Time is Running Out to Apply for the Illinois Leaders Program Class of 2019!

Our Leaders Program is coming back for another year! This program was tailor made to help leaders become stronger and more focused on their professional leadership skills. If you, or someone you believe could be a good leader in your organization, are looking for a new challenge, this is the opportunity you have been looking for.

Applications for IHCA’s Illinois Leaders program—Class of 2019 are now being accepted! Click here to view more about the program or click here to view the application. The deadline to apply is October 1.

Thank you to our friends at Consonus Healthcare for sponsoring the Class of 2019. To learn more about them, check out their website at www.consonushealth.com or reach out to Carman Meade, Regional Vice President at (515) 229-9758 or cmeade@consonushealth.com.

October is National Cybersecurity Awareness Month

National Cyber Security Awareness Month (NCSAM) – observed every October – was created as a collaborative effort between government and industry to ensure every American has the resources they need to stay safer and more secure online. Cybersecurity is especially important to long term care centers as the health care industry is expected to remain one of the most targeted sectors by cyber attackers.

Since its inception under leadership from the U.S. Department of Homeland Security and the National Cyber Security Alliance, NCSAM has grown exponentially, reaching consumers, small and medium-sized businesses, corporations, educational institutions and young people across the nation. This year marks the 15th year of National Cyber Security Awareness Month.

Each week will have a different theme, starting with Week 1: Oct. 1—5: Make Your Home a Haven for Online Safety. Check out the NCASM website for more information.
Antihypertensive Therapy Reduces Alzheimer's, Dementia Risk

New research shows that antihypertensive therapy to lower blood pressure (BP) can decrease the risk for dementia and Alzheimer's disease (AD) in older adults, and that the benefits may be gained by several different drug classes.

For the study, researchers conducted a meta-analysis of individual patient data from six long-term prospective cohort studies: the Age, Gene/Environment Susceptibility-Reykjavik Study; Atherosclerosis Risk in Communities Study; Framingham Heart Study; Honolulu-Asia Aging Study; Rotterdam Study; and 3-C study.

They assessed associations of different classes of BP-lowering drugs to incident dementia and Alzheimer's disease in 31,090 dementia-free community-dwelling participants aged 55 years and older with baseline data on BP and use of BP-lowering drugs who were followed for up to 22 years.

The researchers also examined five major drug classes: angiotensin-converting enzyme inhibitors (ACEIs), angiotensin II receptor blockers (ARBs), beta-blockers (Bβs), calcium channel blockers and diuretics.

Analyses were divided by high baseline BP and normal baseline BP regardless of medication use.

During the follow up, 3728 study participants developed dementia and 1741 developed AD. Adults with high baseline BP, those using any BP-lowering drug, regardless of drug class, had a reduced risk for developing all-cause dementia and Alzheimer's disease compared with those not using BP medication, reported study investigator Jie Ding, PhD, from the National Institute on Aging, Bethesda, Maryland.

This study adds to the growing evidence that the lowering of BP reduces the risk for cognitive impairment. Keith Fargo, PhD, director of scientific programs and outreach for the Alzheimer's Association, told Medscape Medical News that this analysis is "interesting, especially comparing it to the SPRINT MIND study."

As reported by Medscape Medical News, SPRINT MIND showed that aggressive lowering of systolic blood pressure to 120 mm Hg significantly reduces the risk for mild cognitive impairment (MCI).

"What's nice about this meta-analysis," said Fargo, "is the size, 31,000 people, and that it looked at dementia and found a statistical difference for those who were treated vs those who were not in terms of the number of people who developed dementia. So this analysis adds to the overall story especially given that SPRINT MIND is a little bit incomplete at this point."

He went on to note that it's also interesting that this meta-analysis looked not only at dementia but also Alzheimer's disease specifically and found a benefit of BP lowering. "This is intriguing," said Fargo, "and suggests that the onset of Alzheimer's disease may be slowed through treatment of high blood pressure, which I think is good news."

For more detailed information, check out the full article from Medscape.

Life Expectancy Decreasing, CDC Says

Life expectancy in the United States decreased in both 2015 and 2016, marking the only decreases in the past 20 years and the first consecutive two-year decline since 1964, according to a newly released National Vital Statistics Report from the Centers for Disease and Prevention's National Center for Health Statistics.

Life expectancy at birth for the overall U.S. population was 78.6 years in 2016, which was 0.1 year lower than 2015, according to the report. Life expectancy for men in 2016 was 76.1 years, 0.2 year lower than in 2015. For women, life expectancy in 2016 was 81.1 years, the same as it was in 2015.

The decrease in overall life expectancy at birth, according to the government, primarily was due to increases in mortality from Alzheimer's disease, Parkinson's disease, unintentional injuries, homicide and suicide.

The age-adjusted death rate for the total population decreased from 2015 to 2016.

Top causes of death
Another newly released National Vital Statistics Report revealed the top causes of death in 2016 based on death certificates filed in the 50 states and the District of Columbia. For older age groups, chronic diseases were far more prevalent than other causes, the CDC found.

Heart disease and cancer were the leading causes of death for those aged 85 or more years, accounting for 28.9% and 12.1% of deaths, respectively, according to the report. Alzheimer’s disease was the causes of 9.1% of deaths, stroke was responsible for 7.3% of deaths, and chronic lower respiratory disease accounted for 5.1% of deaths.

Other causes of death in the 85+ group that were cited in the report: unintentional injuries (2.7%), influenza and pneumonia (2.5%), kidney disease (2%), diabetes (2%) and hypertension (1.7%).

Music Lifts Well-Being for People in Palliative Care

According to a new study recently featured on Futurity.org, hospice and palliative care patients who listen to live music in their rooms as part of their treatment report feeling better both emotionally and physically. They also request fewer opioid-based medications, according to the study.

"The field of palliative care is very mindful of the patient as a whole person, looking out for their spiritual and emotional well-being in addition to their physical health," says Cynthia Peng, a third-year medical student at Brown University’s Warren Alpert Medical School and lead author of the study, which appears in the American Journal of Hospice and Palliative Medicine.

This study was conducted last year with 46 patients. Palliative care physicians integrated music as supplementary treatment into routine visits by having a flutist play music in their rooms. The idea was that music might help these patients contend with symptoms like pain and stress and improve their moods. Other studies have shown that patients who engage with visual arts, creative writing and other expressive activities report improved emotional and psychological well-being.

Peng, who is trained as a flutist, played the music. Often, the physician introduced Peng to patients during consultation and she typically played for the patient and any family or friends present shortly after that interaction.

Patients could request particular songs or styles of music, or leave the choice up to Peng. She had a wide variety of music on hand for the patients’ various needs and preferences, including classical music, folk songs, oldies, hymnals and jazz. Having that choice ensured that the intervention was patient-centered, Peng says. Even the option to decline or accept
the intervention was a way of putting the patients, who relinquish so much control when they’re in the hospital, in charge, she adds.

“Having an intimate, enjoyable experience for the patients is really valuable, especially when they’re facing a lot of difficult decisions, symptom-management issues, maybe facing the end of life.”

Researchers tracked both patients’ opioid use and their self-reported states before and after Peng treated them to a mini concert in their rooms. Patients who opted for the music intervention filled out a six-question version of the Edmonton Symptom Assessment Scale, which is designed to get a patient’s perspective on their symptoms. They answered questions about pain, anxiety, depression, nausea, shortness of breath and overall feelings of well-being before and after the music intervention. Patients or their surrogates also answered four open-ended questions about their experience with the music after hearing it.

The researchers say the responses could be grouped into five general categories: spirituality, comfort, connection, escape and reflections.

“The music made me think of God, granting me peace, strength and hope,” one patient wrote, while another said of the music, “It put me in a quiet pasture.”

Other patients said the music reminded them of playing music for their children years ago or choosing music to accompany their painting practice. One wrote, “I want to go home in a happy mood. I want to spend as much time as possible with my kids and grandkids as possible. I am now getting discharged in a good mood.”

While the study was performed with a limited timeframe and patient census, Peng says, “To demonstrate that in this high-symptom burden population that something non-pharmacological could influence their own usage is pretty remarkable.”

Peng says she hopes that hospital and clinic administrators will consider incorporating music and other interventions in patient care.

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

**Here’s What Makes Seniors Feel and Act Younger**

Two new studies point toward two potential paths to the fountain of youth, according to a recent article from HealthDay News.

When older adults feel more control of their lives and get more exercise, they feel younger -- and that improves their thinking, overall quality of life and longevity, the studies say.

One study included 116 older adults (ages 60 to 90) and 106 younger adults (ages 18 to 36). For nine days, the participants kept track of how much control they felt they had each day and how old they felt. According to the findings, among the older adults, there was a significant link between perceived level of control and how old they felt.

“Shaping the daily environment in ways that allow older adults to exercise more control could be a helpful strategy for maintaining a youthful spirit and overall well-being,” study presenter Jennifer Bellingtier, a postdoctoral researcher at Friedrich Schiller University of Jena in Germany, said in an APA news release.

These interventions could be formal, regular meetings with a therapist for example, or they could be more informal like smartphone apps that deliver daily messages with suggestions for ways to enhance control that day noted Friedrich.

The second study, found that increasing physical activity can help adults feel younger. It included 59 adults, ages 35 to 69, whose daily step counts were tracked. After five weeks, those with greater increases in their step counts felt younger.

“Our results suggest that promoting a more active lifestyle may result in a more youthful subjective age,” study presenter Matthew Hughes, a postdoctoral scientist at the Adult Cognition Lab at the University of North Carolina, Greensboro, said in the news release.
"As this was part of a pilot study, our sample size was small," he noted. "While the results suggest that walking may contribute to feeling younger, further research with a larger sample in a more controlled setting is needed to confirm."

To read the full article, click here

September 2018 Observances

**September is Healthy Aging Month:** Introduced in order to encourage people to take responsibility for their own health—be it physically, socially, mentally or financially. This month be sure to take the time to spread the word about healthy aging habits! Click here for more.

**September is National Cholesterol Education Month:** Too much cholesterol is one of the main risk factors for heart disease and stroke—two leading causes of death in the United States. This month, learn how to prevent these diseases by understanding how to control your cholesterol levels and take the time to pass that information along! Click here for more information.

**September is National Preparedness Month:** Organized by the Federal Emergency Management Agency (FEMA), this month-long observance was created to educate the public about how to prepare for emergencies—including national disasters, mass casualties, biological and chemical threats, radiation emergencies and terrorist attacks. To find out more, visit www.fema.gov.

AHCA/NCAL Information

**National Influenza Survey Open Enrollment – Help Spread the Word**
A team of nationally recognized long term care researchers from Brown University led by Stefan Gravenstein, MD, MPH, and Vincent Mor, PhD, are undertaking a large-scale quality improvement study to evaluate the impact of the annual influenza vaccine on long term care residents’ hospitalization risk for the 2018 influenza season.

AHCA/NCAL recommends that members consider participating in this national study. Please help spread the word and share with your colleagues and peers.

Nursing centers that meet eligibility and agree to participate will be asked to complete a short survey and receive financial compensation of $150.

If you are interested in participating in this important project, please call or email the study coordinating center, Insight Therapeutics, LLC, at 757-625-6040 or NHFlustudy@inther.com.

**69th AHCA/NCAL Convention & Expo – Advance Registration Now Through September 21**
The early bird registration deadline has passed. If you plan to attend the AHCA/NCAL Convention and Expo in San Diego, you can register and still get a great value. Advance Registration is now open through September 21. 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.

**National Quality Award Program**
*Important Dates to Remember* (All deadlines are at 8pm EST)
- November 8, 2018 - Intent-to-Apply Deadline
- November 29, 2018 – Examiner Application Deadline
- January 31, 2019 – Quality Award Application Deadline

For more information on the National Quality Award Program and the Examiner process please visit program website.

**IHCA’s AHCA/NCAL Quality Award Workshops - For IHCA Members Only!**
IHCA will be hosting Quality Award Workshops in October to help members with their applications.
Assisted Living: Get Ready for the AL Cost Calculator

The AL Cost Calculator is a web-based, enhanced resident assessment tool that assesses how costs are allocated across residents. Better understand the needs of your residents, so you can put the right staff with the right skills in the right place and at the right time. Multi-facility companies can see their company’s costs across different buildings and over time. Learn more about the features and benefits.

The AL Cost Calculator will be available to NCAL member providers at no additional cost – it’s included with your membership.

IHCA Information

Thank You to Everyone Who Made This Year’s Convention & Expo A Success!

Another convention and expo has come and gone, and things are already in motion for 2019. IHCA would like to thank everyone who attended, and all of our wonderful exhibitors, speakers and staff who made our event possible. We would also like to offer a special thanks to all of our sponsors!

IHCA staff is still working on post-convention tasks, including processing speaker evaluations and continuing education certificates. Attendees should be able to download their certificates soon. Please stay tuned!!

Additionally, IHCA would like to congratulate all of the winners of awards that were presented during convention:

**Golf Outing – Winning Foursome:**
- Mike Atieh
- Jack Crock
- Ron Wilson
- John Zellman

**5K Winners:**
- Overall: Jason Crowder
- Top Male: BJ Flock
- Top Female: Brookly Becke

*Proceeds from the 5K Run/Walk helped raise $1,200 for Leukemia research this year!*

**IHCA Associate Member of the Year**
- Consonus Healthcare

**IHCA Excellence Award for Long Term Care Centers**
- Lakeland Rehabilitation & Health Care Center

**LTCNA Nursing Awards**
- Certified Nursing Assistant of the Year – Sherry Simmons, Lakeland Rehabilitation & Health Care Center
- Nurse of the Year – Beth Roberts, Hawthorne in of Danville
- MDS Coordinator of the Year – Michelle Page, Hamilton Memorial Rehabilitation & Health Care Center
- Director of Nursing of the Year – Danielle Boeding, St. Vincent’s Home

We are already planning for the 69th Annual Convention & Expo, to be held in Springfield in September 2019. We will release pertinent information as it becomes available. The Call for Presentations will open January 1, 2019 for speakers. If you are interested in exhibiting at next year’s expo, we are currently accepting Early Bird contracts. Visit the [Exhibitor Information](#) page for more information.

**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 members telling their stories about what drew them to long term care. IHCA wants to thank all of our members for the incredible work you do each day. VCast Online: Past 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
Starting with the 2017 IHCA Convention and our 2018 educational sessions, IHCA is offering 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 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
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!