IHCA 2017 Annual Report Now Available!!

This past year was full of regulatory, political and financial battles for our profession. As always, our board and staff have done our best to keep you up-to-date on all of these changes as they have occurred, but in case you missed anything, the 2017 IHCA Annual Report is now available—click here to view!

Highlights include:
- Another successful year for IHCA educational programming, including the annual Convention and Expo.
- An overview of public policy activities throughout the year, including various IHCA Legislative Initiatives and the Illinois state budget.
- Reports explaining how the membership changed over the year and how the association fared financially.
- Information regarding the Long Term Care Nurses Association (LTCNA), the Maitland-Warner Scholarship Fund, The Center for Developmental Disabilities Advocacy and Community Supports (CDDACS) and more!

If you have any questions about the report, or the information contained within, please feel free to contact IHCA staff at 800-252-8988.

Free Members Only Web Seminar – Medicare Advantage Profitability Strategies

It’s time to drive conversations about negotiating contracts to optimize revenue. Do you know your rates? Are you making or losing money with those rates? By packaging your pay-for-performance levers in a way the payers will understand, you will be able to drive these conversations and lead to revenue optimization. Click here to view the brochure.

CDC Endorses New Shingles Vaccine for People Over 50

The Centers for Disease Control and Prevention (CDC) recently announced that they have endorsed a new recombinant zoster vaccine for shingles prevention in those over 50, saying it is more effective than a live attenuated version.

Herpes zoster, commonly known as shingles, is caused by the latent varicella zoster virus and its occurrence increases with age, from five cases per 1,000 in adults aged 50 to 59 years to 11 cases per 1,000 in people over 80. This new vaccine will provide substantial protection against shingles for more than four years and is approved for individuals with a
history of the disease, as well as those with chronic medical conditions and those on low-dose immunosuppressive therapy or recovering from an immuno-compromising illness.

"Healthcare providers now have a new and highly effective tool to prevent shingles and its complications," Kathleen L. Dooling, M.D., of the Centers for Disease Control and Prevention (CDC)’s National Center for Immunization and Respiratory Disease, told Reuters Health. “The recombinant zoster vaccine is over 90% effective, even among the elderly.”

The new recombinant vaccine consists of two intramuscular doses administered 2 to 6 months apart. According to the CDC, the vaccination with RZV prevented more disease at a lower overall cost than the vaccination with ZVL, in most situations.

For more information, click here to read the full article from McKnight’s.

**Variations in Lungs Associated with Higher Risk of COPD**

A new study indicates that our lungs’ internal anatomy is surprisingly variable, and that some of these variations are associated with a higher risk of chronic obstructive pulmonary disease (COPD). COPD is the fourth leading cause of death in the world. It is a progressive lung disease that causes airway inflammation, making it hard to breath. It usually occurs in individuals with a history of smoking but is increasingly recognized in those who have never smoked.

According to the research, the variations occur in large airway branches in the lower lobes of the lungs and can be readily detected with standard CT scans. The findings suggest that people with certain variations might, in the future, need more personalized treatments.

For the study researchers examined CT scans from more than 3,000 people in the Multi-Ethnic Study of Atherosclerosis (MESA) Lung Study.

“We found that central airway branches of the lungs, which are believed to form early in life, do not follow the textbook pattern in one quarter of the adult population and these non-textbook variations in airway branches are associated with higher COPD prevalence among older adults,” said Benjamin Smith, study author. Smith is an assistant professor in McGill University’s medicine department and a scientist at the Research Institute of the McGill University Health Centre.

Interestingly, McGill noted, one of the variants was associated with COPD in both smokers and non-smokers, while the other was found only among smokers. Also, about 16 percent of people possess an extra airway branch in the lung, about 6 percent are missing a branch and another 4 percent have a combination of variants or other patterns.

Those who have an extra airway branch were 40 percent more likely to have COPD than individuals with standard anatomy. People missing a specific airway branch were almost twice as likely to have COPD, but only if they smoked. The researchers replicated the findings in a second study of almost 3,000 patients with and without COPD. Researchers hope to perform additional research on this topic to confirm that preventive or therapeutic interventions based on the presence of airway tree variations can improve patients’ outcomes before using CT scans for the identification of airway variants in clinical practice.

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

**Inpatient Rehab Not Needed for Patients Living Alone After Joint Replacement**

A new study is challenging the common idea that patients who live alone need inpatient rehabilitation care after knee or hip replacement surgery. According to recent research, most of those patients can be safely discharged home from the hospital.

The study included 769 patients, with an average age of 65, who were discharged home after one-sided total hip or knee replacements. Of these participants, 138 lived alone for the first two weeks following their surgery. Researchers compared complication rates and other outcomes among those who lived alone compared to those who lived with others.
Results showed that more than one-third of patients living alone said that they did not have daily or even weekly visitors, but more than 75 percent had someone who could help them within 15 minutes if needed. They also showed that patients who lived alone were more likely to spend more than one night in the hospital, and patients living alone also had higher rates of in-home nursing care and physical therapy.

Overall outcomes were similar for those living along versus those living with others. Up to six months after surgery, those that lived along said that they would choose to be discharged home again. They did note, however, some difficulties attending to personal hygiene.

Click here to read more of this article from McKnight’s.

Body Clock Problems Come Before Other Alzheimer’s Symptoms

According to a study by researchers at Washington University in St. Louis, MO, circadian rhythm disruptions common to Alzheimer’s disease occur before memory loss and other symptoms in people whose memories are intact but whose brain scans show early, preclinical evidence of the condition.

These results, published in *JAMA Neurology*, could potentially help doctors identify individuals at risk for Alzheimer’s earlier than currently possible. Alzheimer’s damage can take root in the brain 15 to 20 years before clinical symptoms appear, so early detection is really important.

For the study researchers tracked circadian rhythms in 189 cognitively normal, older adults (average age 66). Some participants had positron emission tomography (PET) scans to look for Alzheimer’s-related amyloid plaques in their brains. Others had their cerebrospinal fluid tested for Alzheimer’s-related proteins. And some had both scans and spinal fluid testing. Of these participants, 139 had no evidence of the amyloid protein that signifies preclinical Alzheimer’s and most had normal sleep/wake cycles.

However, among the 50 other subjects, who either had abnormal scans or abnormal cerebrospinal fluid, all experienced significant disruptions in their internal body clocks, determined by how much rest they got at night and how active they were during the day. These disruptions remained even after the researchers statistically controlled for sleep apnea, age, and other factors.

“It wasn’t that the people in the study were sleep-deprived,” stated first author Erik S. Musiek, assistant professor of neurology at the Washington University School of Medicine in St. Louis. “But their sleep tended to be fragmented. Sleeping for eight hours at night is very different from getting eight hours of sleep in one-hour increments during daytime naps.”

Previous studies, conducted in both people and animals, have shown that levels of amyloid fluctuate in predictable ways during the day and night. Amyloid levels decrease during sleep, and several studies have shown that levels increase when sleep is disrupted or when people don’t get enough deep sleep, according to research by senior author Yo-El Ju.

“In this new study, we found that people with preclinical Alzheimer’s disease had more fragmentation in their circadian activity patterns, with more periods of inactivity or sleep during the day and more periods of activity at night,” says Ju, an assistant professor of neurology.

During the study, subjects wore activity trackers for one to two weeks. By tracking the activity of the participants researchers could tell how scattered rest and activity were throughout 24-hour periods. Subjects who experienced short spurts of activity and rest during the day and night were more likely to have evidence of amyloid buildup in their brains.

“At the very least, these disruptions in circadian rhythms may serve as a biomarker for preclinical disease,” said Ju. “We want to bring back these subjects in the future to learn more about whether their sleep and circadian rhythm problems lead to increased Alzheimer’s risk or whether the Alzheimer’s disease brain changes cause sleep/wake cycle and circadian problems.”

To find out more, click here to read the full article from Futurity.org.
February 2018 Observances

**February is American Heart Month:** Heart Disease is the leading cause of death for both men and women in the United States. This month take the opportunity to educate yourself and those around you about the symptoms, treatment and prevention of heart disease. Visit [www.heart.org](http://www.heart.org) for more information.

**February is AMD/Low Vision Awareness Month:** Age-related macular degeneration affects more than 2 million Americans age 50 and older. During this monthlong observation learn about vision aids and other innovative tools that can help combat vision loss. [Click here](http://www.achca.org) for more.

**February is National Cancer Prevention Month:** Organized by the American Institute for Cancer Research, National Cancer Prevention Month is an excellent opportunity to learn how you can cut your cancer risk by making healthy choices—choosing mostly plant foods and limiting red meat, being physically active for at least 30 minutes per day and working to maintain a healthy weight. Visit [www.aicr.org](http://www.aicr.org) for more information.

AHCA/NCAL Information

**AHCA/NCAL Announces New Partnership with ACHCA for Administrator Credentialing**

AHCA/NCAL recently announced a new partnership with the American College of Health Care Administrators (ACHCA) for administrator certification programs.

The goals of the partnership are to increase awareness of advanced certification and professional growth opportunities and to encourage independent professional certification for nursing facility and assisted living administrators/directors.

There are many benefits to credentialing including:

- **National Recognition and Endorsement** – ACHCA’s professional certification program identifies and honors facility administrators and directors who are performing at an advanced level of skill and knowledge.
- **Commitment to the Public** – Professional certification through ACHCA reflects a commitment to residents, families and staff. Certified administrators/directors have advanced knowledge and experience to lead their facilities.
- **Enhancement of the Profession** – Professional certification promotes quality in the profession and improves the public image of administrators/directors.
- **Personal Satisfaction and Sense of Achievement** – Unlike licensure, certification is a voluntary program which allows experienced and practicing administrators to validate their knowledge, skill and abilities.
- **Employer Recognition** – Certification is considered a plus by many employers.

The application fee for either the nursing facility or assisted living certification exam is $150. AHCA/NCAL members should use AHCA/NCAL members should use code AHCANCAL when they complete their initial ACHCA applications. The single credential fee (the fee paid after an individual passes the exam) is only $300 for AHCA/NCAL members, a $50 discount off the regular non-ACHCA member price when AHCA/NCAL members use promo code AHCANCAL at checkout.

[Click here](http://www.achca.org) for more information about this partnership. For more information about ACHCA certification, go to [www.achca.org/certification](http://www.achca.org/certification) or call 1-800-561-3148.

**2018 NSNCW Guide & Catalog Now Available!**

The planning guide for National Skilled Nursing Care Week (NSNCW) 2018 is now available!! [Click here](http://www.achca.org) to view it. This year’s observance will be held May 13-19. The theme this year will be “Celebrating Life’s Stories,” which serves as a tribute to life’s most significant events, relationships and experiences, all of which shape the unique perspectives of residents, families, staff and volunteers in long term and post-acute care. For more information, [click here](http://www.achca.org).
Time is Running Out to Register for the 3rd Annual AHCA/NCAL Quality Summit!
Join your fellow long term and post-acute care professionals March 12-14, 2017 in New Orleans for a variety of educational sessions, association updates and networking opportunities! **Deadline to Register is March 2, 2018. Click here for more.** **Just Announced Closing General Session Speaker:** Karen Tritz - Director, Division of Nursing Homes, Survey and Certification Group, CMS

Have You Registered for the 2018 AHCA/NCAL Independent Owner Leadership Conference?
AHCA/NCAL’s Independent Owner Leadership Conference is Jazzing Up the Path to Success. Join in on the fun March 14-16, 2018 (directly following the 2018 Quality Summit) in New Orleans. Get together with AL and SNF Independent Owners from across the country to discuss the issues that matter most to you. Hot Topics this year will include ACOs, VBP, QRP measures and more. Earn up to 8.75 CEs for attending. **Deadline to Register is March 2, 2018. Click here for more.** The deadline to reserve your hotel for the IO Leadership Conference at the special AHCA/NCAL group rate **has been extended!** You have until 5 pm today, Thursday, February 15! So don’t wait. Reserve today, and remember—you must first register for the conference before you can book your hotel room.

**IHCA Information**

Submit Your Nominations for the IHCA Excellence Awards-Staff & Specialty Today!
Do you have fantastic staff members or coworkers that you think deserve to be recognized? The IHCA Staff & Specialty Awards gives members the chance to do that. Additionally, you can submit nominations for your center’s innovative programs, communications and community outreach projects. **Click here to download and print nomination forms to be submitted via fax or email, or submit your nominations online!**

**Please Note:** Our IHCA Excellence Awards program has two distinct parts—the Staff & Specialty Awards and the Award for Long Term Care Centers. Currently, we are only accepting nominations for the Staff & Specialty Awards. This does not include the LTCNA Nursing Awards. More information regarding the Long Term Care Centers Award and the LTCNA Nursing Awards will be released as it becomes available.

If you have any questions, please contact Ashley Caldwell (acaldwell@ihca.com).

AL/SLF Directors Certificate Program - Class of 2018
IHCA/ICAL is offering an extensive certificate program to assist AL/SLF Directors in their operations. This program will take place over the course of 7 months and feature face-to-face sessions, as well as web seminars. The program will total 20-22 clock hours of continuing education and will conclude with a luncheon/graduation. **Deadline to submit your application is March 30, 2018.**

Latest IHCA VCast
**This week’s episode** focused on the IHCA Illinois Leaders Program. **Coming soon:** Past issues of the weekly VCast emails, with all of the appropriate links, will be available in the IHCA Resource Center. To access the resource center, simply log in to the member portal and click on Resources.

**Infection Preventionist Specialized Training (IPCO) Now Available!**
IHCA has partnered with AHCA to bring you a new quality improvement resource that will meet the new Infection Preventionist specialized training requirement finalized by CMS in the Requirements of Participation (RoP) for long term care centers. The **Infection Preventionist Specialized Training (IPCO)** course provides specialized training for healthcare professionals who seek to serve as Infection Preventionists. Through this course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their nursing center.

IHCA and AHCA are committed to ensuring nursing centers are fully prepared to meet the rigors of the new RoP requirements. This course is an online, self-study program with 23 hours of training. It includes online lectures, case studies and interactive components taught by an array of experts from around the country. To learn more, see the **Infection Preventionist Specialized Training (IPCO) slides.** To register, just click here.
LTCNA Offering Core Competency Sessions!
LTCNA is now offering a la carte competency training sessions with their simulation mannequin, Geri Manikin! Get your nurses the training they need right in your center! The cost will be dependent on the amount of time spent in the center. Charter Memberships are also still available for centers. The fee for the membership is $2,000 and the center will receive 24 hours (4 6-hour days) of simulation time over the course of the year. For more information contact Debbie Jackson at djackson@ihca.com or 800-252-8988.

IHCA Member Spotlight
IHCA Associate Member – BioTech X-Ray
At BTX, their registered radiologic technologists provide same-day, high-quality, portable diagnostic imaging services at your patient’s bedside. Results are reported within hours, and are accessible online 24/7 for your convenience. Why choose BioTech X-ray:

- Service and Technology Leader: High-definition Direct Digital Radiography (DR) since 2008
- Exam images available at bedside for review by clinicians; reports available online in less than 1 hour, in most cases
- 24/7 web access and Electronic Health Record integration through our secure, HIPAA-compliant radiology information system — BTXplorer
- Quality Customer Service and Patient Care

Compassionate, experienced registered technologists that reside in your community provide quick, accurate bedside service that reduces patient stress and risk of exposure and help reduce hospital re-admissions.


Email sales@biotechxray.com or call us today at 1-877-909-9729 to arrange for services.

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.