IHCA Joins 16 Other States in LTC Workforce Development Initiative!

Earlier this week our association joined a group of fellow AHCA/NCAL state affiliates in a workforce development initiative that we hope will prove to be a fantastic resource for our member centers. Our new, interactive recruitment website, [Illinois.carefortheaging.org](http://Illinois.carefortheaging.org), offers site visitors a variety of information on career opportunities available in long term care in Illinois. Individuals interested in positions in SNFs, AL/SLF communities and ID/DD facilities and programs can find data on education and experience requirements, average salaries and career advancement in the profession, and, they can submit an interest form which will allow them to be linked up with association members through the member portal.

IHCA/ICAL and CDDACS member centers can use the site’s member portal to access interest forms submitted by site visitors ([click here](http://click hear) to register for the portal). Once your registration has been accepted by the site administrator and you have logged in you will be able to search through submissions, and filter and export them by various search criteria, including zip codes, level of education, career area of interest and more. Additionally, by using the member portal, recruiters in participating member facilities will now be able to receive instant notifications via email about candidate interest form submissions that meet their criteria.

[Click here](http://Click here) to read the IHCA press release that went out earlier this week and [here](http://here) to read the release sent by AHCA today. If you have any questions, please contact Ashley Caldwell ([acaldwell@ihca.com](mailto:acaldwell@ihca.com)).

Time is Running Out to Submit Nominations for IHCA’s Staff & Specialty Awards!

Do you have an activity professional, dietary manager, business office professional or administrator that you think deserves to be recognized for their hard work? The Annual IHCA Excellence Awards Program (formerly the Annual IHCA Awards) recognizes the outstanding work going on in long term care centers around Illinois every day. Recognizing your staff members and volunteers who have proven to be an invaluable resource to your center’s team is an excellent way to show your appreciation. 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. *Note: If you have CNAs, nurses, DONs or MDS Coordinators you
would like to nominate for an award, please do so by nominating them for an LTCNA Nursing Award. More details about that program available later in the year.

Award nominations must be received by Friday, March 22, 2019 to be considered. Awards will be presented to the winners in their facilities during National Skilled Nursing Care Week (NSNCW), May 12-18, 2019.

For more information, click here. To download the PDF nomination forms, click here. To submit nominations online, click here.

Association Events Happening Next Week – We Hope to See You There!

Next week will be a busy one for IHCA. We have two fantastic events scheduled next week:

**Annual IHCA Public Policy Forum:** IHCA will be hosting our 7th Annual Public Policy Forum March 27 in Springfield. This event will feature presentations on legislation and regulations that can impact our sector, updates from the state, member lobbying activities in the Capitol and a legislative reception. This is a great opportunity to earn some CEs, spend some quality time networking with your colleagues and make an impact on the association’s agenda through grassroots lobbying action. You can click HERE to view the complete brochure for the event. You can register for the forum HERE.

Big thanks to Medline for sponsoring this event once again!!!

**LTCNA’s 22nd Annual Resources for Success:** Join us March 27 & 28 at the Northfield Inn, Suites & Conference Center in Springfield for sessions on topics ranging from legislative and regulatory updates from IHCA’s public policy staff to the new PDPM and more. Day 2 will feature keynote speaker Cheryl Boldt discussing how nursing leaders can thrive through changes in health care. For more information, click here.

Can an Eye Exam Detect Alzheimer’s?

In people with healthy brains, microscopic blood vessels form a dense web at the back of the eye inside the retina, as seen in 133 participants in a control group.

In the eyes of 39 people with Alzheimer’s disease, however, that web was less dense and even sparse in places. The differences in density were statistically significant after researchers controlled for factors including age, sex, and level of education, says Sharon Fekrat, an ophthalmologist and retinal surgeon at Duke University and senior author of the study, which appears in the journal *Ophthalmology Retina*.

“We’re measuring blood vessels that can’t be seen during a regular eye exam and we’re doing that with relatively new noninvasive technology that takes high-resolution images of very small blood vessels within the retina in just a few minutes,” she says.

“It’s possible that these changes in blood vessel density in the retina could mirror what’s going on in the tiny blood vessels in the brain, perhaps before we are able to detect any changes in cognition.”

The study found differences in the retinas of people with Alzheimer’s disease when compared to healthy people and to those with mild cognitive impairment, often a precursor to Alzheimer’s disease.

With nearly 6 million Americans living with Alzheimer’s disease and no viable treatments or noninvasive tools for early diagnosis, its burden on families and the economy is heavy. Scientists have also studied other changes in the retina that could signal trouble upstream in the brain, such as thinning of some of the retinal nerve layers.

“We know that there are changes that occur in the brain in the small blood vessels in people with Alzheimer’s disease, and because the retina is an extension of the brain, we wanted to investigate whether these changes could be detected in the retina using a new technology that is less invasive and easy to obtain,” says Dilraj S. Grewal, an ophthalmologist and retinal surgeon and a lead author of the study.
Researchers used a noninvasive technology called optical coherence tomography angiography (OCTA). OCTA machines use light waves that reveal blood flow in every layer of the retina.

An OCTA scan could even reveal changes in tiny capillaries—most less than half the width of a human hair—before blood vessel changes show up on a brain scan such as an MRI or cerebral angiogram, which highlight only larger blood vessels. Such techniques to study the brain are invasive and costly.

“Ultimately, the goal would be to use this technology to detect Alzheimer’s early, before symptoms of memory loss are evident, and be able to monitor these changes over time in participants of clinical trials studying new Alzheimer’s treatments,” Fekrat says.

The National Institutes of Health, the 2018 Unrestricted Grant from Research to Prevent Blindness, and the Karen L. Wrenn Alzheimer’s Disease Award funded the study.

*This article was reprinted from Futurity.org.*

**Senior Living Providers Control Dining Costs with Better Budgeting, Management**

Adopting practices that are common in the restaurant world could help long term care providers as they seek to optimize dining costs, according to culinary leaders.

At Dished, a Senior Living News event held earlier this month in Chicago, providers and culinary experts discussed ways to control dining budgets. The bottom line of this discussion was pretty clear—in order to control the budgets, providers have to track food spending at each step, from ordering and inventory to when the food is served to residents.

To make sure that budgets are standardized, and don’t vary drastically from month to month, Arnold Alejandrino, the regional culinary director at Elder Care Alliance in California, noted that providers should get into the habit of tracking food costs per resident day (PRD). The basic idea, stated the Senior Housing News article that covered the event, “is that providers should know exactly how much they’re spending on each plate of food they serve to a resident, much in the same way that a restaurant does to make sure it’s turning a profit.”

Instituting good menu management practices, including menu planning, creating and hitting narrow targets for ordering/spending, etc., is a great way to kick off the process. However, there is more to the big picture. Another habit senior living providers can borrow from the consumer-facing world, the article went on to explain, is eliminating food waste. Wasted food is tantamount to malpractice in restaurants, according to Eli Ayoub, director of culinary experience at Pathway to Living in Chicago, and providers should adopt this approach to their operations.

“If we’re not going to be able to control our food waste, how are we going to be able to control our PRD?” Ayoub said. “And how can I go to my investor and say, I need more money for my PRD?”

Additionally, experts say that to create better dining budgets, providers should take on big data, like The Kendel Corporation in Kennett Square, Pennsylvania has done with their business intelligence platform.

“We started several years ago … by saying, we need a high-level data summary,” said Ben Butler, vice president of culinary services and operations. “And we need to understand our cost per day, our meals per labor hour, but more importantly, we need to be able to see this in real time.”

By tracking simple productivity measures—such as productive labor hours and cost per meal—you can see the big picture in facts and figures, which can assist you in making key budgetary decisions that make the most sense for your facility and your residents.

For more information, including tips on how to reduce food waste, [click here](#) to read the full article from Senior Housing News.
Taking Control of Senior Bullying

Just because individuals get older doesn’t mean they get any nicer, and when professionals begin working in congregate settings they are surprised to see bullies, mean girls, cliques, and the same dynamics many may remember from high school.

For most adults, the only time they are forced to live, eat, and socialize with a single group of people for an extended amount of time may be on a cruise ship. The rest of life is often spent traveling between family, work, social circles, and community activities. This all changes when a person moves into a long term or post-acute care (LT/PAC) setting, and socializing with the same people all day, every day, means that conflict and tension are inevitable. How can staff know if the conflict or negativity they are seeing is just the normal bumps and bruises of community living, or if it is bullying?

**What Is Bullying?**

Most researchers and activists agree that bullying has three characteristics:

1. There is an intentional harm.
2. A power imbalance exists between the bully and their target.
3. There is a threat of future or continued harm.

If Joan pinches her roommate every day, that is bullying. It is a harm; Joan is probably stronger than the roommate, and it happens daily. Her roommate may start avoiding her, become afraid of her, and withdraw. If, on the other hand, Joan is frustrated and pinches her roommate one time out of anger—this may be an assault, but it is not bullying because it is not repeated.

If a resident accidentally tells a secret that ends up embarrassing a friend, the resident has hurt her feelings, but it was not intentional so it is not bullying. Intentionality and repetition are key aspects of bullying, in part because it is that future threat that leads the target to change their behavior or avoid the bully.

There are four major types of bullying. Physical bullying involves bodily attack or intimidation. Verbal bullying includes things like name calling and harassment. Social bullying relies on manipulating social relationships to isolate, embarrass, or ridicule a person. Lastly, cyber bullying is bullying that happens over the internet or social media, and can include harassment, intimidation, and spreading hurtful information or rumors.

**What Makes Senior Bullying Unique**

There is no one motivation for bullying, but a common theme is seeking control. People moving into an LT/PAC setting may be facing health challenges, mourning the loss of a significant relationship, or feeling depressed, anxious, or less independent. They might be feeling invisible or marginalized, and be missing valued professional and personal roles. When this is the case, bullying can be a way to feel powerful, in control, or to get resources and attention.

Bullying behavior might also express an undiagnosed or undisclosed condition, such as chronic pain, depression, anxiety, or unprocessed grief. When someone starts bullying, a good first step is to have conversations with that person to see if perhaps the real problem is one of these underlying conditions. Once these are treated, the bullying might stop.

People living with dementia may do hurtful or disruptive things, but it is not bullying if the person cannot understand the long-term impact of their actions. That is not to diminish the harm or the need to address the situation, but agitation in a memory care community requires different interventions than bullying in other settings.

**Empowering Staff and Residents**

So what can staff do? While this is not an exhaustive list, here are some things to consider.

Once bullying is spotted, it is important to intervene in the moment. Separate the parties involved, make it clear that bullying is not okay, and then have one-on-one follow-up conversations with everyone present.

When speaking with the person who is bullying, focus on the impact of their behavior (“That comment made people feel uncomfortable”) rather than focusing on them (“You are a bully”). Focusing on the person may make them defensive, whereas focusing on the impact can help everyone keep an eye toward solutions and creating a friendly community.
Another action that staff can take is to share the three-part definition of bullying with residents to start a dialogue about their experiences. Many residents may be experiencing bullying but not understand that they are being bullied, dismissing it by saying things like “It’s okay. It’s always been like this, why should it be any better here?” This is particularly true for residents who are part of other minority groups (for example, people of color or those in the lesbian, gay, bisexual, and transgender community) who may have internalized stigma and a lifetime of confronting discrimination and abuse. Sharing this definition can empower residents to realize if they are being bullied and feel empowered to ask staff for help.

Lastly, ask everyone in the community to discuss and sign a letter defining bullying and agreeing not to do it. This gives staff something concrete to come back to when talking with the person who is bullying and reminding people of community norms. Follow this up with more discussions and training for staff and residents. Many organizations, including SAGE, provide training for staff, and another good reference is Dr. Robin Bonifas’s book, “Bullying Among Older Adults: How to Recognize and Address an Unseen Epidemic.” Share these resources, and once people can identify bullying it is easier to know how and when to intervene and help create a bully-free atmosphere.

Case Study
John is an openly gay man who recently moved into the community. He has a slight tremor and drops food during meals. Other residents refuse to eat at his table and say that he is “dirty” and that they “don’t like people like that.” John is increasingly isolated.

This is an example of social bullying. The other residents have isolated John repeatedly, and John is new so he has less social standing and support. A good first question to ask is when residents say John is “dirty” do they mean because he sometimes drops food, or because he’s gay, or something else? Likewise, who are they referring to specifically when they say “people like that?”

Addressing the Roots
If it is about John’s sexual orientation, this is an opportunity to discuss community norms around inclusion and nondiscrimination, as well as dispel myths and stigma. The residents may incorrectly believe that all gay men are promiscuous and that is at the heart of the “dirty” comment. Once that myth is cleared up, they may feel more comfortable together.

If the root of the “dirty” comment is the food, assistive technology or different food that is easier to eat are good solutions. The other residents may see John’s reduced dexterity and be afraid that will happen to them, and this is an opportunity to have conversations about their fears related to aging, ability, and capacity. If the other residents can help to make John feel at home and included, it will also show them that even if they, too, start to have a hard time eating, it does not mean they will be excluded in the future.

Finally, be sure to check in with John. Maybe he is legitimately fine eating alone and prefers to socialize outside of meals, in which case the goal can be to make sure he is integrated into other parts of the day.

There is no one solution to bullying. Each situation is as unique as the people involved, but generally, staff can focus their efforts on stopping the harm when they see it, keeping the focus on the community, and having conversations to build empathy.

Tim Johnston is director of national projects for SAGE USA, where he oversees the SAGECare training program. He can be reached at tjohnston@sageusa.org.

*This article was reprinted from Provider Magazine.*

**March 2019 Observances**


*March 30 is National Doctor’s Day:* This special day was designed to celebrate the important contributions that doctors make to their patients and their communities. Visit www.doctorsday.org for more.
March is Brain Injury Awareness Month: More than 1.5 million Americans sustain a brain injury each year. This month is an opportunity to educate yourself and those around you and promote brain injury awareness in your community. [Click here](#) for more.

March is Save Your Vision Month: Save your Vision Month was created to raise awareness of good eye care. [Click here](#) to find out more.

March is National Women’s History Month: Celebrating women’s history – this year’s theme is [Visionary Women: Champions of Peace & Nonviolence](#) – honoring women who have led efforts to end war, violence and injustice and pioneered the use of nonviolence to change society. [Click here](#) for more information.

March is National Nutrition Month: Organized by the Academy of Nutrition and Dietetics, National Nutrition Month is a nutrition education and information campaign that focuses on the importance of making informed food choices and developing sound eating and physical activity habits. [Click here](#) for more information.

**AHCA/NCAL Information**

**2019 NSNCW Guide & Catalog Now Available!**
The 2019 National Skilled Nursing Care Week (NSNCW), May 12-18, 2019 will be here before you know it! The Planning Guide/Product Catalog is now available online (click [here](#)).

Start planning now! Browse through the guide to get ideas about NSNCW events and activities and check out the great selection of Live Soulfully themed products available this year.

Promotional graphics and the new guide are available now for download at [ahcancal.org/NSNCW](http://ahcancal.org/NSNCW).

Use social media to share your great ideas for NSNCW and to see what other centers are planning for this special week. Use the hashtag #NSNCW and like us on the NSNCW Facebook page [here](#).

We look forward to NSNCW and celebrating the work you do every day.

**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.

**Upcoming Webinar**
- [Trauma-Informed Care Providing Mental Health Services in Long Term Care](#) | April 24, 2019 | 1:00 pm CST

**IHCA PAC Information**

We have already started scheduling our IHCA PAC events 2019! Don’t miss out on these great opportunities!! We are now looking for sponsors (and participants!) for this year’s outings. Please mark your calendar for the following 2019 IHCA PAC events:

**IHCA PAC Southern Illinois Golf Outing**
The first event out of the gate is the annual Southern Illinois Golf Outing, on April 19, 2019. This is a great chance to dust off your clubs early in the season and get out on the course with your long term care colleagues. Once again this year we are hosting the outing at Stonewolf Golf Course in the Fairview Heights. Pricing includes golf, lunch, drinks on the course and an appetizer reception afterwards. You can contact [Kristin DiCenso](#) to sign up or sponsor or you can access the registration/sponsorship forms [HERE](#).
IHCA PAC Baseball Outing
We are returning to Chicago May 3 for an event that has become a sellout each year, our 7th Annual IHCA PAC Cardinals vs. Cubs Baseball Outing. We have kept the all-inclusive pricing the same again this year, with your $250 buying you a ticket to the game, and all the food and drinks you can handle. This year we are hosting at the fantastic 3617 Sheffield Rooftop. Tickets and sponsorship opportunities are available now, but they tend to run out quick, so don’t wait too long to get yours! You can contact Kristin DiCenso to sign up or sponsor you can access the registration/sponsorship form HERE.

IHCA Information

2018 IHCA Annual Report
The 2018 IHCA Annual Report is available online. We hope you will read through the 2018 Annual Report for more information on what each of our departments was up to throughout the year. Please feel free to contact us with any questions or suggestions for the future. Click here to access the report.

FALSE IHCA Invoice Email Notifications
It has come to our attention several IHCA members have received emails appearing to be from IHCA staff members, with an attachment labeled as an unpaid invoice. These are scam emails. Please be aware, while it may display as coming from an IHCA staff member, but they are not generated from the IHCA server. Please do not open any attachments on these emails, and immediately report them as spam/phishing attempts. If you question about an invoice, please call the IHCA office.

22nd Annual Resources for Success – Save the Date – March 27 & 28
LTCNA is now accepting registrations for the 22nd Annual Resources for Success nursing conference. Join us March 27 & 28 at the Northfield Inn, Suites & Conference Center in Springfield for sessions on topics ranging from legislative and regulatory updates from IHCA’s public policy staff to the new PDPM and more. Day 2 will feature keynote speaker Cheryl Boldt discussing how nursing leaders can thrive through changes in health care.

For more information, click here.

IHCA Public Policy Forum 2019 – March 27, 2019
Join us for this year’s event next week! IHCA policy staff and consultants will provide an overview of IHCA’s policy and political agenda for 2019, review potential opposition initiatives that we may face, discuss the possibilities of what is in store for our sector in any potential state budget and provide an open discussion on the various policy concerns facing the long term care profession. After the forum concludes, members will head to the Capitol to lobby their local legislators and the day will end with a reception at the Inn at 835. Mark your calendars now! Click here to view the brochure.

Expo Prospectus for the 2019 Convention & Expo is Now Available!
IHCA is already well into working on this year’s event. Interested in exhibiting at this year’s expo? Check out the prospectus (click here) for more information and to access the exhibitor contract. Contact IHCA’s Expo Manager Kelli Showalter at kshowalter@ihca.com.

IHCA Has New Remittance Address for Dues
IHCA recently changed financial institutions. If you would like to send your dues payments to our lock box, please use the following address:

IHCA
PO Box 6248
Decatur, IL 62524-6248

LTC Today Magazine – Advertising Opportunities for 2019
Are you in the process of reviewing your marketing plan for 2019? The 2019 issues of the LTC Today magazine offer multiple opportunities to promote your company, product or service to long term care providers! Click here to view the 2019 Media Kit for more information. To purchase an ad online, click here.

If you have any questions or are interested in advertising, contact Tyler Gilboe at 800-572-0011 or email him at tyler@emconsultinginc.com.
Latest IHCA VCast
In this week’s episode, Matt Hartman is joined by Communications Director Ashley Caldwell to discuss the association’s new workforce development initiative—Illinois.carefortheaging.org. 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.

CE Certificates from IHCA Educational Events Available in CE Central
Attendees can now access their Continuing Education Certificates from the 68th Annual IHCA Convention & Expo through CE Central (click here). Additionally, certificates are also available for all of our past 2018 educational sessions, as well as the 2017 convention. 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.

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!