Nomination Deadlines Extended!! Last Chance to Submit!! Due Tomorrow!

The extended deadline to submit nominations for the 2018 IHCA Excellence Award for Long Term Care Centers is tomorrow, July 6.

Award winners will be announced at the 68th Annual IHCA Convention & Expo in Peoria in September. They will receive special recognition in association publications, as well as on our website and social media pages. Additionally, a press release will be sent out announcing the winners. Winners also receive a banner to display at their centers along with the award.

Click here to submit your nomination online.
Click here to download the printable nomination form.

*Please note: If submitting your nomination online, you should be able to close the form and continue it at a later time. However, we suggest having your answers prepared before starting the online form to make the process easier.

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

Time is running out to submit your Nursing Award nominations. Completed forms must be submitted by tomorrow, July 6, 2018 to be considered.

Each year, the Long Term Care Nursing Association (LTCNA) recognizes the best of the best in the world of long term care nursing. The LTCNA Nursing Awards are presented at Ovations: A Celebration of Long Term Care Nurses at the annual IHCA Convention & Expo. Nominate your outstanding CNAs, RNs, MDS Coordinators and DONs today!

Click here to submit your nominations online.
Click here to download the printable nomination forms.
IHCA Constituency Committee Elections – Last Chance to Nominate!

Submit your nominations by Friday, July 6, 2018 to be considered.

In accordance with IHCA Bylaws, every two years (even-numbered years), IHCA constituencies must conduct elections in order to fill the constituency representation. Any full member in good standing can be nominated (self-nominations are welcome) for election to the Nursing Facility Constituency Steering Committee, the Assisted Living Constituency Committee and the Associate/Individual/Student/Honorary Member Constituency Committee. Once all of the nominations are received, the constituency will elect representatives.

Assisted Living Constituency Committee: PDF Form | Online Form
Associate/Individual Constituency Committee: PDF Form | Online Form
Nursing Facility Constituency Committee: PDF Form | Online Form

IHCA Members Receive Silver Quality Awards!

Last week, AHCA/NCAL announced the 2018 recipients of the Silver - Achievement in Quality Award. The AHCA/NCAL National Quality Award Program honors providers throughout the country that have demonstrated their commitment to delivering quality care for seniors and persons with disabilities.

“We are proud to of these facilities and their dedication to quality,” said IHCA Executive Director Matt Hartman. “Earning this recognition is no easy task. Congratulations to the facilities and their staffs on this crowning achievement.”

Please join us in congratulating our IHCA member centers who received a Silver award this year:

- Astoria Place Living & Rehab
- Burgess Square Healthcare and Rehab Centre
- Church Creek
- Dixon Rehabilitation and Health Care Center
- Grove of Evanston
- Lakeland Rehabilitation and Healthcare Center

Case Reports Better in Preventing Falls than Charting, Duke Study Says

A recent study in JAMDA says, “clinical vignettes,” or case reports, completed by the staff of SNFs are better at preventing repeat falls by residents than the traditional chart abstraction process measures. Authors of “Resident Vignettes for Assessing Care Quality in Nursing Homes” compared traditional resident chart abstractions with vignettes to assess fall rates for quality improvement purposes.

Chart abstraction means that a trained staff member (usually a nurse) reads through a patient’s chart or electronic medical record to determine what care has been provided. “In our case they looked for what fall prevention care was done; for example, decreasing risky medicines or starting physical therapy,” explained Cathleen Colon-Emeric, MD, a geriatric medicine specialist at the Duke University School of Medicine and one of the report’s authors.

But as part of the study, SNF staff were asked to complete two clinical vignettes before and right after a falls quality improvement intervention, for a maximum of four vignettes over three months. “Vignettes were derived from resident stories constructed by demographic characteristics and the presence or absence of fall-related risk factors, such as prior falls,” the JAMDA report said.

The vignettes are included in a standardized form allowing clinicians to tell the story of the patient involved, as well as to rank on a scale of 0 to 10 the care given for a resident. For example, the form asks if there was a blood pressure measurement taken of the resident while he or she was lying down, sitting down, or standing to see if the reading dropped, or if a bed or chair alarm is in use. Other rankings asked if the resident’s shoes or socks are safe, or if the bed was lowered to a mat placed next to the bed.

Researchers discovered that two of four fall prevention process measures assessed by clinical vignettes, specifically environmental modification and comorbidity management, explained 7 percent to 10 percent of the variation in resident- and facility-level recurrent fall rates.
Beyond those factors, the report said chart abstraction was time-consuming and required many resources. Vignettes, on the other hand, use standardized patient examples, eliminating the need to adjust for different risk factors that are necessary for chart abstraction.

This could result in vignettes being especially cost-effective for complex conditions that require multiple process measures and case-mix adjustment.

Still, researchers concluded that clinical vignettes completed by nursing center staff were more feasible than traditional chart abstraction process measures.

Check out the full article from Provider for more information.

Fastest Senior Living Lease-Ups Occur in Assisted Living and Memory Care

Assisted living and memory care units generally fill up faster than their independent living counterparts, according to newly shared data from the National Investment Center for Seniors Housing & Care (NIC).

The analysis, detailed in a June 6 NIC blog post, is based on a roughly 12-year time series of primary- and secondary-market leasing patterns collected by the NIC MAP Data Service.

“Broadly, data on range of lease-ups by community type and national trend data for seniors housing and care properties can be used in setting proforma occupancy in new development, studies to support financing, and benchmarking occupancy for non-stabilized communities as they fill up,” Lana Peck, Anne Standish and Beth Burnham Mace wrote in a post on the data.

According to the most recent analysis, assisted living and memory care units had the highest median occupancy rates (89 percent) eight quarters after opening. In double that time, their median occupancy rates grew to 95 percent (AL) and 94 percent (memory care).

Meanwhile, independent living communities saw a median occupancy of 84 percent for the same eight quarter period after opening, and 93 percent in 16 quarters after opening.

Lease-up rates are influenced by a wide variety of variables, including depth of target market demographics, supply penetration, a property’s age and size, local competition, condition of the local residential real estate market, consumer familiarity and acceptance, levels of presales before opening, and operator quality.

For more information, click here to view the full article from Senior Housing News.

Macular Degeneration Tied to Aging Immune Cells

A recent study from researchers at Washington University in St. Louis, Missouri suggests that aging immune cells increase the risk of age related macular degeneration.

Studying mice and cells from patients, they found that as immune cells called macrophages age, they are more likely to contribute to the inflammation and abnormal blood vessel growth that damage vision in macular degeneration.

“Drug treatments for macular degeneration aren’t effective for some patients, who either have a minimal response or no response at all, and many patients continue to experience vision loss over the long term, even if they have a good initial response to treatment,” said senior investigator Rajendra S. Apte, professor of ophthalmology and visual sciences at Washington University School of Medicine. “But by understanding what happens with the immune cells in the eye, it may be possible to develop therapies to help patients who can’t be helped with existing drugs.”

In experiments with mice, the team found that older macrophages carry larger amounts of short snippets of genetic material, called microRNAs, that govern how cells express genes. The researchers found significantly higher levels of microRNA-150 in macrophages in the eyes of older mice. These microRNAs help regulate many things in cells by binding to several genes to influence how those genes make proteins.
In the new study, researchers found that microRNA-150 seemed to be guiding older macrophages toward promoting inflammation and abnormal blood vessel formation in a mouse model of macular degeneration.

They also tested blood samples from human subjects with and without macular degeneration. The samples from those with macular degeneration also had significantly higher levels of microRNA-150 in their macrophages.

“We think microRNA-150 may be a potential therapeutic target, or at least a biomarker, for aggressive disease and risk of vision loss,” says first author Jonathan B. Lin, an MD/PhD student at the School of Medicine. “Macular degeneration therapies seem to be treating disease symptoms, rather than its cause,” added Lin. “We focused on the role of macrophages in regulating inflammation and the growth of abnormal blood vessels to see whether it may be possible one day to help people who don’t get much benefit from existing treatments and design therapies that may prevent progression to advanced forms of the disease.”

The researchers say that if they could somehow reduce microRNA levels in macrophages, or alter one or more molecular pathways regulated by this microRNA, they might be able to lower levels of inflammation and interfere with abnormal blood vessel growth in the eye. They also believe similar strategies eventually may help patients with other diseases related to aging.

For more information, click here to read the article from Futurity.

**Studies Reveal Significantly Higher Need for Infection Preventionists in Care Settings**

Outdated coverage benchmarks are leading to severe gaps in infection preventionist staffing, according to results of a pair of studies recently in the *American Journal of Infection Control*.

Researchers’ findings did not take into account the pending federal requirement that skilled nursing facilities accepting Medicaid or Medicare funding must have a trained infection preventionist on staff by November 2019.

“These studies demonstrate the critical need to reevaluate staffing models to ensure that the demand for IP services is being adequately met so that we can effectively protect patients from infections,” said Janet Haas, Ph.D., president of the Association for Professionals in Infection Control and Epidemiology (APIC), which issued a news release Tuesday.

One of the studies shows that across the Providence Health & Services healthcare system, actual IP labor needs were 31% to 66% higher than current benchmarks — meaning that the demand for IP services is significantly higher than even the highest current staffing ratio benchmark. The second study, which analyzed infection prevention staffing and resources in U.S. acute-care hospitals based on results from the 2015 APIC MegaSurvey, showed similar gaps.

The studies, which explored infection prevention and control resourcing across healthcare settings, found a new benchmark, 1.0 IP full-time equivalent (FTE) per 69 beds, which shows a greater IP need than the previous standard of 0.5-1.0 FTE per 100 beds and considers IP oversight for all physical locations including long-term care, ambulatory and home care settings.

Both studies support the view that IP staffing recommendations should be based on the care and services provided by a healthcare institution, rather than on a single, static ratio, which might not be appropriate for all models, according to the release.

“As the responsibilities of infection prevention and control departments have grown, and the settings of care requiring IP services have expanded, many IPs find that they lack time to conduct activities that will have the most impact on preventing healthcare-associated infections, such as interacting with frontline teams in patient care areas,” Haas said.

*This article was taken from McKnight’s Long Term Care News.*
July 2018 Observances

**July is Eye Injury Prevention Month:** Eye injuries of all types occur at a rate of more than 2,000 per day, and an estimated 1,000 of them occur in American workplaces alone. Take some time this month to learn how to best protect yourself and others from eye injuries. [Click here](#) for more.

**July is UV Safety Month:** To raise consciousness about UV rays and learn how to best protect yourself and others during the hot, sunny summer months, celebrate UV safety this month! [Click here](#) for more information.

AHCA/NCAL Information

**NCAL Policy Brief: Innovative Regulatory and Quality Programs for Assisted Living Communities**

NCAL has published a [policy brief with three case studies](#) of state efforts to embrace quality measurement and improvement through collaboration for assisted living. The brief demonstrates the importance of partnership between states, assisted living providers and quality experts to improve care. It also emphasizes how quality programs can be integral to effectively targeting limited state resources for oversight. The brief outlines programs from the Wisconsin Coalition for Collaborative Excellence in Assisted Living, New Jersey’s Advanced Standing and the new Oregon initiative to advance quality measures for assisted living, residential care and memory care communities.

**Registration is Open for the 69th AHCA/NCAL Convention & Expo**

Registration is open for the 69th Annual AHCA/NCAL Convention & Expo. This year’s event will be held in San Diego, October 7-10. Join your colleagues from around the country for unbeatable networking, spectacular speakers, on-target education sessions, and a show-stopping Expo Hall filled with solutions to your toughest challenges. You'll also find lots of opportunities to soak in the sun and charm of your surroundings.

Check out [this year’s website](#) for online registration and complete event details. The early bird registration discount ends on July 20.

**2018 NALW – Capture the Moment – September 9-15**

Start preparing for the biggest week of the year for AL with the National Assisted Living Week® (NALW) [Planning Guide and Product Catalog](#). This year’s planning guide contains creative activity ideas and spirited products to highlight this year’s theme, “Capture the Moment.” The theme reminds assisted living residents to seize the day while celebrating the past. And reminds staff to focus on the little, everyday interactions that deliver high quality care in America’s assisted living communities.

**Upcoming Webinars**

- [International Dysphagia Diet Standardization Initiative (IDDSI)](#) | August 22, 2018 | 1:00 p.m. CST

IHCA PAC Information

Dates for the 2018 IHCA PAC events have been announced! IHCA PAC annually puts on a number of fundraising events to promote our political efforts. We are now looking for sponsors (and participants!) for this year’s outings. Please mark your calendar for the following 2018 IHCA PAC events:

**IHCA PAC Annual Baseball Outing - July 20**

An event that quickly became a crowd favorite, 2018 marks the 6th annual IHCA PAC baseball outing at Wrigley Field in Chicago. Per tradition, we will be hosting our event at one of the famous Wrigley Rooftops, 3619 Sheffield Ave., for a contest between the 2016 World Champion Chicago Cubs and perennial favorite St. Louis Cardinals. Pricing is all inclusive. [Click here](#) for the sign up form. $250 per person

**IHCA PAC/The Center-PAC Golf Outing - September 10**

For the flagship IHCA PAC event, we plan to return once again to beautiful WeaverRidge Golf Club in Peoria for our fall golf outing. Consistently ranked one of the best courses in the Midwest, this is a round of golf not to be missed. Pricing
includes greens fees, golf, lunch and drinks. $150 per person/$575 per foursome. You can register HERE for this year’s outing. Contact Kristin DiCenso with any questions.

**Oksnevad 5K - September 11**

Once again, the Oksnevad 5K will be held on the scenic Peoria riverfront. This year a 1-mile walk will be added for those who would enjoy a leisurely walk while supporting a good cause. To foster the Hollywood theme of this year’s convention, we are once again encouraging folks to dress up for the race as a character from your favorite movie! There will be prizes for best costume and best team costume. T-shirt sizes are preordered so participants will have first come first served privileges. As always, a portion of the proceeds will be donated to the Leukemia Foundation. You can register HERE for this year’s event. Pricing includes registration, goody bag and a sponsor t-shirt. $35 per person.

Sponsorships are now available for both convention events, and can be seen here! Questions regarding sponsorship and registration can be directed to Ashley Snively and Kristin DiCenso.

**IHCA Information**

**IHCA’s 69th Annual Convention & Expo**

Our annual convention is just around the corner and the preliminary program is coming soon! Save the date for this outstanding event—September 10-13, 2018 in Peoria!

**Interested in exhibiting?** Booths are still available. If you haven’t reserved your booth space, don’t miss out on this fantastic opportunity! Click here to view the prospectus!

**ICAL’s Art for the Ages**

ICAL’s new Art for the Ages program was established to recognize the unique talents of the seniors residing in our assisted and supportive living centers. Help us celebrate the talented individuals residing in our assisted living communities around the state by submitting your residents’ masterpieces.

Do you have a painter, sculptor, quilter, knitter or other type of artisan in your community? Art for the Ages will recognize your resident artists for their creative accomplishments and will help bring positive attention to your center.

For more information about the program, click here. If you have any questions, please feel free to contact Ashley Caldwell – acaldwell@ihca.com or 217-528-6455.

**2019 IHCA Membership Directory & Buyers’ Guide**

IHCA is excited to announce its continued partnership with E&M Consulting, Inc. to produce next year’s directory. E&M will be contacting members in the coming weeks about advertising opportunities in the 2019 directory. This gives you a chance to promote your business while supporting the association. If you have any questions or would like to advertise, please contact Tyler with E&M at 217-391-3719, 800-572-0011 or tyler@emconsultinginc.com. Check out the 2019 Rate Card for information on the available advertising opportunities or view them online here.

**Latest IHCA VCast**

This week’s episode featured IHCA’s Debbie Jackson talking about upcoming educational events and giving a few 2018 Convention details. VCast Online: Past issues of the weekly VCast emails, with all of the appropriate links, are now available in the IHCA Resource Center. To access the resource center, simply log in to the member portal and click on Resources.

**IHCA’s CE Central is Now Available Online**

Starting with the 2017 IHCA Convention and our 2018 educational sessions, IHCA will now offer the ability to access their continuing education certificates online! To access CE Central, go to www.ihca.com/education and click on the CE Central link. Once there, simply enter your first and last name into the system to retrieve your information.

**Infection Preventionist Specialized Training (IPCO)**

The most frequently cited F-Tag in standard nursing facility health inspection surveys under the new survey process is F880 – Infection Prevention & Control. AHCA has designed an important educational tool to support infection prevention and control programs. Their Infection Preventionist
Specialized Training (IPCO) program was created to prepare individuals to effectively implement and manage an Infection Prevention & Control program in skilled nursing centers. The training course registration fee is $450 for IHCA. There are no refunds and no transfers. Payment and registration must be made online in ahcancalED. Group discounts are available for purchases of 25 or more IPCO registrations. The IPCO course can be accessed here.

LTCNA Offering Core Competency Sessions!
LTCNA is now offering à 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

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 a future issue!!

Has your company recently celebrated a milestone? 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!