time period of the study, researchers noted that there was a “stead rise” in hospital admissions among Parkinson's patients over the age of 65 (see press release for more information). Additionally, the in-hospital mortality rate for those patients was 8 percent, which was a higher percentage than the rate of patients of the same age who did not have Parkinson’s.

Researchers also noted that they noticed another trend with perhaps a more troubling impact—a stark increase in Parkinson's patients requiring long term nursing care after being discharged from the hospital. More than 25 percent of patients over the age of 65 were discharged to a skilled nursing facility after their hospital stay. The research team believes that the findings of this study should be taken into consideration and used to create targeted interventions that can help prevent the conditions that are most often causing Parkinson’s patients to be admitted to the hospital.

“Currently care delivered is disjointed and it is this fragmented approach that allows individuals to become seriously ill and require hospital admission,” said study co-author Catherine Blake, Ph.D. “Integrated care pathways for community-dwelling adults with chronic neurological diseases, not just [Parkinson’s disease], should form the bedrock for health and wellness in this population going forward.”

For more, click here to read the full article from McKnight’s Long Term Care News.
New Study: Delirium May Be Disguising Pain

Provider magazine recently featured an article regarding a study on the ways delirium can complicate pain assessment and management. This retrospective study, published in the American Journal of Hospice & Palliative Medicine, compared health care workers’ pain judgement in regard to older patients who had advanced cancer, both with and without a diagnosis of delirium. By examining this information, researchers found that determinations of pain control could be influenced or clouded by the presence of delirium. Delirium also made it more difficult to assess if pain was being managed appropriately.

“Our results suggest the need for better pain assessment in older patients with advanced care and symptoms of delirium,” said co-author Lucia Gagliese, PhD, associate professor at School of Kinesiology and Health Sciences at York University. In these cases, she noted, “People often make judgments based on observations and best guesses. What is missing is the educational piece around pain and delirium.” Additionally, Gagilese observed that for interdisciplinary care team members, “Knowing a patient is key in looking for changes in usual behavior. A change might indicate onset of delirium or pain.”

If the team knows the patient, they will be more likely to recognize when he or she is in pain, and will be able to identify behavior changes quickly. Delirium symptoms are distinct (such as hallucinations, an inability to stay focused, difficulty speaking, disorientation and rambling or nonsense speech) and can fluctuate throughout the day. The changing nature of these symptoms make it important for caregivers to understand that these signs point to delirium and be on the lookout.

Unfortunately, some delirium and pain have some symptoms in common (like calling out or moaning, making unusual sign, restlessness, agitation and/or combative behavior), which can make it difficult to decipher what the issue really is. “Health care workers often see people with these signs as being in pain without considering the possibility of delirium,” stated Gagilese in the article. When these signs appear, it is essential to look for fever or signs of infection that may be triggering the delirium. “If you can identify the underlying mechanism and manage that, you can reduce or eliminate delirium, pain, and generally all suffering,” she added.

When staff are aware of the signs and symptoms of both delirium and pain and how to assess for both, they can identify the problem and address it appropriately. “For me,” Gagilese explained, “the priority is to try and reduce needless suffering and distress. The key to this is education, education, education.”

To read the full article click here. To find out more about the study click here.

US News & World Report Announces Their Best Nursing Homes Rankings

Each year, U.S. News & World Report releases their “Best of” rankings for various products and services, including law firms, schools, cars and health care. According to an article from Senior Housing News, U.S. News & World Report assessed more than 15,000 nursing homes across the country. Historically, the ratings have relied on information from Nursing Home Compare but this year the methodology was updated to look more closely at how nursing homes perform over time and to identify different rehabilitation services. To qualify as a Best Nursing Home for 2016-17, the facilities had to earn an average of 4.5 stars or better during the 12 months of federal reports ending in October. They also had to consistently meet certain performance standards set by U.S. News & World Report during that period, like earning 4 stars in the CMS overall rating for all 12 months.

This year, more than 2,000 nursing homes earned the distinction of a U.S. News & World Report Best Nursing Home, representing about 13 percent of all such care centers across the country and reflecting a 41 percent decrease from last year. It is believed by U.S. News & World Report, however, that this decrease is likely due to the shifts in methodology.

The listing of facilities recognized in Illinois can be seen here.
December 2016 Observances

**Today is World AIDS Day:** Each year, World AIDS Day is held on December 1 as an opportunity to unite worldwide in the fight against HIV and to show support for those living with HIV. It is also a day to remember those who have passed away because of HIV and AIDS. World AIDS Day began in 1988 and was the first ever global health day. For more information, visit [https://www.aids.gov/](https://www.aids.gov/).

**December 4-10 is National Influenza Vaccination Week:** National Influenza Vaccination Week (NIVW) was established to draw attention to the importance of continuing to vaccinate for influenza. For more information on influenza and/or influenza vaccination, click here.

**December 4-10 is National Handwashing Awareness Week:** According to the CDC, “Handwashing is easy to do and it's one of the most effective ways to prevent the spread of many types of infection and illness in all settings—from your home and workplace to child care facilities and hospitals. Clean hands can stop germs from spreading from one person to another and throughout an entire community.” For health care professionals, handwashing is an important part of daily life. It helps protect you and your residents from getting sick. Click here for more information about National Handwashing Awareness Week. Click here to view information regarding the importance of handwashing from the CDC.

AHCA/NCAL Information

**AHCA's Parkinson Noted In List Of Top Lobbyists**
*The Hill* recently released its list of “Top Lobbyists 2016: Associations,” and AHCA/NCAL’s Mark Parkinson was among the elite professionals who were recognized this year! “With a booming healthcare demand for aging Americans” *The Hill* reported, “the nursing homes and assisted living lobby has helped shape a flurry of federal regulations that seek to substantially alter reimbursements. Well done Mark!

**Registration for the 2017 AHCA/NCAL Quality Summit is Now Open**
As you strive to reach your quality goals, AHCA/NCAL wants to give you a leg up. The Quality Summit is designed to help you on your journey, bringing excellent speakers, key topics, and all your long term and post-acute care colleagues together in one place.

Join AHCA/NCAL in Orlando, Florida, March 6-8, 2017, for an engaging and exciting opportunity you won’t find anywhere else. Enjoy three days of education sessions designed to help you gain fresh perspectives and strategies for the challenges you strive to meet. Online registration is easy and you can make your housing reservation at the same time. Early registration ends February 3.

**AHCA/NCAL Announces New Preferred Provider**
*Mood Media Enhances the Resident Experience*
AHCA/NCAL recently announced that Mood Media is the newest company to join their member-only Preferred Provider Program. Mood offers exclusive AHCA/NCAL member pricing on music, messaging and scent services that will enhance the resident experience in any long term care center. Mood’s music solutions are 100 percent fully licensed for all Mood usage applications and are commercial free! To learn more, click here.

**2017 National Nursing Home Week Theme Announced**
AHCA/NCAL recently announced the theme for National Nursing Home Week 2017—May 14-20, 2017. The theme next year, The Spirit of America, will honor the unique cultures and experiences that help make up our country. Each day in our skilled nursing centers, you can see the American spirit in action. You will hear stories from proud veterans, immigrants and hardworking people from different faiths and backgrounds within the walls of each center every day. Check out the NNHW Facebook page for updates and information. Details and materials will be posted as they become available.
IHCA Association Information

Update Your Communications Preferences Now!! New Email Lists Will be Pulled Next Month!

We hope by now that you have logged into the new IHCA Member Portal to see what it has to offer. If you haven’t done so already, now is the time! **Starting in 2017 we will be using the communications preferences listed for each member contact to rebuild fresh, clean member email lists for our electronic publications.** It is important to get all of your staff members who want to receive our newsletters set up in the member portal! More information about this will be coming soon. If you have any questions, or need assistance using the new site, please contact Ashley Caldwell at the IHCA office (acaldwell@ihca.com | 217-528-6455). To view a fact sheet regarding the new portal, click here.

LTCNA Now Offering Training With Simulation Mannequin

The Long Term Care Nurses Association (LTCNA) has purchased a simulation mannequin, Geri Manikin, and is offering competency testing for nurses in your facility! For the first year, LTCNA will offer a limited number of facility Charter Memberships.

The fee for the membership is $2,000 and the facility will receive 24 hours (four 6-hour days) of simulation time over the course of the year. Click here to access an informational flyer that can be used to “encourage” your facility decision maker to take advantage of this offering. For more information, contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

LTCNA Scholarship Application Now Available!

Each year, LTCNA sponsors a nurse scholarship program offering up to two $1,000 scholarships. The [2016/2017 Scholarship Application](#) is now available. To qualify for the scholarship:

1) You must be employed as an RN, LPN or Nurse Aide in a long term care facility/program in Illinois. If employed part-time, you must work at least 15 hours per week.
2) You must have at least one year of experience as an RN, LPN or Nurse Aide in a long term care facility/program.
3) You must be accepted in the clinical portion (3rd year) of a 4 year RN program; or be enrolled in an accredited RN program; or be accepted to an accredited graduate nursing program to earn an advanced nursing degree related to long term care.
4) You must submit proof of enrollment in nursing school.
5) You must be willing to practice as an RN in a long term care facility/program

**Deadline for submission is December 30, 2016** and scholarships will be awarded in early 2017.

IHCA Member Spotlight

**IHCA Preferred Vendor – Senior Crimestoppers**

Senior Crimestoppers provides crime prevention and awareness for senior residents and staff. Their sole mission is to promote secure senior living facilities in nursing homes, HUD communities, state Veterans homes, assisted living communities and independent living communities, which provide an enhanced quality of life for the residents and staff.

The program is a nationally-acclaimed crime prevention program safeguarding senior housing residents, along with their family members and facility staff, against theft, abuse, neglect, financial exploitation, and other crimes and unethical actions.

“Senior Crimestoppers is a way for an administrator to further enhance the lives of the residents they serve. They all work very hard to provide safe, secure, comfortable living environments and their desire to implement the program is
just one more example of this. Implementing this program does not mean that the facility currently has a crime problem, but that the administrator is proactively finding a way to keep problems from occurring in the future," said Terry Rooker, president of Senior Crimestoppers.

The Senior Crimestoppers program employs proven components to help provide safe, crime free facilities for senior housing residents to reduce the incidence and severity of theft, abuse and neglect, while enhancing the quality of life in senior living environments. Program results are at a 94 percent crime incident reduction rate since the inception of the program.

The Program Components consist of:

- 24/7 toll-free Tips Line for anonymous crime/incident reporting with rewards up to $1,000. Available 24 hours a day/365 days a year. Cash and anonymity overcomes the issues of fear and apathy. It is an outlet for gaining information previously unknown to management.
- Personal in-room lockboxes installed for each resident serve as a constant daily reminder for all to see the program exists. It also reduces liability by protecting against replacement of personal items and helps solve the number one problem with senior housing – theft, loss, or misplacement of personal property.
- Crime awareness/zero tolerance signage prominently displayed.
- Ongoing in-service training for facility staff by constantly viewing the In-service Video, having the employees sign Oath Sheets and having quarterly management and staff briefings. It has been see that this continually reinforces the “Zero Tolerance” Crime Policy.

The program is a turn-key solution that empowers facility owners and management to partner with Senior Crimestoppers in proactively reducing crime in their communities.

- Liability and litigation event reduction
- Positive community/media exposure
- Enhanced risk management and assistance with regulatory compliance
- Potential for stabilized or reduced insurance premiums

For more information about the Senior Crimestoppers program, please contact Kay Joest at (800) 529-9096 or visit our website at www.SeniorCrimestoppers.org.

**Interested in Seeing Your Company or Facility Featured in Our IHCA Member Spotlight?**

IHCA is proud of our diverse membership and all of your successes and accomplishments. Has your company recently celebrated a milestone? Accomplished a goal? Undergone a major change? Do you have positive stories or news to share? Would you just like to get your name out there among your fellow IHCA members? If you would like to see your company or facility recognized in Members Only--Associate Members, Facilities, Corporations alike—contact acaldwell@ihca.com.