Happy New Year!!

A new year has begun! Did you celebrate with your residents? Do you have any important goals or resolutions you want to work on this year? Do you have big plans for yourself, your residents or your facility? There’s no better time for a fresh start than the present!!

“Let our New Year’s resolution be this: we will be there for one another as fellow members of humanity, in the finest sense of the word.” ~ Goran Persson

IHCA wishes you happiness, health and prosperity in this new year!

Last Chance to Update Communications Preferences Before New Lists Are Pulled

Out with the old and in with the NEW! Update your communications preferences now!! New email lists will be pulled next week!

Starting Monday, we will begin using new lists for our electronic newsletters, using information provided by YOU through the new member portal! If you and your staff would like to continue receiving IHCA and/or The Center’s electronic newsletters, each of you MUST log into the member portal and update your communications preferences!!

If you have never logged into the new system:

When we moved our membership data from the old database to the new system, each individual contact was assigned a username and temporary password. To access your credentials, go to the member log in page (http://www.ihca.com/login.asp) and click on the “Forgot your password?” link located under the log in button. This will take you to the Retrieve Your Username and Password page. Enter your email (and verify that you are not a robot) and your username and password will be emailed to you. Once you log in you can change update your profile information, including your username, password and communications preferences.

How to update your preferences:

Go to the IHCA website and log in to the Members Only section (the new member portal—you can always access the portal by clicking on Members Only in the top right corner of ihca.com) and update your Communications Preferences on your My Profile page. Click here to view the Member Portal fact sheet for instructions on how to log in, and other important information.
Once you have logged into your contact profile, simply scroll to the bottom and check the publications you want to receive. You will be able to update your communications preferences at any time, as we will use fresh lists from the database on a quarterly. Important Member Alerts and other association wide email blasts will continue to go to the appropriate member groups, using lists pulled when the messages are to be sent.

If you have any questions, please contact Ashley Caldwell via email at acaldwell@ihca.com or call 800-252-8988.

**Most Long Term Care Residents Turn Down Dental Care**

According to recent research conducted by a team at Buffalo School of Dental Medicine in Buffalo, New York, nearly 90 percent of seniors residing in a long term care center do not receive dental care during their stay.

Researchers analyzed medical records of more than 2,500 skilled nursing center residents who had been discharged between 2008 and 2012. The data showed that of those residents, only 10 percent received at least one dental exam while residing in the center.

The research team noted that while only 7 percent of residents that stayed in an LTC center for less than a month used dental services, that usage rate went up to 30 percent for residents whose stays lasted between one month and two years. They also observed that while the likelihood of receiving dental services went up the longer an individual resided in a long term care center, the underutilization issue persisted for those who remained at the center for more than two years.

Additionally, the results of the study showed that age and medical conditions played a part in whether or not the residents received dental care. Individuals older than 76, as well as those with nutritional, endocrine, metabolic, immunity or mental disorders were more likely to use dental services.

“There is a problem within the population as a whole toward appreciation for dental care,” said lead researcher Frank Scannapieco, DMD, Ph.D., in a new release. “The perception is that if you don’t have pain, you don’t have a problem.”

To find out more, click here to read the full article from McKnight’s Long Term Care News.

**High Blood Pressure Rates have Doubled Worldwide Since 1975**

A new study has revealed that the number of people worldwide with high blood pressure has doubled over the past four decades. However, this study also revealed that average blood pressure levels are at an all-time low in the U.S. and over developed nations.

"High blood pressure is the leading risk factor for stroke and heart disease, and kills around 7.5 million people worldwide every year. Most of these deaths are experienced in the developing world,” stated study author Majid Ezzati, a professor at Imperial College, London in England.

According to the study, the overall number of individuals with hypertension, or high blood pressure, rose from 594 million in 1975 to more than 1 billion in 2015. Researchers believe this is due to factors such as a large global population and an increasing number of older adults.

Though the largest increases in high blood pressure rates were seen in low- and middle-income countries in South Asia (e.g. Bangladesh and Nepal) and sub-Saharan African nations (e.g. Ethiopia and Malawi), it remains a serious issue in some Pacific Island countries, as well as central and eastern European countries.

Ezzati also stated that the findings of this study reveal that the World Health Organization’s goal of reducing the prevalence of high blood pressure by 25 percent by the year 2025 is very unlikely to be met without effective policies that
allow the poorest countries and people to have healthier diets, as well as improving detection and treatment with blood pressure lowering medications.

For more on this topic, [click here](#) to read the article featured in HealthDay News.

**U.S. Death Toll from Infectious Diseases Remains Steady**

According to new research, the war on infectious diseases (medicine vs. microbes) has been holding fairly steady over the years. The U.S. death toll from infectious diseases is the same today as it was in 1980. The specific disease threats have changed, however.

The national death rate from infections was at 42 per 100,000 in 1980, it rose to 63 per 100,000 in 1995 and was back down at nearly 46 deaths per 100,000 in 2014. These fluctuations can be linked to major shifts in health and what infections were prevalent at various times.

For example, the high rate of deaths due to infections in 1995 can be linked to the HIV/AIDS epidemic, according to the researchers at the University of Arizona. As progress was made in the fight against HIV, deaths from pneumonia and flu complications remained steady. In addition, deaths from other infections rose—including illnesses like West Nile and *C. difficile*.

"This shows us how challenging these diseases continue to be," said senior researcher Heidi Brown, an assistant professor in epidemiology and biostatistics at the University of Arizona.

Though brown did not that the changing face of HIV mortality is good news where this issue is concerned, because researchers and the health care community sees what can happen when they really work hard on something, she cautioned that with other infectious disease still cropping up, there is work still to be done.

One of the challenges scientists and medical professionals face today is the threat of antibiotic resistance. Thus far, deaths from pathogens with antibiotic-resistant strains haven't risen, but it is still a major issue.

"We're concerned that the pace of new drug development is not keeping up with the development of drug resistance," said Dr. William Powderly, president of the Infectious Disease Society of America.

Powderly and other experts agree that a more judicious use of antibiotics will play a key role in keeping up with these antibiotic-resistant infections. Simply put, "If you don't need an antibiotic, don't take one," he said. "Antibiotics are useless for the common cold, for example."

For more information, please [click here](#) to read the full article from HealthDay News.

**New Device Mimics the Blood-Brain Barrier**

The blood brain barrier is a network of specialized cells that surrounds the arteries and veins within the brain. It forms a special gateway, which provides cells in the brain with the nutrients they need and also protects them. The importance of this barrier has become more and more evident in recent years as it has come to light that the blood-brain barrier is linked to an increasing number of brain disorders/issues, such as stroke, blunt force trauma and brain inflammation.

Brain inflammation, sometimes referred to as “the silent killer,” doesn’t cause any pain but contributes to neurodegenerative conditions like Alzheimer’s and Parkinson’s diseases. According to research it may also be the cause of a broad range of issues, from cognitive impairment to depression and even schizophrenia.

Scientists have had significant difficulty in creating laboratory models of the biological system that protects the brain. According to the [article](#) published last month on Futurity.org, "Previous models have either been static and so have not reproduced critical blood flow effects or they have not supported all the cell types found in human blood-brain barriers.”
Now, researchers at Vanderbilt University in Nashville, Tennessee report that they have created a device that overcomes these problems. The device, called a NeuroVascular Unit (NVU) is a tiny chip that consists of a small cavity that is divided into an upper and lower chamber. The NVU measures only about one-millionth of the human brain. The upper chamber acts as the brain side and the lower chamber acts as the blood, or vascular, side.

“Once we had successfully created the artificial barrier, we subjected it to a series of basic tests and it passed them all with flying colors. This gives us the confidence to state that we have developed a fully functional model of the human blood-brain barrier,” said Jacquelyn Brown, staff scientist at the Vanderbilt Institute for Integrative Biosystems Research and Education (VIIBRE), and first author of the paper in the journal *Biomicrofluidics*.

The team at VIIBRE has began testing the NVU with different drugs and compounds and were already able to overcome one basic limitation of existing studies of brain inflammation.

“One of our biggest surprises was the discovery that a critical component in the blood-brain barrier’s response to these compounds was to begin increasing protein synthesis,” stated Brown. “Next will be to find out which proteins it is making and what they do.”

To find out more about this new development, [click here](#) to read the full article from Futurity.

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### January 2017 Observances

**January is National Glaucoma Awareness Month:** National Glaucoma Awareness Month is an important time to spread the word about this sight-stealing disease that affects more than 3 million people in the United States and 60 million worldwide. To learn more about the symptoms, treatment and prevention of glaucoma, or to find out about National Glaucoma Awareness Month, [click here](#).

**January is National Volunteer Blood Donor Month:** Since 1970, January has been declared National Volunteer Blood Donor Month, and with good reason. More than any other time, January is the month that presents the most challenges in recruiting people to give blood. This month is an excellent time to donate yourself, and to encourage others to donate. [Click here](#) for more information.

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### AHCA/NCAL Information

**Quality Award Application Deadline Quickly Approaching**

The application portal for the 2017 Quality Award Program cycle is now open. Applications and payments are due by January 26, 2017 at 8:00 p.m. Eastern Standard Time. Applications and payments must be submitted using the [online application and payment portals](#). Late applications will not be accepted for any reason. Payments are only accepted online via credit card.

**Please Note:**

- A successful application submission will immediately generate a confirmation email. The confirmation email is the only proof of submission that will be accepted after the deadline. If you do not receive a confirmation email, contact Quality Award staff.
- Submit only one application-only the first version of the application will be accepted.
- Exceptions will not be made for applicants who fail to submit their application by the deadline.

To learn more about the National Quality Award Program please [click here](#). If you have questions, please email qualityaward@ahca.org.
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.

IHCA Association Information

IHCA Welcomes New Team Member!

Earlier this week, Jackie Jessen of Auburn, IL joined the staff at IHCA. She will be working part-time as the administrative assistant, offering her support in various areas. Be sure to wish her a warm welcome the next time you call the office!

Join The Yo! Caucus on Wednesday, January 11, 2017 for the 6th Annual Sweitzer Inaugural Gala

Following in the tradition of our dear friend and colleague Dean Sweitzer, The Yo! Caucus is holding the annual Inaugural Gala on Wednesday, at the Abraham Lincoln Hotel from 7 p.m. to midnight. Click here to view the invite for more information.

New! IHCA Has Started a Workforce Development Task Force

Started as a sub-committee of IHCA’s Public Policy Committee, the new Workforce Development Task Force will focus on key member issues relating to our profession’s workforce. Tom Annarella, Valley Hi Nursing and Rehab, will be chairing this new committee. If you are interested in serving on the task force, please let us know!

The Call for Presentations for the 67th Annual Convention & Expo is Now Open!

The Illinois Health Care Association is now accepting speaking proposals for the 2017 Annual Convention and Expo, September 12 - 14, 2017 in Peoria, Illinois. Please review the list of topics for session ideas or we welcome you to submit other topic ideas you find may be helpful to those in the long term care profession. These sessions are limited to 90 minutes. If you are interested in submitting, proposals are being collected electronically at https://www.surveymonkey.com/r/R9CRQQS. The deadline for submissions is February 1, 2017. If you have questions, please contact Kelli Showalter at kshowalter@ihca.com or Debbie Jackson at djackson@ihca.com or at 217.528.6455. Thank you and we hope to hear from you.

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.

IHCA Member Spotlight

IHCA Associate Member – Wound Rounds

WoundRounds, service of Telemedicine Solutions LLC, is the leading solution for wound management and risk prevention. Post-acute care centers across North America use WoundRounds to provide better wound care by capturing wound assessments at the patient bedside, prompting for preventive interventions, standardizing documentation and automating reporting.
WoundRounds puts mobile technology, care coordination dashboards and analytics in the hands of nurses to capture clinical data and images at the point-of-care, on smart phones or tablets, and upload data to cloud-based servers. Information is shared in real-time with the clinical team to deliver better-coordinated care for the management and prevention of wounds.

WoundRounds empowers nurses to deliver better wound care in less time. WoundRounds customers report:

- Lower overall costs of care
- Improved healing rates
- More wound patient referrals
- Lower rehospitalization rates
- Reduced risk and liability

WoundRounds and Third Eye Health have partnered together to automate wound care management and provide telemedicine for patients with wounds. The TeleWound program provides residents 24/7 access to high quality, specialized medical consultants, and is designed to improve care, reduce cost and eliminate unnecessary hospitalizations. Third Eye Health offers a combination of technology and technology-enabled services, including a HIPAA-compliant, user-friendly mobile communication system for clinical communication and telemedicine visits.

“Since 2005, our mission has been to set a new standard for wound care management and risk prevention,” stated Mike Diamond, CEO of Telemedicine Solutions. “We’re proud to partner with Third Eye Health to provide our post-acute customers with access to 24/7 telemedicine services, including specialized medical and wound care clinicians. Together our aim is to provide wound care excellence for patients and the dedicated staff who care for them,” he adds.

Learn more about WoundRounds, please contact Cory Fosco (cory.fosco@woundrounds.com), visit www.woundrounds.com, or follow them on Twitter @woundrounds.

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.