Spring/Summer 2015

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Quality Care

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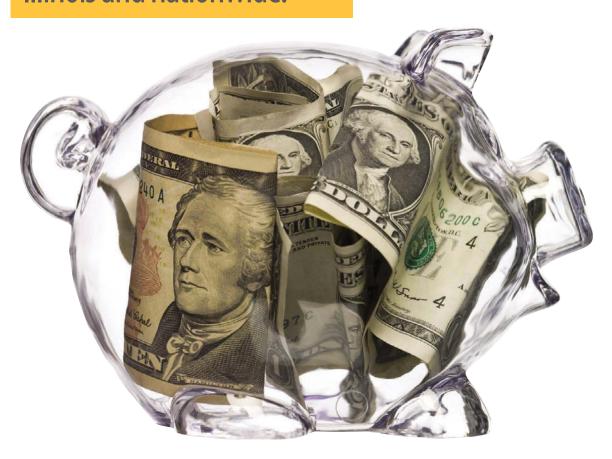
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From the Association

Quality Care

Quite a bit has happened since our last issue of LTC Today magazine. We started a new year, welcomed a new administration into the Capitol in Springfield, dealt with major modifications to 5-Star and Nursing Home Compare, went through some association staff changes and lost a dear friend and colleague. What does the rest of the year have in store for us? Only time will tell.

One thing we can be sure of is that regardless of the ups and downs of our profession, we have a job to do and it is an important one: to provide the best possible care for the residents we serve. As long term care professionals, caring for our residents is always our top priority. Issues like quality improvement, performance excellence, quality of life, rules and regulations, etc., are constantly at the forefront of our minds.

Our national affiliates, the American Health Care Association and National Center for Assisted Living (AHCA/NCAL), have made quality care a major focus for a number of years. Their Quality Initiative, which encourages members to reach important, well-defined goals in four core areas of long term care, builds upon the work our member centers are doing each and every day. Go to page 12 to read about one of these Quality Initiative goals - the safe reduction of the off-label use of antipsychotic medications. Another initiative goal, to safely reduce hospital readmissions, was the focus of a scientific poster presentation by a team from Burgess Square Healthcare and Rehabilitation Centre at this year's AHCA/NCAL Quality Symposium - turn to page 16 to check it out.

Member centers can gain recognition for their efforts in the areas of providing excellent care and quality improvement by applying for an AHCA/NCAL National Quality Award. Based on the Baldrige Excellence Framework, the National Quality Award program has three progressive tiers for which members can apply. Four IHCA members had the honor of receiving an award last year! To find out more about the Quality Awards program, and the IHCA member centers who won in 2014, go to page 8.

In this issue you will also find an article about medication disposal methods, provided to us by the Illinois Association of Long Term Care Pharmacy Providers (more about them on page 15). In addition, we have also included a memorial for our dearly departed comrade in long term care, Dean Sweitzer.

We hope you will enjoy this issue of *LTC Today*. As always, if you have any questions or if there are any topics you would like to see covered in a future issue or in any of our association publications, please do not hesitate to contact us.

Sincerely,





John Vrba **IHCA President**

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IHCA Member Centers Recognized by AHCA/NCAL Quality Awards Program

BY ASHLEY CALDWELL, MA

he American Health Care Association and National Center for Assisted Living (AHCA/ NCAL) launched their National Quality Award Program in 1996. The program, based on the Baldridge Performance Excellence Criteria, is part of the larger overall quality initiative and was created to recognize long term care centers around the country that show they are dedicated to providing



excellent care and quality improvement. With three progressive steps (Bronze, Silver and Gold), which each require a more comprehensive substantiation of quality, the AHCA/NCAL National Quality Award Program is designed to encourage member centers to continuously increase performance standards.

The program has undergone a number of changes in the 20 years since its inception, including using paid examiners to process the applications and revising the application review procedures to provide the most accurate decisions and offer useful feedback, as well as implementing an appeals process for applicants. Additionally, the Baldridge Criteria changes every two years, so AHCA/NCAL revises their criteria as well to reflect these changes.

Each year, the National Quality Award Program recognizes hundreds of AHCA/NCAL member centers. More than 1,000 applications were submitted this year alone. The standards for the program are high and the review process for the applications is quite rigorous. Examiners review each application very carefully and every applicant receives a feedback report that notes areas of strength as well as opportunities for improvement. In the two decades since this program began, 24 centers have made it through all three levels to receive the Gold Award for Quality, with six of those centers earning their award in 2014. On average, almost 70 percent of Bronze applicants, 30 percent of Silver applicants and 20 percent of Gold applicants see success when submitting their applications. Last year, four IHCA centers saw success of their own and were awarded a National Quality Award.

Imboden Creek Gardens and Imboden Creek Living Center -**Bronze Award for Quality**

Imboden Creek Health Services is a privately owned community located in Decatur, IL. The campus includes the Imboden Creek Villas for Independent Living; Imboden Creek Gardens, a 46-unit assisted living center; and Imboden Creek Living Center, a 95-bed skilled nursing facility.

Early last year, Chief Operating Officer Rhonda Luther and a team of key staff members -Cami Franz, director of the Gardens; Molly Carpenter, administrator of the Living Center; and Darla Coit, director of nursing – put their heads together

and decided to begin the Quality Award process for both the assisted living center and the skilled nursing facility.

"I think everybody was enticed by the questions on the application and by the entire process," stated Luther.

"It was an opportunity for us," added Carpenter, "to stop and look, almost from the outside, at what we do and why we do what we do every day."

The group met a number of times over the course of two months to work through the data they had compiled and carefully compose the applications for both buildings. At times, pinpointing exactly what was needed to answer the questions clearly and provide the necessary support proved to be difficult, but Luther and her team made good use of the resources made available by AHCA/NCAL, including a series of YouTube videos that helped walk them through the application questions. After completing the applications and submitting them for review, the ladies from Imboden Creek were on pins and needles for months, waiting to see if they would be accepted.



Molly Carpenter, Cami Franz and Rhonda Luther from Imboden Creek Health Services attended the 2014 AHCA/ NCAL Convention & Expo to accept the Bronze Awards on behalf of their facilities.



Sunrise Skilled Nursing and Rehabilitation Center in Virden, IL, has earned both the Bronze and Silver Awards from AHCA/NCAL and will move on to the Gold Award in the future.

Though the process was time consuming, the team took time throughout to really think about the inner workings of their facilities and to do so with a fresh perspective. "The process really forced us to be able to identify something about us that our peers couldn't say about themselves," said Carpenter. "We really had to think outside of the box about what we all do day in and day out as a profession and what we do as a campus and how that sets us apart from our peers."

One issue that the team really focused in on as they moved through the application was the building and maintaining of relationships. "When asked about your core strength or core value, you would think it would be one of the typical health care terms, like 'quality care' or something similar, but for us it was 'relationships' in every different way," said Luther. "Our staff strives each day to provide quality care and to maintain excellent relationships with our residents, their families and our local community."

Last May Luther and her team were notified that their applications had been accepted and both of the Imboden Creek facilities would be receiving the Bronze Award for

Quality - and they were thrilled to hear the news. They later had the opportunity to travel to Washington D.C. to accept their awards at AHCA/ NCAL's 65th Annual Convention & Expo, which was an experience they won't soon forget.

Sunrise Skilled Nursing and Rehabilitation Center -**Silver Award for Quality**

Sunrise Skilled Nursing and Rehabilitation Center is a 99-bed facility that offers both skilled and intermediate levels of care, as well as a specialized Alzheimer's Unit. It has been serving the small community of Virden, IL, for more than four decades. The facility became part of the Covenant Care corporation in 2011 and strives to live each day by the company motto: We are family serving families.

Facility administrator Patricia Barnes has been on staff since the late 70s and knows the ins and outs of daily life there like the back of her hand. When Covenant Care took over, she learned a great deal about the company's affiliation with AHCA/ NCAL and their quality improvement programs. A number of the Covenant facilities had already received quality

awards and Barnes believed her facility could earn one as well. In 2013, she submitted the application for the Bronze Award for Quality and was very excited when she discovered they had won.

She was determined to then move on to the Silver Award. Armed with an understanding of the Baldrige Criteria, the knowledge she gained from the Bronze Award application, additional information garnered by attending several Silver Award workshops at the AHCA/NCAL Convention & Expo in 2013 and a wealth of data drawn from Covenant Care and AHCA's LTC Trend Tracker, Barnes formed a Silver Committee and got the show on the road.

"Our company has so many great processes and systems in quality care already in place that it was easy to answer questions for the applications," explained Barnes. "We told our story. With both of the awards, we just told our story."

However, just because the information was readily available to Barnes and her team does not discount the amount of effort that went into completing the applications. The Silver Committee helped to compile and organize the data



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PEL/VIP 800-779-4231 www.PELvip.com needed to answer each question and to substantiate those answers. The answers, according to Barnes, are meaningless unless you have the data to back them up. The examiners want to see the proof, the trending data – good and bad – throughout the application.

"The process is very detailed," stated Barnes. "It takes a lot of writing and attention. You want to write it and rewrite it and double check your wording and how long your answers are because their review process is very critical."

The Sunrise team obviously has this process down, now that they have successfully made it through the Bronze and Silver levels of the Quality Awards Program. Next up they will take on the Gold Award, but for now, Barnes and her team are enjoying celebrating their accomplishments and the positive attention that has come with them.

"We had a Silverfest here and invited the whole community when I brought the Silver Award back," Barnes explained. "It allows us to show that we are an award-winning facility and we do have quality care and the quality staff needed to carry out that care, and that's important. We are very proud of that."

Jacksonville Skilled Nursing and Rehabilitation Center – Silver Award for Quality

Jacksonville Skilled Nursing and Rehabilitation Center is also a Covenant Care facility. This 88-bed skilled nursing facility is one of several that serves the community of Jacksonville, IL, and the management and staff work hard each day to make sure theirs is the facility of choice in the area. Jennifer Hubbert, administrator, has been with the facility since 2011. In 2012, her predecessor began the National Quality Award Program process by going for, and receiving, the Bronze Award.

When Hubbert became administrator in 2013, she realized that they were due to go for the Silver Award and was happy to lead



Jennifer Hubbert, administrator of Jacksonville Skilled Nursing and Rehabilitation Center, and Rita Casey, DON, accepted the Silver Award for Quality in 2014.

the charge. Because the application process can be daunting, Hubbert – like many facility leaders – decided to take a team approach.

"We tried to do a lot of the work together, particularly with the Organizational Profile, which we did here at the facility," she explained.

In order to complete the application, she added, you have to do your homework. You have to know about your neighboring facilities in addition to knowing your own; you have to know your staff, your protocols, your policies and procedures. And, you have to have the information to back it all up. Her team at Jacksonville Skilled Nursing and Rehabilitation Center was instrumental in collecting the necessary data and compiling all of the information required.

"If you can't substantiate your processes," Hubbert said, "you're never going to be able to get through the application or the actual submission process. You can't just say yes we did this and we achieved this, you have to be able to explain how you did it, how you achieved it. And, you're comparing yourself to your peers as well. You're looking at national, state and local level peers so that you are able to explain: 'this is where they are and this is where we are."

AHCA/NCAL Quality Award Levels

Bronze - Commitment to Quality

Applicants are assessed by their ability to describe links between their mission, key customers and strategic position, and to show evidence of successful improvements driven by their performance improvement system.

Silver - Achievement in Quality

Applicants provide an extensive self-assessment of their systematic approaches and the deployment of those approaches. Applicants must describe performance measures and sustainable organizational and process results that are linked to their key customer requirements, success factors and challenges.

Gold - Excellence in Quality

Applicants must demonstrate that they are achieving high levels of performance over time in the areas of: health care, customer satisfaction, operational finances, workforce, process and leadership. Applicants must detail their approach, deployment of programs and level and consistency of results.

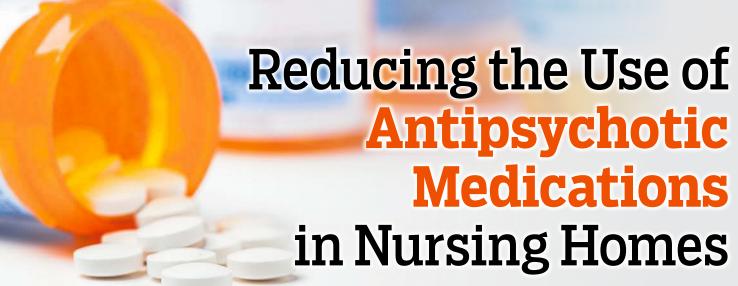
It is a lot of work and there are a great many details that have to be checked and re-checked before the application is submitted, but according to those who have gone through it, it is all worth it in the end.

"In our environment an accomplishment like this is not something that you see every day. So, for us to get a national award, our staff was so proud and I couldn't be happier for them because of that," said Hubbert. "They worked hard for it, and it's not just one person in the building, it's every person in the building. They put the residents first every day and it shows."

This year marks the 20th year of the National Quality Awards Program. Applications were due to AHCA/NCAL in early spring and Examiners have already begun the process of choosing the 2015 recipients. For more information on this program, please visit www.ahcancal.org.







BY ASHLEY CALDWELL, MA

he use of antipsychotic medications in skilled nursing facilities has been a hot button issue for years. As long term care culture changed, and the benefits of person-centered came to light, it became obvious that decreasing the use of antipsychotic medications among nursing home residents would be a greatly beneficial undertaking. The Centers for Medicare and Medicaid Services (CMS) began to focus in on the issue, rules and regulations were put into place and providers started to make it a priority.

In 2012 the American Health Care Association and National Center for Assisted Living (AHCA/NCAL) launched the Quality Initiative – a program meant to inspire improvement in long term and post-acute care centers by establishing a set of specific, measurable goals. These goals were chosen with input from long term care experts, as well as AHCA/NCAL members and staff, in four areas where change is necessary to continuously improve and where providers could build upon the work they were already doing each day.

One of these goals was to safely reduce the off-label use of antipsychotic drugs by 15 percent nationwide by the end of 2013. AHCA/NCAL, alongside CMS officials, happily announced the achievement of this goal last year. They also announced two new goals for the initiative: an additional 10 percent reduction by the end of 2015; and another 5 percent reduction by the end of 2016.

Antipsychotic medications work with the chemicals in the brain to stop certain symptoms, such as hallucinations or delusions, and they can be beneficial for treating a number of mental illnesses. Previously, it was believed that these medications could help individuals who had been diagnosed with dementia by calming disrupting behaviors that can occur, like hitting, yelling, refusing care, crying, etc. However, research has shown that these behaviors are often simply reactions to what is happening around them and not symptoms of a larger mental illness, and that antipsychotics do not work in these cases. They can also cause dangerous side effects for elderly individuals with dementia. It is because of these factors that reducing the use of these medications has become such a major focus for the long term care profession.

In order to accomplish the goals set forth by the AHCA/NCAL Quality Initiative and to continue reducing the use of antipsychotic medications for the benefit of their residents and in keeping with current regulations and standards, long term and post-acute care facilities will have to continue moving forward with the programs they already have in place and seek new interventions to modify difficult behaviors.

A gradual dose reduction (GDR) approach is a safe and effective way to get residents off of antipsychotic medications. Not only is this better for the residents, but attempting to get individuals who have been prescribed these drugs to their lowest effective dose is also required by CMS. In order for this process to be successful, a team effort is required. Facility staff, nurses, management, pharmacists and physicians need to come together and work for what is best for each particular resident. "You have to work together to get the job done," stated Jim Anderson, consultant pharmacist with Omnicare, "and I think that facilities that do that the best have the best results in the end."

Pharmacists, like Anderson, play a major role in decreasing the use of these medications. From educating the facility on the regulations concerning antipsychotic medications and helping doctors understand the process, to tracking the residents who take them and making dosage reduction recommendations, consultant pharmacists can really lend a hand. "Long term care providers have so many things to be monitored that it can be difficult for them to find the time to really dig in to each and every element," said Anderson. "So any time you have some sort of consultant who can help you in a particular area, it helps a lot."

Additionally, an in-depth knowledge of facility residents and a willingness to think outside the box to find interventions for disruptive behaviors are very important as well. Having an interdisciplinary team in place to monitor and document resident behavior is vital to finding the best ways to keep residents off of antipsychotic medications. Kathy Kauffman, director of nursing at Maple Lawn Health Center in Eureka, IL, plays an active role in her facility's interdisciplinary team – not just at their monthly meetings where they review the cases of any residents on an antipsychotic, but on a daily basis. She even does rounds with the physicians who come into her building. "I have a lot of input and they're very receptive to my suggestions," she explained. "They all know that using an antipsychotic would be a last ditch effort here, and they're very good at trying other things first."

Getting to know the residents and their stories can lead staff members to discovering the right interventions for disruptive behavior. Every resident is different, and keeping them actively engaged in something that interests them can help residents stay calm and keep negative behaviors at bay. Continuous staff training on understanding and modifying behaviors and building relationships with residents and their families is key to creating an environment where these residents feel safe and secure, one that provides them with the best quality of life possible.

"We make sharing information a part of our facility culture," said Patricia Hubbard, administrator of Barry Community Care Center in Barry, IL. "We have always had a strong focus on individualizing care here, but the knowledge we have gained about the importance of minimizing psychotropics has forced us to do even better. It takes constant vigilance on the part of facility leadership, excellent communication among staff in all departments and a shared vision of our mission to continue toward the goal of eliminating chemical restraints."

Reducing the off-label use of antipsychotic medications in long term care facilities is greatly dependent upon providing personal, individualized care. As made evident by the fact that the original Quality Initiative goal of a 15 percent reduction in the off-label use of these drugs was met last year, progress is being made. Numerous facilities, including members of the Illinois Health Care Association like Barry Community Care Center and Maple Lawn Health Center, have made great strides in this area and were among those recognized by AHCA/NCAL as 2014 Quality Initiative Program Achievers in 2014.

With compassionate and caring staff who are welltrained in how to deal with disruptive behaviors, and who are willing to focus on understanding and modifying those behaviors, these profession-wide goals and standards are completely attainable. Reducing the use of antipsychotic medications not only benefits the residents by providing them dignified and compassionate care, it also reduces the possibility of negative side effects and provides them with a much better quality of life. ■

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Drug Disposal in the Long Term Care Setting

ong term care (LTC) facilities deal with a soul-crushing number of governmental rules and regulations on a daily basis. When prescription medications are discontinued or unused, facility staff have to follow somewhat complex procedures to handle them. Have you ever wondered why?

Drug disposal in LTC is affected by numerous laws and regulations, including the Illinois Pharmacy Practice Act, the Illinois Controlled Substance Act, the Nursing Home Care Act, the Illinois Administrative Code for Long-Term Care Facilities, the United States Controlled Substance Act, the Secure & Responsible Drug Disposal Act of 2010 and the DEA Final Rule on Drug Disposal. To make things more complicated, a plethora of agencies are charged with enforcing them, such as the Illinois Departments of Financial & Professional Regulation and Public Health (IDFPR and IDPH, respectively), the Drug Enforcement Agency (DEA), the US Attorney General, State and Federal Inspectors General, the Environmental Protection Agency (EPA) and the Food & Drug Administration (FDA). In addition, accrediting bodies such as the Joint Commission often have their own standards to follow.

While most states have regulations governing how prescription medications should be handled, they can be inconsistent. Some have specific rules for LTC, while others do not differentiate between LTC and community-based settings. Federal law, however, always takes precedence

(as in the case of the DEA, where their rules trump all state rulings).

In Illinois, pharmacy rules for the community setting prohibit the return or exchange of prescription medications. Patients at home are responsible for properly discarding their leftover or unused products. This does not apply to "institutional facilities," where licensed health care professionals administer meds.

Health care facilities are required to have written policies and procedures for the proper disposal of expired medications; medications left at a facility when a resident is discharged (for example: if they were discharged without medications pursuant to a Medicare Part A rehabilitation-type stay); and when residents expire. Medications may be given to a resident at discharge only upon order by the licensed prescriber. It is important to keep in mind that when a resident leaves a facility after a private-pay stay, his/her prescription insurance plans will not cover filling the same script twice in a 30-day span, even if one dispense was for an institutional setting and the other in the community after discharge.

Regulations also dictate that medications for LTC residents

temporarily transferred to a hospital must be kept in the facility. When residents transfer to *another facility*, their medications must go with them if ordered by the physician (the decision of whether to obtain physician orders to transfer medications may depend on the resident's payer status at the time of transfer). All discontinued medications – except controlled substances – must be returned to the dispensing pharmacy.

The most critical issue facilities face is properly handling unused, discontinued or expired controlled substances (Schedules II, III, IV and V). The state of Illinois and the DEA specifically require that these drugs be destroyed in the facility, i.e., the "ultimate user's home," and prohibit returning such items to the pharmacy. For years, the prevailing method for controlled substances has been "flushing" or "sewering," a practice on which the EPA frowns, while the DEA insists. A number of chemists and pharmacologists have made interesting arguments against the EPA's concerns. They point out that the volume of drugs "flushed" into our waste system pales in comparison to the amount of active and inactive drugs and metabolites that enter the same system via excretion in

urine and feces from patients taking medications.

Other methods have also been suggested for controlled substance disposal, including rendering products unusable by mixing them with kitty litter or coffee grounds and incorporating them in the regular trash. In recent years a variety of products have been marketed specifically for the purpose of making these drugs inert for disposal and are available from a variety of vendors, medical supply distributors or possibly through pharmacy providers. The one drawback to these products is their cost. The volume of medications requiring disposal could lead to costs that may or may not fit into a facility's budget. The DEA will not recommend or even comment on the effectiveness of any method. Facility staff may also submit controlled substances for disposal via available "mail back" programs, although discussions suggest this method must be based on individual directive of the resident and cannot be a facility-wide policy.

In 2014, the DEA's final rule on drug disposal, including provisions for LTC, was published. This rule which is strictly voluntary for LTC facilities - allows an authorized pharmacy to install, manage and maintain a collection receptacle at the facility. The receptacle must be placed within sight of facility staff, who are responsible for oversight. Pharmaceutical controlled substances and non-controlled substances may be placed in the receptacle. This placement should occur immediately, but no longer than three business days after the medication is discontinued. Contents of these receptacles must ultimately be transferred from the facility to an authorized "collector" for proper disposal. One supervisor-level employee of the LTCF (e.g., charge nurse or supervisor), designated by the authorized collector, may assist in changing the collection receptacle's inner liner under the supervision of one employee of the authorized collector. If the receptacle fills up before the authorized collector arrives, sealed inner liners may be

removed from the receptacle and stored at the LTCF for up to three business days in a securely locked, substantially constructed cabinet or a securely locked room with controlled access until transfer to the authorized collector.

The final rule is very specific in some areas, such as the size and shape of the collection receptacles, the liners and who can be "an authorized collector," but others are left open for interpretation. It does not require any documentation or inventory of what is being placed into receptacles - a big omission for a rule designed to reduce the possibility of diversion. This rule presents many obstacles for LTC that make it impractical to implement, particularly given that it is voluntary, not mandatory.

First and most important is the burden it places on LTC facilities. Licensed staff must be responsible for oversight of the collection receptacle. Receptacles and storage areas in LTC could make the LTC facility a target-rich environment for drugseeking thieves, potentially putting staff at risk. Additionally, there are

significant costs associated with providing and maintaining collection receptacles, replacing non-reusable inner liners, facility staff time to oversee receptacles and associated activities, as well as removing inner liners from facilities and properly incinerating the contents. With the sheer volume of controlled substances in LTC, that could have a big impact on staffing and out-of-pocket costs. Unfortunately, no funding has been provided for this initiative.

Remember that this rule does not require LTC facilities to use the methods described therein. Facilities may continue to follow whatever policies they currently have in place. If, however, a facility chooses to utilize the methods described in the rule, they must be followed "to the letter of the law." If you would like to learn more about this initiative, please visit http://www.deadiversion. usdoj.gov/drug_disposal. ■

Brian Kramer, MBA, RPh, is president of Illinois Association of Long Term Care Pharmacy Providers.



The Illinois Association of Long Term Care Pharmacy Providers (IALTCPP) was established in 2014 by a core group of pharmacies and membership is open to all pharmacies providing services to the long term care profession. An associate membership option is available for ancillary health care and pharmaceutical associations/companies.

The key focus of IALTCPP is to establish and maintain the stability of the long term care pharmacy industry in the state of Illinois, while working toward the following goals:

- 1. To promote fair and equitable regulatory oversight and reimbursement for the long term care pharmacy industry;
- 2. To educate the general public on the usefulness of the industry;
- 3. To present the viewpoints of the industry to the public and other interested parties;
- 4. To represent the industry before governmental bodies and agencies; and
- 5. To serve the best interests of the long term care pharmacy provider industry.

The association is gaining a solid reputation as a respected singular voice for the long term care pharmacy industry in Illinois, representing the long term care pharmacy industry, as well as their long term care provider clients.

Burgess Square Healthcare and Rehabilitation Centre

Presents Poster at AHCA/NCAL Quality Symposium

he American Health Care Association and National Center for Assisted Living (AHCA/NCAL) hosted their 7th Annual Quality Symposium February 23-25, 2015, in Austin, TX. This three-day event focused on performance excellence in long term care and the ever-present concern of quality improvement, while also giving attendees the opportunity to ask pertinent questions and network with their peers.

One of the many educational sessions featured during the symposium was a Moderated Poster Gallery Walk led by AHCA's Senior Vice President, Quality & Regulatory Affairs Dr. David Gifford. The walk showcased poster presentations created by AHCA member facilities, including IHCA's own Burgess Square Healthcare and Rehabilitation Centre in Westmont, IL.

When AHCA/NCAL's Call for Posters went out at the end of October 2014, the owners and operators of Burgess Square thought it would be a great opportunity to get involved and at the same time promote the hard work the facility had been doing to reduce hospital readmissions – a task the staff at Burgess Square has been taking to heart for quite some time.

"We have been tracking this information for our local hospitals for a number of years," said Michael Hensley, co-owner of the facility and part of the poster presentation team. "We were self-reporting this before they actually required us to do it."

With the data on hand, Kristen Thrun, administrator of nursing operations, and Aniltta Alex, vice president of clinical outcomes and physician services, were able to pull together the necessary information to submit the lengthy online proposal. Several months later they were notified that they had been chosen to present their poster and it was time to move on to the next step.

Using the criteria sent to them by AHCA/NCAL, the information they



Michael Hensley, Aniltta Alex and Kristen Thrun of Burgess Square Healthcare and Rehabilitation Centre presented their scientific poster at the 7th Annual AHCA/NCAL Quality Symposium.

compiled to submit their proposal and some newly acquired knowledge on what it takes to create a scientific poster, Thrun and Alex, along with Hensley, worked to assemble their presentation. Not only did the poster need to be eye catching and easy to read, it also needed to convey to the reader the key points from their study on decreasing rehospitalizations.

On February 23, the Burgess Square team headed to Austin to present their poster, "Closing the Gap on Hospital Readmissions." During the gallery walk, Dr. Gifford used certain displays to hold question and answer sessions with their presenters, allowing providers to share their experiences and best practices with their peers.

"It was very rewarding," stated Hensley. "It helped because you really look at all of the things you have done and the outcomes you have achieved and evaluate that." ■



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In Memory **Dean Sweitzer**

On February 4, 2015, the long term care profession lost a true champion. Dean Sweitzer passed away at the age of 63. He was born December 19, 1951 in Chicago, IL. He is survived by his wife, Pat Sweitzer; his daughter, Rachael McEniry; three brothers, Caesar Sweitzer, Richard Sweitzer and David Sweitzer and their families; as well as countless other family members and friends.

After earning both his undergraduate and graduate degrees in epidemiology from Tulane University, Sweitzer began his lengthy career in public health advocacy there in Louisiana. He later moved to Illinois where he continued his advocacy work throughout the state. For the past three decades he did so as a partner and executive of Lexington Health Network. His dedication and tireless efforts to

ensure the best possible quality of life for nursing home residents in Illinois are truly something to be admired. The work he did with his fellow providers, as well as local and state governmental and regulatory agencies, will not soon be forgotten.

With a larger-than-life personality, he always made his presence known by booming out any number of characteristic phrases, such as—Yo!, You're whacked!, Oooooooookay!, I HATE YOU! and more. Under it all, his undying spirit of generosity, love and genuine humility remained clear, making him a friend to all.

Dean Sweitzer – self-proclaimed "King of the Idiots" who ruled over his kingdom from his seat at the Globe Tavern – was a loyal and giving man who was always willing to help anyone in need. He was passionate



about providing quality care to the thousands of residents served by Lexington Health Care, and he fought for the integrity of the long term care profession as a whole.

In honor of Dean Sweitzer and all of the wonderful work he accomplished throughout his career, the 99th General Assembly of the State of Illinois adopted House Resolution 0158 and Senate Resolution 0146 on March 11, 2015. To view the full text of these resolutions, please visit the General Assembly website, www.ilga.gov. ■

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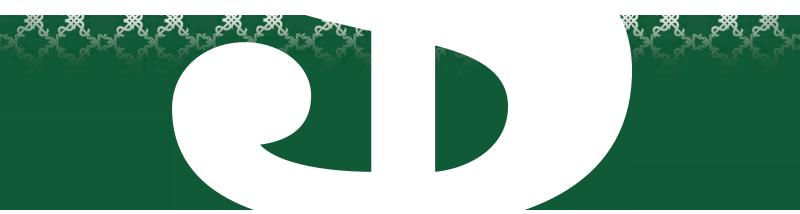
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