Time is Running Out to Submit a Speaking Proposal for the 67th Annual IHCA Convention & Expo!!

IHCA is now accepting speaking proposals for the 67th 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.

Just One Week Left to Submit Your Quality Award Applications

Time is running out to apply for a National Quality Award!! Applications and payments are due by January 26, 2017 at 8:00 p.m. Eastern Standard Time. The application portal for the 2017 Quality Award Program cycle is open and 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.
Daily Aspirin May Be Worth the Risk of Bleeding

According to a recent study, taking a low-dose aspirin every day to reduce the risk of heart disease or cancer may be worth the increased risk of bleeding in the stomach. Researchers found that the stomach bleeds caused by the aspirin are significantly less serious than the spontaneous bleeds that can occur in those individuals not taking the drug.

The study involved an extensive review of literature on aspirin and meta-analysis of randomized trials. The findings showed that while regular use of the aspirin increases the risk of stomach bleeds by half, there is no valid evidence that any of these bleeds are fatal.

“Although many people use aspirin daily to reduce the risk of health problems such as cancer and heart disease, the wider use of the drug is severely limited because of the side effect of bleeding from the stomach,” said Peter Elwood, a professor at Cardiff University’s School of Medicine. “With our study showing that there is no increased risk of death from stomach bleeding in people who take regular aspirin, we hope there will be better confidence in the drug and wider use of it by older people, leading to important reductions in deaths and disablement from heart disease and cancer across the community.”

Heart disease and cancer are the leading causes of death and disability around the world. Research has shown that taking a small daily dose of aspirin can reduce the occurrence of both diseases by 20 to 30 percent. Recent research has also shown that low doses of aspirin given to cancer patients, along with chemotherapy and/or radiation therapy, can help reduce the deaths of patients with bowel cancer, and possibly other types of the disease, by additional 15 percent.

To read the full article from Futurity, click here.

Women with Dementia Receive Less Medical Care than Men--Study

A study recently published online in Age and Aging found that overall, individuals with dementia receive less medical care that those without it. Only around half of people with dementia had an annual primary care checkup.

Additionally, female dementia patients are more likely to take potentially harmful medication and receive less health monitoring than male dementia parts, according to the research. Women with dementia were found to have lower rates of annual weight and blood pressure monitoring from their primary care physicians, as well as surgical consultations.

The findings showed that women were more likely than men to take psychotropic medications, which may not always be prescribed appropriately and have been shown to have negative effects when used in the long term. They also stayed on the medications longer, which researchers believe may be due to them having fewer checkups to assess if their medications were still appropriate.

As discussed in the article from McKnight’s Long Term Care News, these findings indicate a need for improved health care access and reduced antipsychotic use for dementia patients, particularly women. Click here to read the full article.

Bathing Without a Battle Launches Online Training Portal

The award-winning, evidence-based Bathing Without a Battle training on person-centered bathing for people with Alzheimer’s disease and other dementias is now accessible online free of charge. The interactive training provides 2½ hours of free continuing education credit for nurses and 2 hours of free credit for nursing assistants. Students who plan to enter long term care or geriatric home care are also encouraged to participate in the online training.

Training can be accessed through the website www.bathingwithoutabattle.unc.edu. Once registered, users can open modules on practical approaches to showering, tub bathing, in-room bathing and hair washing; information on
innovative bathing equipment and supplies; recommendations for policy change within long-term care organizations; and guidance on regulatory compliance.

This new training modality is provided by a grant from the Retirement Research Foundation to the University of North Carolina at Chapel Hill.

A condensed training DVD with printable Instructor’s Guide continues to be available for purchase for group in-service training or individual study.

### New Guidelines Raise Upper Hypertension Limit for “Otherwise Healthy” Seniors

Earlier this week, the American College of Physicians (ACP) and the American Academy of Family Physicians (AAFP) released new guidelines for hypertension. The new guidelines recommend a less aggressive threshold for treating hypertension, or high blood pressure, in otherwise healthy adults ages 60 and older.

Nearly 30 percent of adults in the U.S. are affected by high blood pressure. In the past, the threshold for systolic blood pressure (the upper reading) above which doctors consider prescribing treatment has been 140 millimeters of mercury (mm Hg). The new guidelines have raised that recommended threshold to 150 mm Hg.

In a joint release, the ACP and AAFP stated that they recommend that physicians initiate treatment in adults aged 60 years old and older with persistent systolic blood pressure at or above 150 millimeters of mercury (mm Hg) to achieve a target systolic blood pressure of less than 150 mm Hg to reduce the risk of mortality, stroke, and cardiac events.

The guideline also includes two additional recommendations:

- ACP and AAFP recommend that physicians consider initiating or intensifying drug therapy in adults aged 60 years old and older with a history of stroke or transient ischemic attack to achieve a target systolic blood pressure of less than 140 mm Hg to reduce the risk of recurrent stroke.

- ACP and AAFP recommend that physicians consider initiating or intensifying pharmacological treatment in some adults aged 60 years old and older at high cardiovascular risk, based on individualized assessment, to achieve a target systolic blood pressure of less than 140 mm Hg to reduce the risk of stroke or cardiac events.

The release also noted that ACP’s clinical practice guidelines are developed through a rigorous process based on an extensive review of the highest quality evidence available, including randomized control trials and data from observational studies. ACP also identifies gaps in evidence and direction for future research through its guidelines development process.

To find out more, click here to read the full article from Medical News Today. To read the full release from ACP, click here.

### Mutation May Raise Parkinson’s Risk for Individuals Under 50

Researchers have discovered that a defect in the gene that produces dopamine in the brain appears to accelerate the onset of Parkinson's disease. The effect of this defect is particularly dramatic for individuals under the age of 50. On average, according to the researchers, Caucasians with one bad version of the gene developed Parkinson’s symptoms five years earlier, and had a 23 percent increased risk for the disease.
Younger-to-middle aged adults with the mutation, however, had a 45 percent increased risk of developing Parkinson’s. The presence of the gene in adults over 60 had minimal effect.

Previous research has shown that rigidity and loss of muscle function associated with Parkinson’s is linked to a depletion of dopamine in the part of the brain that controls movement. For this particular study, the research team wanted to take a more holistic approach to better understand how the gene affects the course of the disease.

“We want to have a more comprehensive understanding of what these genes related to Parkinson’s are doing at different points in someone’s lifetime,” said Auriel Willette, assistant professor of food science and human nutrition at Iowa State University. “Then, with genetic testing we can determine the risk for illness based on someone's age, gender, weight, and other intervening factors.”

For the study, researchers analyzed data collected from the Parkinson's Progressive Markers Initiative, which evaluates individuals with the disease and uses the information to develop new and better treatments. Included in the study were 289 people who had been recently diagnosed with Parkinson’s, but not yet on any medications, and 233 healthy individuals.

The researchers looked at anxiety and motor function using the Unified Parkinson Disease Rating Scale and found those with the defective gene, regardless of their age, were more anxious and struggled more with daily activities. But, the defective gene was not as strong of a predictor of developing the disease in individuals over 50.

“As we age, we progressively make less dopamine, and this effect strongly outweighs the genetic influences from the ‘bad version’ of this gene. Simply by aging, our dopamine production decreases to the point that the effects from a mutation in this gene are not noticeable in older adults, but make a big difference in younger populations,” said Joseph Webb, a graduate research assistant.

To find out more, click here to read the full article from Futurity.org.

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**January 2017 Observances**

**Next Week is National Activities Professionals Week:** Organized by the National Association of Activity Professionals (naap.info), National Activities Professionals Week is meant to recognize the outstanding contributions that activity professionals make to the well-being of long term care residents. Activity professionals play a huge role in the day-to-day activity in your centers. Show them how much you appreciate their hard work!

**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**

**AHCA/NCAL Call for Stories – Observation Stays Issue**
AHCA/NCAL continues to keep the observation stays issue one of its top advocacy and outreach priorities. Their efforts include working with the Observation Stays Coalition to support the Improving Access to Medicare Coverage Act, which has been introduced in previous Congresses and will be introduced again this Congress. This legislation ensures observation stays count toward the Medicare-required three-day hospital stay, and the Coalition continues to connect with key members of Congress to support it. Last year, you helped us by submitting stories that put a face on
the financial and emotional impact of this issue. That stories document is on our website here and has been incredibly valuable in sharing with members of Congress. To boost our advocacy efforts, we need your help again! They are looking for more powerful stories to add to their collection. To find out how to submit your story, click here.

**Assisted Living Information Added to AHCA/NCAL State of the States Tool**
AHCA/NCAL’s State of the States tool, which is a one-stop shop for key Medicaid and Medicare information impacting the long term care profession, now includes assisted living (AL) information. Click here to login to this resource and access a summary of each state’s AL requirements on the following: licensure category, admission and retention, scope of care, and staffing requirements. The full report summarizing many more key selected state requirements for AL licensure or certification can be found here. In addition to the recently-added AL information, through the State of the States AHCA/NCAL members can access a variety of information including demographic landscape, median cost of care by state, Medicare enrollment and spending, and high-level information on state coverage of Medicaid state plan home and community-based services.

**Don’t Miss the 2nd Annual AHCA/NCAL Quality Summit**
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.

**Just a Few Weeks Left to Register Early for the 2017 AHCA Independent Owner Leadership Conference**
Join your senior level colleagues in sunny Orlando, Florida to meet and discuss the latest issues that matter to you. This year’s conference focuses on Surviving and Thriving as an Independent Owner. You’ll learn innovative strategies and ideas to help you with the challenges of managing staff and patients, and explore different approaches for dealing with new laws and regulation. Discover the best practices in change management and get inspired to raise the quality of care you provide. Early Registration Deadline is February 3, 2017. Click here for more information.

**Upcoming Webinar**
- Are You Ready for the New Emergency Preparedness Requirements? | February 9, 2017 | 1:00 p.m. (ET)

**IHCA Association 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!

**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**

**Calling IHCA Members – We Want to Feature Your Company Here!!!**

Are you looking for a way to reach our members? Well, this is a great way to do just that! Our Member Spotlight gives our members a space to let us know what their company (or facility) is all about! (And to brag a little too if you want to!) Your Company Information could be seen here in an issue later this year!!

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?

Ready to sign up for a member spotlight?! Contact Ashley Caldwell! Email acaldwell@ihca.com or give her a call today!

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