



The NJ Director

New Jersey Association of Directors of Nursing Administration/LTC

December 2016

NJADONA/LTC, INC. 28th Annual Convention -April 2-4, 2017

Bally's Atlantic City, NJ

Oh, the Places You'll Go! Passport to EXCELLENCE!

COMING ATTRACTIONS!!

"You have brains in your head, You have feet in your shoes. You can steer yourself in any direction you choose."

Quality and Business: The New Strategy
Joseph Kiernan, BA and Jeanne Caruso, RN

"Oh Me, Oh My" Is it Accident or Abuse?
Lisa Schwind, RN, MSN, JD

"Today you are you! That's truer than true!! LGBTQ
Jennifer Dunkle, MSW, ABD

"Sometimes the questions are complicated and the answers are simple" Antibiotic Stewardship
Alex Makris, MD, CMD

"Only you can control the future" Understanding QM's: Key to Your Facility's Survival
Nelia Adaci, RNC, BSN, CDONA, C-NE, RAC-CT

"I will not eat green eggs and ham" Enhanced Dining with Elder Centered Care
Chris Stewart, MA in Management of Aging Services

"If I Ran the Zoo" Survey Process in Assisted Living
Beth Bell, RN, CPM

"There is no one alive that is youer than you"
Putting together pieces of a puzzle for living with challenges of dementia.
Beth A. D. Nolan, PhD

"Today I shall behave as if this is the day I will be remembered" Palliative Care
Dr. Fran Hoh, PhD, APN, ACHPN

"One Pill, Two Pill, Red Pill, Blue Pill" Certified Medication Aides (Assisted Living)
Loretta Kaes, RN-BC, C-AL, LNHA, CALA

"And you will succeed, yes indeed 98 ³/₄ percent guaranteed" DOH Updates
Debra DiCello, RN, B.C. and Pam Lebak, RN

"Nonsense wakes up the brain cells" Strategies to improve your QM's: It's all about data.
Nelia Adaci, RNC, BSN, CDONA, C-NE, RAC-CT

President's Message



Can you believe that yet another year is coming to an end, I want to take a moment to thank all of our NJADONA family for a successful year and to wish all of you a safe and happy holiday season.

As I reflect on my 50 years in nursing, over 42 years have focused on improving the continuing care of older adults, and NJADONA has been my source of collegiality, education, connections and peer support for over 20 of these years! It is comforting to know that NJADONA will continue to be there to meet future challenges and to nurture both today's and tomorrow's Directors of Nursing.

We as nurses are the backbone of the continuum of long term care and our expert knowledge, complex decision making skills and clinical competencies keep us in high demand. As DONs and ADONs we are leading the way toward quality care and I wish to thank you for your advocacy, leadership, and commitment to long term care and NJADONA.

*Judie McFarland, RNCDONA, FACDONA
NJADONA President*

NJADONA BOARD OF DIRECTORS

President and Morris/Sussex/
Warren County
Judie McFarland
Cell: 973-936-3685
judiemcf@gmail.com

Vice President/Hudson & Union
County/Educational Advisor/
Newsletter Editor
Joseph Boney
Cell: 718-715-5114
boneyjg@sn.rutgers.edu

Secretary & Monmouth County
Yolanda Golebiowski
Parker at Monroe
Cell: 732-977-9398
jackgole@comcast.net

Treasurer & Middlesex County
Linda Sue Patron
Parker at Stonegate
W: 732-418-8604
lpatron@feparker.net

Bergen and Passaic County
Nancy Mericle
Christian Health Care Center
W: 201-848-5916
NMericle@chccnj.org

Burlington County
Marjorie Berleth
Cell: 609-444-7546
dbmb323@comcast.net

Burlington County & By Laws
Chair
Maureen Cholette
Medford Care Center
W: 856-355-8305
mcholette@medfordcare.com

Camden County
Alina Torregosa
Alina.Torregosa@icloud.com

Cumberland/Gloucester/Salem
County
Ester Levyash
Alaris Health at Hamilton Park
W: 201-239-8541
esterl0434@gmail.com

Essex County & Awards Chair
Patricia Alfano
Jewish Home Assisted Living
Cell: 551-427-8213
alfano.pat@gmail.com

Hunterdon County
Teddi Pearson
Bridgeway Care Center at
Bridgewater
W: 908-722-7022
pearson.tm@gmail.com

Mercer County/Nominations Chair
Rowan Reyes
maracas28@aol.com

Middlesex County Alternate
Janet Patullo
Parker at McCarrick
W: 908-545-4200
jpatullo@feparker.net

Ocean County/Newsletter
Committee
Alicia Fereno
Rose Garden Nursing Center
W: 732-505-4477
asfereno@optonline.net

Somerset County
Frances Gerber
Bridgeway Care and Rehab
Center - Hillsborough Campus
W: 908-281-4400
fgerber@bridgewayseniorcare.com

Union & Hudson County
Antonio Onday
South Mountain HC & Rehab
W: 908-688-3400
Antonio@smhcenter.com

Newsletter Committee
Toni Swick
Cell: 704-918-4667
toniswick@gmail.com

NJADONA Office
Sherry Robb
Director of Association Affairs
195 Carriage Hill Circle
Mantua, NJ 08051-1161
856-468-9869
Fax: 856-468-9865
Cell: 856-304-1760
njadona@comcast.net
www.njadona.org

Administrative Assistant/ Policy &
Procedures Coordinator
Marge Reese
904-230-4796
Fax: 904-287-3576
mgr2237@gmail.com

NJADONA NEW AND RENEWED MEMBERS

NJADONA would like to thank the following members for renewing their membership:

Patricia Alfano
Violeta Arcilla
Joyce Bakri
Tamara Canglosi
Madelyn Cerrato
Ilisa Diamond
Irene Dovidio
Deborah Granata
Doris Hjortsberg
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Veronica Onwunaka
Janet Patullo
Peggy Pawling
Sharlyn Pipcinski
Joanne Stich
Debra Stine
Alda Valenzuela
Grace Vickerie

NJADONA would like to welcome the following new members:

Jessie Boyer, *Allendale Community for Senior Living*
Dina Tavares, *Brandywine at The Gables, Brick*

CONVENTION INFORMATION

- ◆ Employee of the Year and Scholarship Forms are available on our website, www.njadona.org. The deadline for submissions is **February 1, 2017**. *Please make sure you have completed all of the requirements to avoid disqualification.* This is the perfect opportunity to acknowledge the staff in your facility for the outstanding contributions as they perform their daily tasks. Too often we take these dedicated individuals for granted and this is the perfect way to show them you are aware of and appreciate their hard work and commitment to the residents and fellow staff.
- ◆ The New Jersey Association of Directors of Nursing Administration/LTC, Inc. is accepting nominations for Vice President and Secretary. The deadline for nominations is **January 15, 2017**. If you or someone you know would like to be considered for either of these offices, please submit your candidate's name to: NJADONA/LTC, Attn: Elections, 195 Carriage Hill Circle, Mantua, NJ 08051. If you have any questions, you can contact Sherry Robb in the NJADONA office at 856-304-1760. Nominees for Vice President must have previously served on the NJADONA board either in an elected or appointed position. Candidates must be an active or current member of NJADONA. Candidates employment as a DON/ADON in a long term care facility or assisted living facility must be verifiable.
- ◆ Registration brochures will be mailed on January 2, 2017 and will also be available on the NJADONA website, www.njadona.org.
- ◆ Exhibitor Applications are available on the NJADONA website. Please download the application and share with the vendors who come to your facility.



A New Addiction?

JBoney, MSN, RN, NEA-BC

In a brief article by Jocelyn Gleib (Time Magazine, Oct 2016), we're introduced to a new addiction –**EMAIL**. Could it be? Is it true? Is there any hope for recovery? Will the treatment be long and painful?

Gleib tells us that recent studies seem to indicate that office workers spend almost a third of their work day reading and responding to emails (I would imagine that busy DON's could top that!). But can this constant connectivity be harmful? As per Gleib, researchers have established a clear link between spending time on emails and feeling stress.

But an email addiction?? Really?? Behavioral psychologists believe that checking emails activate a "primal impulse in our brains" that seek out what can be referred to as "random rewards." These random rewards can be likened to a slot machine. We "pull the lever" to check our emails, sometimes we get a bothersome request or complaint- but every once in a while we get something exciting or good – a note from a friend or a cute kitten or puppy video. It's these random rewards mixed with the mind bogging other stuff that we find addictive. Of course the fact that someone took the time to send an email can also activate a deep seated social behavior- the desire to reciprocate (like for like).



So how can we deal or resist that "ping" of a new message??? Gleib reminds us that as with everything else in life- we must learn to say no to some opportunities, in order to say yes to our priorities.

(Jocelyn K. Gleib is also the author of *Unsubscribe: How to Kill Email Anxiety, Avoid Distractions, and Get Real Work Done*.)

References: (Gleib,JK,Time Magazine, Oct 2016- Why we're addicted to email – and how to fix it).

**FRANCIS E. PARKER CERTIFIED NURSE AIDE/RESIDENT ASSISTANT
LEADERSHIP SKILLS DEVELOPMENT PROGRAM**

Submitted by Lisa Slater and Linda Patron

Parker, a leader in senior care services takes great pride in the development of our team members and care partners. To that end, Parker developed a certified nurse aide CNA and resident assistant RA Leadership Skills Development Program. The program focus aims to further enhance their personal and professional knowledge and skills in elder care service and delivery. As a growing senior healthcare system, Parker strives to enable CNAs and RAs to provide care and service that is person focused, culturally competent and sensitive to the wants and desires of our residents.

The CNA/RA leadership program is offered one day per month over an eight month period. The curriculum and program content are structured towards the development of the CNA/RA to include topics such as: team work, emotion focused care delivery, empowerment, communication and person directed care.

Those CNA/RAs who participate within this program develop a higher confidence level, which they love to come back and share with their staff. The CNA/RAs have expressed that the knowledge learned in this leadership class are used in their day to day operations, empowering them to make better decisions and gain confidence. A graduation celebration takes place at the end of the year to recognize all who attended.

Admission to the program is voluntary and through an application process. Participants who show an interest in attending need to submit a letter indicating their reason why they should be selected. Some specific criteria must be met in order for admission to the program. CNA's who are selected must have a minimum of an average annual review (meets expectations); no chronic absences and have a good performance history.

Program evaluations show that each participant takes a lot of pride in the program. Participants often become preceptors for new care partners and ongoing mentors to new staff.

This program is aligned with Parkers mission and vision to offer education, training and opportunity to those seeking careers in healthcare and specifically the care of elders. The program has a multifactorial benefit for Parker, care partners, our residents, family members and aides the continuum of healthcare services for all.



Brownman

Moving can be a stressful time. So much to do, so little time. Too many things to remember and not enough time to do everything. Thinking about changing your address - home, facility or email - is sometimes the last thing on your mind.

Please take a moment to send us your updated information so you will continue to receive updates and timely material from NJADONA.

Changing Long Term Care One Inch at a Time

By Yolanda Golebiowski BSN,RN-BC,CDP,RAC-CT, Eden Alternative Associate

“ The Secret of change is to focus all of your energy, not on fighting the old, but on building the new”
Socrates

Culture change movements such as Pioneer Network teaches us that transformation of Long Term Care supports the creation of both long and short-term living environments as well as community-based settings where both elders and their caregivers are able to express choice and practice self-determination in meaningful ways at every level of daily life.

“Culture change” is the common name for a global initiative focused on transforming care, as we know it, for Elders and other individuals living with frailty and different cognitive, developmental, psychological, and physical abilities. It advocates for a shift from institutional models of care to person-directed values and practices that put the person first. Person-directed care is structured around the unique needs, preferences, and desires of each individual. Through this approach, decisions and actions around care honor the voices and choices of care recipients and those working most closely with them. Core person-directed values include choice, dignity, respect, self-determination and purposeful living.¹

The Eden Alternative recognizes that promoting person-directed care means offering a philosophy based on guiding principles. Principle-based approaches offer both a shared language and direction, while providing the flexibility to respond to unique needs and circumstances. When it comes to person-directed care, step-wise approaches simply don't deliver, as they do not take into consideration how different and unique every individual is.

The office of the Ombudsman advocates “ Deep culture change is an important component of the right of residents to “care and services to attain or maintain the highest practicable physical, mental and psychosocial well being;” as promised in the 1987 Nursing Home Reform Law. Despite this, culture change reform efforts we still struggle with the way processes and care is provided and we placed little emphasis on the direct involvement of elders. The core principles of culture change include knowing, understanding and listening to residents, and honoring their experiences and perspectives. Dr. William Thomas articulated the broad concerns of many reformers when he identified boredom, loneliness, and helplessness as the “three plagues” of nursing home life. ²

“Boredom” in LTC environments relates to a lack of opportunity to control the content of one's experience and a scarceness of options for activity that an individual evaluates as desirable or deserving his/her attention. “Loneliness” indicates a lack of relatedness and social integration within the community. This is not to confuse with solitude, which is a personal choice. “Helplessness” implies incompetence in matters of everyday life, loss of ability or lack of opportunities to demonstrate one's abilities. These three plagues correlate closely with three basic human needs articulated in self-determination theory in psychology – “autonomy”, “relatedness,” and “competence”. ³

¹ http://www.edenalt.org/wordpress/wp-content/uploads/2014/02/Eden_Overview_092613LR/pdf

² Fagan, Williams, & Burger, 1997; Thomas, 1996. Thomas (1996)

³ Self determination, Deci & Ryan, 1985, 2008.

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Changing Long Term Care One Inch at a Time *(Continued from page 7)*

Language plays a crucial role in shaping the culture of long term care services in our society as well as the culture in the healthcare settings. We as healthcare providers need to be mindful on how and when we use the words that identifies an individual as a label such as: frequent fallers, feeders, elopers, and wanderers. The words we use when talking to and about elders denote how they are valued, what is expected of them, and where they stand with respect to the speaker. Any serious and lasting attempt to change the culture of aging services organizations must include an analysis of what is said, to whom and what that communication both denotes (says) and connotes (means at multiple levels).⁴

Great strides have been made by health care organizations in LTC moving toward person directed care, enhance engagement activities, enhance dining environments and we seemed to fall short in enhancing nursing services. We continue to depend on traditional interventions such as: colored wristbands for elders who have trouble maintaining balance and fall frequently or the use of sensor pads on their beds and chairs. In terms of respecting their identity and dignity, elders are leveled and identified because it has been said, "safety overrides dignity". In terms of safety the colored bands or sensor pads do not prevent falls at all. It does offer a sense of "comfort" to the care provider. It serves of no value to the person directed environment that promotes connectedness, and meaningful engagement with all involved in the elder's care.

The emphasis needs to be on the caregiver's knowledge of the elders, that the caregivers are tuned in and aware of elder's challenges, their limitation with balance, impulsivity, and lack of safety awareness; to then foster interventions that promote self worth. Sensor pads add to the noise pollution, increase agitation and confusion to the elder; compounded with the caregivers insensitivity to the sound, often asking elders to sit down. An intervention that restrains (voice restraint), increases dependency and physical disability, and continues to strip away the elder's identity, autonomy and security. There is a traditional intervention such as silent alarms that may offer an alternative. The elder's movement is anticipated prior to exiting the bed and wirelessly reaches the caregiver on a pager. The challenge them becomes the response of the caregiver. Falls are everyone's responsibility.

For elders who have feeding challenges are often assisted with feeding as a task. Elders are seated on a separate table where one caregiver goes around spoon-feeding all. Techniques such as hand over hand support the elder's dignity and promote self-assistance with the support of the caregiver. Understanding the limitations and the ability of the elderly, hand over hand also teaches techniques to use with ambulation and transfers. This technique supports psychological well-being and restores the body to some degree of function that can be maintained consistently with restorative programs. Most homes offer wellness programs to elders who are able and often leave elders in LTC out of the picture. Wellness programs can be an adjunct to restorative.

Not all the phases of care have to be delivered by "nursing" alone. Care is interdisciplinary! Reach out to the resources within your homes and maximize excellence in care deliverance. The medical model has its valid function but as promoter of person directed care we need to look beyond traditional approaches. Creating an environment that fosters close, caring relationships enables everyone to be well known; and that

⁴ <http://pioneernetwork.net/CultureChange/PowerOfLanguage/>

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Changing Long Term Care One Inch at a Time (Continued from Page 8)

begins on the day of move in (admission). When identity is made a priority, all caregivers feel that they have a place where they belong. It is an opportunity for growth as a caregiver and elders learn and share from each other. Everyone connected to the home whether they live, work, or visit will experience ongoing growth. All caregivers will have a place that feels safe and secure. Security expands beyond the basic need for safety to also include the right to privacy, dignity and respect.

Decisions belong in the hands of the elders who live there or to those closest to them. Finding the balance of individual choice and community spirit can indeed be a challenge. We are individuals, and we are neighbors. Both can grow side by side. Education and support will ensure individuals interest to flourish. Each individual feels connected to the environment and culture, to the people that live and work there. Honoring connectedness that build strong, caring, relationships between individuals and the connectedness we have an entire community determines the outlook of the home. As promoters of person directed care we should be committed to infusing meaning into every corner of life, every act, and every relationship. This culture and environment makes life worth living when all caregivers are committed to contributing to the creation of a home, or community where meaning is found. Joy is a condition of the spirit made possible by the caregivers committed team. Creating a world where all experience identity, security, growth, autonomy, connectedness and meaning everyone benefits from it, and all that seemed impossible becomes tangible.⁵ But we must believe in our heart of hearts that transforming LTC is promising potential for today.

⁵ <http://www.edenalt.org/wordpress/wp->

A Wolf Pack on the Move:

- ◆ The first 3 are the old or sick, they give the direction and pace to the entire pack. If it was the other way around, they would be left behind, losing contact with the pack. In case of an ambush they would be the sacrificed;
- ◆ then come 5 strong ones, the front line;
- ◆ in the center are the rest of the pack members;
- ◆ then the 5 strongest following;
- ◆ last is alone, the Alpha.

He controls everything from the rear. In that positions he can see everything, decide the direction. He sees all of the pack.

The pack moves according to the elders' pace and help each other, watch each other.

Again I am left speechless by nature...I knew that wolves are different, but didn't realize how much we could learn from them...

I didn't know wolves put the elders of the pack FIRST...a lot of people on this planet should take note...they are to be seen up front, setting the pace and direction while enjoying the protection of the rest...and not invisible at the back of the line.

Author Unknown



The Jewish Home Family is Proud to Announce their Relationship with the Michael J. Fox Foundation

Submitted by Pat Alfano, RN

The Jewish Home Family is very excited to announce that they will be developing a close relationship with the Michael J. Fox Foundation. In August, the CEO, Administrator and the Medical Director of Jewish Home of Rockleigh met with the Michael J. Fox Foundation. This Foundation has funded more than \$650 Million since its inception in 2000 in search of a cure for Parkinson's Disease which affects more than 5 million people worldwide.

The Michael J. Fox Foundation is eager about collaborating with the Jewish Home to help publicize research and to identify biological markers of Parkinson's disease progression. Specifically, the study focuses on mutations in the LRRk2 and the GBA genes which are related to an increased risk for Parkinson's and are more commonly found in Ashkenazi Jews.

The team at the Jewish Home of Rockleigh is led by Dr. Harvey Gross. A comprehensive protocol was developed for the identification and treatment of those with Parkinson's. This protocol is based on the clinical research in collaboration with Dr. Gary Alweiss from Bergen Neurology Consultants. The clinical staff was then trained on this protocol.

New and exciting programs have begun here at The Jewish Home. Several speech therapists have been certified in the Lee Silverman Voice Training LOUD method. A specialized exercise program promotes balance, safety awareness and greater control. Equipment such as a Theracycle has also been purchased.

A Parkinson's support group will be started at the Jewish Home of Rockleigh on December 15 at 10:30 am. The facilitator is Jerry Ratner who understands this disease as he also has Parkinson's. Mr. Ratner runs a successful group in Harworth, NJ. This group is open to the public. Anyone interested please email parkinsons@jewishhomefamily.org.

And lastly, the Jewish Home will be sponsoring a program entitled "Is Parkinson's A Jewish Genetic Disease?" The program will take place at Englewood Hospital on Monday, December 12, 2016 at 7:00pm. The speaker will be Dr. Lana Chahine, Assistant Professor of Neurology at Pennsylvania Hospital.



THANKSGIVING CELEBRATION AT ROSE GARDEN



"Thanksgiving is an annual national holiday marked by religious observance and a traditional meal including turkey and an expression of gratitude, especially to God."

Here at Rose Garden, we make this special day a very "homey" and blessed day! The day before Thanksgiving, the Activity Department headed by Kevin Bassinder, Activity Director, prepares the tables in each dining room. On each table is the resident's name along with their guest's names. The tables are also adorned with centerpieces, bread baskets, candies, etc. The steam table is decorated with Thanksgiving decorations. There is also a dessert table filled with assorted Thanksgiving treats! Each dining room has a designated chef, dietary aides and captain. I was assigned to the Tea Rose Café room.

On Thanksgiving morning, families and visitors are greeted by the receptionist and directed to the dining room that has been set for them. When everyone is seated and comfortable, lunch was served.

The food was delicious, everything from turkey and stuffing, to ham and sweet potatoes, prepared by our chef, Ira Levine. Desserts varied from mousse "shots" to cupcakes, pies and eclairs. There was also a table of desserts in the lobby for visitors and guests to partake from if they chose.

Our Administrator, Mr. Shawn, entertained the residents, families and visitors. He shared his feelings of gratitude for his continued blessings and noted with great pride that his mother is his "hero". We enjoyed music that made the atmosphere feel warm and enjoyable. Everyone seemed to be feeling thankful.

Another wonderful tradition at Rose Garden is our "Tree of Giving." The Tree is a great way to brighten our resident's day during the holiday season. It is located in our lobby, where you can choose a gift tag from the tree. On the back of the tag is a suggestion of a gift that can be purchased, wrapped and returned for our residents.

I feel so blessed to be a part of this Thanksgiving Celebration. It shows us that our residents can celebrate any holiday, anywhere and makes all of us at Rose Garden feel at "home".

Respectfully submitted,
Alicia T. Ferenó, RN, MSN, DON



COUNTY MEETINGS

BERGEN COUNTY

The Bergen County group met on September 29, 2016, at the Bacari Grill in the Township of Washington, sponsored by *Novo Nordisk, Inc.* An in-service was presented by *Dr. Sharon Huss* on Diabetes in the Elderly.

BURLINGTON/CAMDEN COUNTY

The Burlington/Camden County DONs held their quarterly luncheon meeting on Thursday, December 15, 2016 at Braddock's Tavern in Medford, NJ. The meeting was sponsored by *Duane Arnold* from *Acadia Pharmaceuticals*. Duane's presentation provided information on the drug, Nuplazid, which is the first and only FDA-approved treatment for hallucinations and delusions associated with Parkinson's disease psychosis. A very interesting and educational topic. The attendees shared information on Department of Health issues as well as interesting resident care cases, and our upcoming April convention.

Our next meeting will be held on Thursday, March 16, 2017 at 12 noon at Braddock's Tavern and will be sponsored by *Annette Iacono* of *Brookside Clinical Labs*.



Burlington and Camden County Members

HUDSON/UNION COUNTY

Our meeting was held on October 12, 2016 at La Griglia Restaurant in Kenilwort, NJ and was sponsored by *Janssen Pharmaceuticals*. *Dr. Y. Tong, Director of Outpatient Stroke Services*, provided a presentation on Reducing the Risk of Stroke and Systemic Embolism in Patients with Nonvalvular A Fib and Treatment of Deep Vein Thrombosis and Pulmonary Embolism.

COUNTY MEETINGS

MONMOUTH COUNTY

The Monmouth County group met On October 14, 2016 at Pazzo in Red Bank. Our sponsor was **ReUnion RX. Rod Halbert** spoke on Pharmacy with a personal touch service. Many attendees have been experiencing challenges with pharmacy services. Rod gave a personal view presentation to services that have their own drivers, so all have a commitment to excellence.

MORRIS/SUSSEX/WARREN COUNTY

Our meeting was held on December 8, 2016 at the Publick House in Chester NJ, and was sponsored by **Duane Arnold from Acadia Pharmaceuticals. Dr. Fiona Gupta** spoke about "NUPLAZID" for the treatment of Parkinson's Psychosis. It is a medicine used to treat hallucinations and delusions associated with Parkinson's.

Discussion followed concerning NJADONA's 2017 Convention speakers and topics; NJADONA 2017 Employee of the Year application process; CMS - Surveyor Training Education link given to attendees; Infection prevention issues discussed.

OCEAN COUNTY

The Ocean County meeting was held on September 23, 2016 at Charlie Brown's Restaurant in Lakewood NJ, sponsored by **Serenity Hospice Care**. An in-service included an Overview of Serenity Hospice, How to limit readmissions to the hospital and Training hospice staff & HHA on how to collaborate with host facility.

Following the in-service our topics of discussion included 5 Star Quality Rating; October 1, 2016, new rules, section PBJ, hospital readmissions, etc.; Section GG; Bundled payments; Upcoming DON Convention in 2017.

Ocean County members met on October 28, 2016 at Charlie Brown's Restaurant in Lakewood NJ, sponsored by **Zoll Lifestest Company**. An in-service was presented on learning and experiencing the only wearable defibrillator. Discussion followed including Upcoming Federal Regulations, October 2016; Nurse Residency Program; Article - Documentation is Like Cotton Candy by McKnights'; Upcoming DON Convention, April 2017; Note from the NJADONA President, Judie McFarland.

The Ocean County meeting was held on November 18, 2016 at Charlie Brown's Restaurant in Lakewood NJ, sponsored by **Duane Arnold with Acadia Pharmaceuticals. Susan Scanland, APRN, CRNP, NP-C, MSN, GNP from Dementia Connection LLC** presented Treating the Hallucinations and Delusions Associated with Parkinson's Disease Psychosis.

Topics of discussion that followed the in-service included HCANJ News and information; Chatter Corner of the NJADONA; November 28, 2016 will be the start of Revised Federal Regulations that will be used on State Survey,

COUNTY MEETINGS

SOMERSET COUNTY

It is my pleasure to report on the October Somerset County Meeting of NJADONA/LTC. Time to confess...I have been a member of NJADONA for a number of years and have never missed our April Conference in Atlantic City. I traveled out of state and attended a National Conference. Yet in all this time, I never seemed to be able to find the time to get to a county chapter meeting. I had good intentions, but something going on at work always seemed to get in the way at the last moment.

This fall, I began as a DON at Parker Homes, where there is a supportive network of Directors of Nursing. Encouraged by Linda Sue Patron, NJADONA Treasurer and Director of Residential Services at Parker at Stonegate, at last I made plans that did not get derailed.

We met at the renowned Stagecoach Tavern in Somerset, a restaurant I would recommend to anyone looking for a good meal and pleasant atmosphere. Lunch was hosted by ReUnion Pharmacy of Atlantic Highlands. Rod Halbert, one of the pharmacist owners, brought a warm and friendly approach to his presentation, highlighting some of the personalized services that ReUnion Pharmacy provides.

Most of us took part of our lunch back in takeout boxes because of the generous size of the servings. This was an added bonus, but it was not the best take away from the meeting. The best part, by far, was the informal sharing, one on one, with the other DONs. We talked about annual surveys (of course) but also got a chance to dialogue on a number of other topics. Only a DON understands the expectations and demands of our position, so the opportunity to chat with other DONs and hear the problems they are facing, brainstorming with them on what my help and come up with creative ideas to put into place was well worth the experience.

Thanks again to my colleague Linda for reminding me of the meeting and carpooling with me and fellow DON Paula Royal to ensure no more excuses!

My message to all members who can relate to my story: *Try a chapter meeting! I'm sure you'll like it!*

Phyllis Ameduri, RN, MA
Director of Nursing, Parker at River Rd.



IF YOU'VE BECOME A VICTIM OF STRESS BURNOUT, HERE ARE A FEW STEPS TO REIGNITE YOUR FLAME AND SHINE BRIGHTLY ONCE MORE.....

By: Alina Torregosa RN,BSN,CDONA

The face of long term care has changed so much in recent years that it can no longer be recognized for what it used to be. The care required by many residents is becoming more complex and demanding as levels of physical and mental acuties; and dependency increase.

This is a case where one male resident was inappropriately placed in a facility which was not set up to meet his particular needs. The resident had a long psychiatric history and had been a resident for the past several months. Although the staff was very competent and caring, there may not have been enough of them to give the amount attention required. The resident would sometimes exhibit violent tendencies when he did not get his way. One on one staffing interaction would have to be provided for his safety, along with that of other residents and staff. This way the resident could be kept under close observation. We reached out to the resident's family for help but to no avail. It made matters worse. His daughter would then visit daily and blame the staff for the resident's increasing aggressive behavior.

The 3-11 RN charge nurse on the resident's unit is an excellent nurse known for being positive and passionate about her work. Her ability to handle any resident/family challenges and conflicts that came her way were very effective. She worked long hours often staying until 2am. She wanted all her documentation to be perfect and didn't want to leave extra work for the incoming shift. She dealt with this resident on a regular basis despite the challenges from her other job responsibilities (admissions, treatments, documentation on changes in conditions, completing MDS section GG, and the list goes on). One day during rounds she was overheard saying how this resident was stressing her out.

As time passed she appeared more tired. She was not her usual vibrant and energized self. Her staff started talking about how she recently lost her appetite and stopped taking dinner breaks. She became easily irritated and argumentative with her staff when they notified her of any resident changes in condition. There was suddenly a lack of focus in forgetting to document important changes in condition. Then the call outs started which was unusual for her. Her supervisor met with her to discuss her recent poor work performance and absenteeism. She indicated that her reasons for missing time at work were illnesses related to head and stomach aches, and heart palpitations. She was sleeping less and felt tired much of the time. She acknowledged a loss of interest and not wanting to come to work.

Her supervisor listened to her frustrations about work and recognized that she was experiencing physical and emotional exhaustion/ burnout. They both acknowledged the need to come up with a "Self Care Plan" for stress management. She was given a week off to disconnect and work on her self care plan. Upon her return she indicated that she felt much better. Her mood and spirits had improved and she expressed her readiness to get back to work.

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IF YOU'VE BECOME A VICTIM OF STRESS BURNOUT, HERE ARE A FEW STEPS TO REIGNITE YOUR FLAME AND SHINE BRIGHTLY ONCE MORE.....

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They reviewed her Self Care Plan with a focus on stress reduction management and practicing self compassion. Here were her simple ways to start:

- a) Learn to delegate - Share the work load in a teamwork approach.
- b) Learn to disconnect – Spend time with people who are understanding and supportive. This includes things like going to the movies and eating out with friends.
- c) Get more exercise - Walk more every day: Included parking her car further from the job entrance.
- d) Get more rest – Get at least 7 to 8 hours sleep at night.
- e) Eat a healthy diet – Eat more fruits and vegetables. Drink more water and warm fluids that activate feelings of comfort (hot tea or warm milk). Limit intake of coffee after 3pm and watch her food intake after 8 PM.
- f) Listen to relaxing music- listening to soothing soft music at the end of the day will help to relax Self Care Plan.
- g) Make time to meditate - Not talking for 30 mins a day as it provides her the ability to think things through will quiet the mind.
- h) More laughter – Look for things in life to laugh about.
- i) Increase communications - Talk to others about stressful activities.

They met after 3 months to evaluate her Self Care Plan to reduce stress and concluded that it had been successful and productive. She plans to continue with her Self Care Plan in order to continue avoiding stress burnout. Research on self compassion shows that people who are compassionate to themselves are much less likely to be depressed, anxious, and stressed. They are much more likely to be happy, resilient, healthy and optimistic about their future. They have better mental health. “Practicing self compassion improves self esteem and decreases stress.”

**A HEALTHY, HAPPY NURSE IS THE KEY TO POSITIVE OUTCOMES
AND RESIDENT SATISFACTION.**

NURSING STANDARDS OF PRACTICE

(3rd Edition, 2015)

Standard 1, Assessment

The registered nurse collects pertinent data and information relative to the healthcare consumer's health or the situation.

Competencies:

The registered nurse:

- ⇒ Collects pertinent data, including but not limited to demographics, social determinants of health, health disparities, and physical, functional, psychosocial, emotional, cognitive, sexual, cultural, age-related, environmental, spiritual/transpersonal, and economic assessments in a systematic, ongoing process with compassion and respect for the inherent dignity, worth, and unique attributes of every person.
- ⇒ Recognizes the importance of the assessment parameters identified by WHO (World Health Organization), *Healthy People 2020*, or other organizations that influence nursing practice.
- ⇒ Integrates knowledge from global and environmental factors into the assessment process.
- ⇒ Elicits the healthcare consumer's values, preferences, expressed and unexpressed needs, and knowledge of the healthcare situation.
- ⇒ Recognizes the impact of one's own personal attitudes, values, and beliefs on the assessment process.
- ⇒ Identifies barriers to effective communication based on psychosocial, literacy, financial, and cultural considerations.
- ⇒ Assesses the impact of family dynamics on healthcare consumer health and wellness.
- ⇒ Engages the healthcare consumer and other interprofessional team members in holistic, culturally sensitive data collection.
- ⇒ Prioritizes data collection based on the healthcare consumer's immediate condition or the anticipated needs of the healthcare consumer or situation.
- ⇒ Uses evidence-based assessment techniques, instruments, tools, available data, information, and knowledge relevant to the situation to identify patterns and variances.
- ⇒ Applies ethical, legal, and privacy guidelines and policies to the collection, maintenance, use and dissemination of data and information.
- ⇒ Recognizes the healthcare consumer as the authority on their own health by honoring their care preferences.
- ⇒ Documents relevant data accurately and in a manner accessible to the interprofessional team.