

Skilled Nursing

Comprehensive
Course Outline Catalog
(Surveyors Guide)

Disclaimer: This list of HCA courses has been designed to help organizations meet orientation and annual training requirements. Please note that all courses may not apply to your individual organization. Every organization is responsible for understanding their state requirements and assigning course(s) to staff appropriately.

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A Comprehensive View of Alzheimer's Disease

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1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Select two (2) changes that occur in the brain of a person with Alzheimer's disease (AD).
2. Identify three (3) stages of AD.
3. Apply four (4) interventions to help manage behaviors associated with AD.

Keywords: Medication, Person-Centered Strategies, Stages of AD, Tests, N/A, Non-Drug Strategies, Depression and AD

Introduction

Facts

- Facts About AD
- The Economic Impact of AD
- Life Expectancy

Pathophysiology

- Complex Disease
- Pathophysiology
- Changes in the Brain
- Types
- Progression of AD
- The Seven Stage Model

Causes

- Causes of AD
- Potential Risk Factors
- Racial Considerations
- Head Injury and PTSD
- Prevention

Diagnosis

- Diagnosis
- New Diagnostic Criteria
- Goal of the Guideline

Signs and Symptoms

- Phases
- Differences Between Alzheimer's and Typical Age-Related Changes

12 (Rev. 02.08.2024)

- Ten Warning Signs
- Tests and Evaluations
- Behavioral: Early and Late
- Identifying Depression
- The First Step
- Diagnosed with Depression
- Treatment for Depression in AD

Care Guidelines

- Pharmacologic Interventions
- Non-Pharmacologic Management
- Non-Pharmacologic Management
- Non-Pharmacologic Interventions
- Pharmacologic Interventions
- Medication Classes

Summary

A Comprehensive View of Dementia

Copyright R2_10.26.2020_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 34 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Objectives

1. Identify five (5) symptoms of dementia.
2. Name three (3) types of dementia.
3. Identify three (3) stages of dementia.

Introduction

Understanding

- Understanding Dementia
- Signs and Symptoms
- Symptoms of Dementia
- Functioning with Dementia
- Risk Factors

Causes

- Common Causes of Reversible Dementia
- Common Causes of Irreversible Dementia

Types

- AD: Changes in the Brain
- Stages of AD
- Vascular Dementia
- Vascular Dementia: Cognitive Symptoms
- Vascular Dementia: Mood Changes
- Dementia with Lewy Bodies
- DLB: Diagnosis

- DLB: Features
- Parkinson's Disease Dementia: Onset
- FTD
- FTD: Causes
- FTD: FTD
- FTD: PPA
- CJD
- CJD: Types
- CJD: Symptoms
- Korsakoff Syndrome
- Korsakoff Syndrome Symptoms
- Down Syndrome
- Huntington's Disease
- Normal Pressure Hydrocephalus
- Brain Injury
- Mixed Dementia
- Mixed Dementia: Symptoms
- Mild Cognitive Impairment

Summary

Abuse Prevention in Persons with Dementia

Copyright: R3_12.29.2023_SME

0.5 Contact Hour(s)

Author: Mary DaCorta, MSW

Ms. DaCorta has provided medical social services in a variety of treatment settings for more than 25 years and with more than 15 years in the nursing home setting. She has served as Abuse Designee and Grievance officer in a 180-bed long-term care facility, as well as being the provider of ongoing trainings on the prevention of abuse and resident rights for social workers, interns and new staff.

Reviewer: Asa Morin, MSW, LICSW, LNHA, CPM, CDS

Asa Morin is a Licensed Nursing Home Administrator and Certified Dementia Specialist who has been working in long-term care for over 10 years. She serves as a compliance officer in a 130-bed nursing home where she completes abuse education and investigations for the facility.

Objectives:

1. Select three (3) reasons that persons with dementia are more likely to be abused.
2. Identify five (5) types of vulnerable adult abuse.
3. Identify five (5) ways in which the caregiver can manage stress as a part of abuse prevention.

Keywords: Abuse Reporting, Caregiver Stress

Introduction

Overview

- Mandate
- Victims
- Adult Protective Services
- Other Organizations
- Reporting Allegations of Abuse or Crimes Against the Elderly in LTC facilities.
- Perpetrators
- High Risk Individuals

Types of Abuse

- Types of Abuse
- Warning Signs

Caregiver Stress

- Association of Abuse with Caregiver Stress
- Caregiver Stress
- Depression Among Caregivers
- Physical Condition
- The Effects of Stress
- Other Factors
- Tips for Avoiding Caregiver Stress

Other Perpetrators

- Family and Friend

Seclusion

- Involuntary Seclusion
- Infection Control Precautions and Involuntary Seclusion
- Secured or Locked Units

Reporting

- Privacy
- Surveyor Interviews
- Procedures
- Training on Abuse Prohibition
- Ongoing Oversight and Supervision
- Reporting
- Protection of Individuals
- Allegation of Abuse
- Reporting
- Other Staff
- Follow Up

Summary

Abuse, Neglect, and Exploitation: Mandatory Reporter

Copyright: R8_02.28.2023_SME

1.0 Contact Hour(s)

Author: Mary DaCorta, MSW, LCSW

Ms. DaCorta has provided medical social services in hospice and long-term care settings for more than 25 years. For the last 14 years she has provided social service support in a highly rated skilled nursing facility committed to excellence. She has provided presentations on advance care planning, ongoing supervision, and education of social workers and social service interns on advance directives.

Keywords: Mandatory Reporter

Objectives:

1. Identify three (3) types of abuse.
2. Identify three (3) signs of electronic abuse.
3. Select two (2) ways to prevent maltreatment of a vulnerable adult.

Introduction

Definition

- Incidence of Elderly and Vulnerable Adults
- Definition of Vulnerable Adult
- Abuse Prevention Laws
- Providing Protection
- Homelike Environment
- Dependence on Caregivers
- Consequences

Types

- Types of Abuse
- Response
- Psychological Abuse
- Mental Abuse
- Examples of Psychosocial Harm
- Institutional Abuse
- The Older Americans Act Amendments

Abuse

- Unintentional Abuse
- Physical Abuse
- Verbal Abuse
- Sexual Abuse

Neglect

- Therapeutic Conduct
- Neglect
- Self-Neglect
- Abandonment

Financial

- Financial Abuse

Involuntary Seclusion

- Involuntary Seclusion
- Infection Control Precautions and Involuntary Seclusion
- Secured or Locked Units

Electronic Abuse

- Facility and State Responsibilities
- Occurrences Among Staff
- Privacy
- Delivery of Personal Care and Services
- Abuse Prohibition: Social Media
- Surveyor Interviews

Reporting

- Procedures
- Training on Abuse Prohibition
- Reporting
- Protection of Individuals
- Allegation of Abuse
- Carrying Out Policies and Procedures
- Requirements
- Section 1150B Social Security Act (the ACT)
- State Survey Agency Responsibility: Review of Facility Policies and Procedures
- State Survey Agency Responsibility
- Survey Agency to Determine Compliance
- Reporting to the Nurse Aide Registry
- Mandatory Reporting
- Reporting

Summary

- Prevention: IRIS

Active Shooter Incident Planning

Copyright R1_04.07.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University where he teaches students how to counsel victims of events, such as an active shooting. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Reviewer: Marcia C. Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College and Jersey College.

Objectives:

1. Identify three (3) unique challenges for healthcare facilities (HCFs) regarding active shooter incidents.
2. Select three (3) signs of a potential volatile situation.
3. Identify the three (3) word strategy in dealing with an active shooter in an HCF.

Introduction

Active Shooter

- Hospital Shootings
- Healthcare Facilities
- Planning for Emergencies
- Active Shooter
- Barriers and Challenges
- The Victims
- Motives of Active Shooters
- Being Human
- Policies
- Reporting Systems
- Communication During a Shooting Event
- Prevention
- Communication Following a Shooting Event

20 (Rev. 02.08.2024)

Run, Hide, Fight

- Run, Hide, Fight
- Run
- Hide
- Fight
- Run, Hide, Fight Video

Administrators

- Administrator Role in an Active Shooter Event
- Emergency Management Plan
- A Community Approach
- Incorporating a Plan

Activities of Daily Living (ADLs)

R5_05.04.2021_SME

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. State three (3) care activities that are considered an activity of daily living.
2. List three (3) changes in a person's condition that should be reported to the nurse.
3. Select two (2) goals of care when assisting an individual with activities of daily living.

Introduction

- Quality of Care

Definition

- Activities of Daily Living (ADLs)
- Documenting ADLs

Overview

- Assistance
- Procedures
- Precautions

Hygiene

- Personal Hygiene
- AM Care
- Morning Care
- Afternoon Care
- PM Care

Bathing

- Bathing
- Assisting Procedures
- Order of Bathing
- Bathing Guidelines
- Refusal to Bathe

Grooming

- Hair Care
- Oral Hygiene
- Report Oral Problems

	- Denture Care
	- Shaving
	- Fingernails
	- Foot Care
	- Diabetic Foot Care
	- Special Considerations
	- Back Rubs
	- Dressing
	- Choices
	- Appearance
Skin Care	
	- Skin Care
Peri Care	
	- Perineal Care
	- Incontinence
Changes	
	- Changes in Condition
	- Significant Changes
	- Interacting
	- Report Observations
	- Guidelines After Procedures
Summary	

Activities Programming: Person-Centered Approaches

Copyright: R4_10.06.2023_SME

1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 35 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. Currently a Dementia Care Specialist, she is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living

Keywords: Mental illness, dementia, trauma-informed care, younger residents, Isolation, behavioral health, pain, diversity

Objectives:

1. Define four (4) characteristics of a good activity program.
2. Identify four (4) forms of activity programs.
3. Select three (3) activity adaptations to meet participant needs.

Introduction

- A Day in the Life of a Resident

Definition

- Definition
- Choice
- Activity Planning
- Activity Program
- Activities Promote
- Federal Regulation: F679
- Regulatory Considerations
- Program of Activities
- Programs
- Person Appropriate Activities
- Person-Centered and Appropriate Activities

Types

- Activity Characteristics
- Cultural Change Facilities
- Welcoming a New Resident

Assessment

- Person-Centered Assessments
- Activities Department

Care Planning

- The Ongoing Activities Program
- Activity Goals
- Althea's Care Plan
- Activities

Adaptions

- Situations that Require Adaptations
- Residents on Isolation Precautions
- Psychological Impact of COVID 19
- Visual Limitations
- Hearing Limitations
- Physical Limitations
- Hand Limitations
- Dementia: Abilities
- Dementia: Senses
- Residents with Dementia
- Mental Illness: Abilities
- Mental Illness
- Principles for Behavioral Problems
- Five Rs Approach
- Communication or Language Barriers
- Terminally Ill
- Pain
- Varying Sleep Patterns
- Short Stay Residents
- Younger Residents
- Diverse Culture or Ethnic Backgrounds
- Trauma-Informed Care
- Trauma-Informed Care: Facts

Summary

Acute and Chronic Wounds

Copyright: R4_12.08.2023_SME

1.5 Contact Hour(s)

Author: Karen Miller, RN, BSN

Ms. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long-Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Keywords: Pressure Injury

Objectives:

1. Identify four (4) skin injury classifications.
2. List four (4) skin injury characteristics that signal poor healing.
3. Identify three (3) components of a skin injury assessment.

Introduction

- The Interprofessional Team
- Introduction to Acute and Chronic Wounds: Causes and Characteristics

Healthy Skin

- Healthy Skin

Healing

- Wound Healing Process

Terminology

- Common Wound Care Terms
- Skin Injury Classifications

Classification

- Acute Surgical Injury: Heal by Primary Intention with Durable Closure
- Partial Thickness Injury by Acute Trauma: Healing by Primary Intention with Dressing
- Partial Thickness Injury by Acute Trauma: Healing by Primary Intention without Dressing
- Chronic Skin Injury
- Chronic Skin Injury: Heal by Secondary Intention
- Chronic Injury: Heal by Tertiary Intention – (Delayed Primary Closure)

Assessment

- Introduction to Skin Injury Assessment
- Skin Injury Assessment
- Physical Assessment: Location
- Physical Assessment: Drainage

- Physical Assessment: Edges
- Physical Assessment: Peri-Wound Skin
- Physical Assessment: Wound Base
- Physical Assessment: Size
- Physical Assessment: Size
- Physical Assessment

Skin Tears

- Skin Tear

Pressure Injuries

- Introduction to Pressure Injuries
- Pressure Injury Prevention
- Pressure Injury Definition
- Introduction to Pressure Injury Staging
- Stage 1: Pressure Injury
- Stage 2: Pressure Injury
- Stage 3: Pressure Injury
- Stage 4: Pressure Injury
- Unstageable Pressure Injury
- Deep Tissue Pressure Injury (DTPI)
- Is This a Pressure Injury
- Ruling Out Pressure Injury

Infections

- Non-Sterile Wounds
- Clinical Signs and Symptoms of Wound Infection

Ulcers

- Introduction to Lower Extremity Skin Injuries
- Venous Skin Injuries
- Arterial Skin Injuries
- Neuropathic Foot Injuries
- Neuropathic Foot Injury Examples

Treatment

- Dressing Changes

Summary

Addressing Spiritual Distress in Healthcare

Copyright R2_11.11.2022_SME

1.0 Contact hour(s)

Author: Don Gordon, BS, MDiv, Dmin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Identify three (3) techniques in offering spiritual care.
2. Identify three (3) signs of spiritual distress.
3. Identify three (3) ways of consoling a person experiencing spiritual distress.

Keywords: None

Introduction

Background

- The Need for Spiritual Care in the Healthcare Profession
- Desire for Spiritual Care

Landscape

- Religious Belief and Spirituality Descriptors
- Spiritual Diversity
- Spiritual Self-Awareness
- Honoring the Individual's Spirituality
- Case Study

Spiritual Assessment

- Barriers to Communication
- Benefits of Spiritual Assessment Tools
- FICA Spiritual History Tool
- Incorporating Spiritual Assessment Tools into Caregiving

Spiritual Care

- Providing Spiritual Care
- Active and Reflective Listening
- The Four Do Nots of Active Listening
- Spiritual Care for All

Spiritual Distress

- Recognizing and Addressing Spiritual Distress

- The Commonness of Spiritual Distress
- The Extensiveness of Spiritual Distress
- The Impact of Spiritual Distress

Indicators of Spiritual Distress

- Defining Characteristics of Spiritual Distress
- Listening for Spiritual Distress
- Depression Versus Spiritual Distress

Addressing Spiritual Distress

- Consolation and Sensing
- Consolation Through Conversation
- Consolation Through Spiritual Resources
- Consolation Through Sensing

Outside of Hospice Care

- The Need for Interdisciplinary Team
- Challenges
- Addressing Spiritual Distress Outside of Hospice Care

The Adaptability of Hope

- Impact of Hope
- Interventions to Hope
- The Varieties of Hope

Self-Care

- Self-Care
- Organizational Strategies for Self-Care
- Personal Strategies for Self-Care

Advance Directives

R3_05.24.2021_SME

0.5 Contact Hour(s)

Author: Mary DaCorta, MSW, LCSW

Ms. DaCorta has provided medical social services in hospice and long-term care settings for more than 25 years. For the last 14 years she has provided social service support in a highly rated skilled nursing facility committed to excellence. She has provided presentations on advance care planning, ongoing supervision, and education of social workers and social service interns on advance directives.

Objectives:

1. List two (2) advance directives.
2. Distinguish the differences between the living will and durable power of attorney (DPA) for healthcare.
3. Identify eight (8) considerations when making advance care decisions.

Introduction

Overview

- Definition
- Control
- Why Advanced Directives?

Types

- Overview
- Living Will
- Living Will Lists Medical Care Choices
- Durable Power of Attorney for Healthcare
- DNR
- POLST

Additional Info

- Legality
- State to State
- Expiration and Revocation
- Advance Directive Review
- Individuals Without an Advance Directive
- Summary

Advanced Pain Management in Long-Term Care

Copyright R9_3.17.2023_SME

2.0 Contact Hour(s)

Author: Sarah O'Shea, PharmD, RPh

Sarah graduated from Mercer University College of Pharmacy in 2015 and is currently employed as a pharmacist at Northside Hospital in Atlanta, Georgia. Sarah worked as a staff pharmacist in the main hospital pharmacy before transitioning to a unit-based position where she serves as the clinical pharmacist for women's surgery. She assists the nursing staff on the floor with medication related questions or problems, ensures patient medication profiles are appropriate, and enters medication orders for that unit. Prior to working as a pharmacist, Sarah spent seven years as a hospital pharmacy technician, helping her bridge the gap between pharmacist and technician responsibilities in the hospital, and better informing her mentorship role for both junior pharmacists and pharmacy technicians.

Keywords: regulatory, substance use disorder, prescribing controlled substances, FL, opioid, pain patch

Objectives

1. Select two (2) processes of pain screening and pain assessment in the long-term care setting.
2. Identify two (2) non-pharmacological pain management interventions.
3. Identify two (2) pharmacological interventions to manage pain.

Introduction

Definitions

- Pain in LTC
- Definition of Pain
- Truths and Misconceptions About Pain
- Barriers to Treatment
- Types of Pain
- Chronic Pain
- Results of Untreated Pain

Statistics

- Prevalence of Pain in Adults Over the Age of 65
- Prevalence of Pain in LTC

Barriers

- Effects of Unrelieved Pain
- Barriers
- Key Points

Strategies

- Management
- Components of Pain Management

Screening

- CMS Guidance and Strategies
- Additional Learning
- Regulatory Considerations
- Goals
- Recognizing Pain
- Screening Versus Assessment

- Pain Recognition
- Team Effort
- Pain Management is Collaborative
- Screening for Pain
- Descriptors for Special Populations
- Non Verbal Descriptors

Assessment

- From Screening to Assessment
- Pain Assessment
- Location of Pain
- Pain Scales
- Questions to Evaluate

Documentation

- MDS Documentation
- MDS Documentation
- Documentation Outside of MDS

Pain Plan

- Pain Management
- Setting Goals
- Key Approaches
- Non-Pharmacological Interventions
- Impact of Communication on Pain
- Age Related Changes
- Pharmacological Interventions Stepwise Guidance
- Pharmacological Interventions Stepwise Guidance
- Tips
- Routes of Administration
- Non-Opioid Analgesics
- Opioid Risk
- Opioid Analgesics
- Opioid Side Effects
- Florida-Specific Opioid Considerations
- Respiratory Depression
- Opioid Analgesics
- Pain Plan for Persons with Substance Use Disorders
- Beers List Analgesics Risk of Toxic Side Effects
- Adjuvant Medications
- Adjuvant Medications
- Surgical Interventions
- The Question of Cannabis
- The Question of Cannabis
- Recap Key Pain Management Strategies

Monitoring

- Reassessment and Monitoring
- Reassessing the Plan
- Current Medication Effectiveness
- Adverse Consequences

Opioid Use

- A Word About the Opioid Crisis
- Fear of Addiction Tolerance and Dependence
- Pain Management and Discharge Planning

Summary

Ageism

Copyright: R2_10.20.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kim Hipkiss, RN, BSN

Kim is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing for staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Objectives:

1. Identify two (2) common cultural practices in society that promote ageism.
2. Name two (2) common ageist beliefs concerning the older adult.
3. Select three (3) aspects of elderspeak which are demeaning to the older adult.

Key Words: Person-Centered Care

Introduction

Definition

- Definition
- Ageism

Societal Views

- Attitudes Toward Aging
- Staying Young

Types

- Self-Inflicted Ageism
- Ageism in the Workplace
- Reverse Ageism
- Ageism in the Media
- Ageism in Healthcare

- Scenarios
 - Elder Speak
 - Solutions
 - Scenarios
 - Scenario: Mr. Lewis
 - Scenario: Mrs. Jones
 - Scenario: Mr. Gaines
- Person Centered
 - Person- Centered Care
- Summary

Alzheimer's Disease

1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP

Deanna has been practicing occupational therapy for over 37 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care, skilled nursing facilities and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Objectives:

1. Recognize the pathological definition of Alzheimer's disease
2. Identify three (3) behavioral changes seen in Alzheimer's disease
3. Select three (3) interventions to deal with behaviors associated with Alzheimer's disease.

Key Words: Person-Centered Care, Behaviors

Introduction

Impact

- Impact of Alzheimer's Disease
- Cost of Alzheimer's

Pathophysiology

- Pathophysiology of AD
- Complex Disease
- Changes in the Brain
- Types of AD
- Seven Stage Framework

Risk Factors

- Known Risk Factors
- Potential Risk Factors
- Epidemiology
- Genes Associated with Development of AD

Diagnosis

- Research
- New Diagnostic Guidelines
- Guidelines
- Differentiating AD
- Tools for Diagnosing AD
- Biomarkers
- Neuroimaging
- Cerebrospinal Fluid and Blood Proteins

Current Treatment

- Treatment
- Medications

- Drugs and AD
- Early Behavioral
 - Behavior and Personality Changes
 - Depression Symptoms with AD
 - Diagnosing Depression in AD
 - Treating Depression
- Late Behavioral
 - Behaviors in AD
 - Wandering
 - Plan
 - Rummaging Through or Hiding Things
 - Aggressive Behavior
 - Agitation
 - Confusion
 - Hallucination or Illusions
 - Paranoia or Suspicion
 - Impulsive Behaviors and Unpredictable Situations
 - Sleep Changes
 - Eating and Feeding Issues
 - Catastrophic Reaction
- Guardianship
 - Vulnerable Adults
 - Conservatorships
- Summary

Alzheimer's Disease and Related Disorders 1-Hour Curriculum

R4_02.03.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. As the Director of Education at a 180-bed long-term care facility, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Keywords: FL Department of Elder Affairs

Objectives:

1. Define three (3) terms associated with dementia.
2. State two (2) causes and diagnosis of Alzheimer's Disease/Related Disorders (ADRD).
3. Identify three (3) characteristics associated with ADRD.
4. Select two (2) communication strategies for use with residents experiencing AD/ADRD.

Introduction

What's In a Name

- Introduction to Alzheimer's Disease
- Definition
- Memory Loss
- Definition of Dementia
- Diagnosis of Dementia
- Risk Factors
- Reversible Dementias
- Signs

Etiology and Diagnosis

- How the Brain Works
- How the Brain Works
- Brain Changes AD
- Brain Tour
- Diagnostic Criteria

What Can I Expect

- Affects
- AD Cognitive Changes
- Orientation Loss
- Language Losses in AD
- Language Losses in AD
- Stages of Dementia
- Mild or Early Stage
- Moderate or Middle Stage
- Severe or Late Stage

Talk to Me

- ADRD Challenges
- Communication Strategies
- Elderspeak
- Being Present
- Setting the Tone

Summary

Alzheimer's Dementia: Creating Routines

Copyright R6_01.05.2021_SME

1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP

Deanna Hodges, OTR/L, ATP, Dementia Care Specialist Deanna has been practicing occupational therapy for over 35 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living.

Reviewer: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) changes in the brain that are seen in Alzheimer's disease.
2. List four (4) ways to assist an individual with Alzheimer's disease with activities of daily living.
3. Identify three (3) techniques that facilitate communication with an individual who has Alzheimer's disease.

Keywords: None

Introduction

Definitions

- Alzheimer's Disease
- Dementia
- Other Dementias
- Alois Alzheimer

Pathophysiology

- Brain Abnormalities
- Brain Abnormalities: Disorders

Risk Factors

- Causes of Alzheimer's Disease: Unknown
- Risk Factors

Symptoms

- Stages of AD
- Life Expectancy and AD

Activities

- Guidelines for Routines
- Daily Routines
- Strategies to Manage Daily Routines
- Urinary Incontinence

Problem Solving

- Behavioral Changes
- Stressors
- The 5 Rs
- Wandering Interventions

Communication

- Communication
- Demonstrate Acceptance Through Body Language
- Validate the Person
- Socialization Serves a Purpose

Summary

Alzheimer's Disease: The Facts

Copyright: R4_12.29.2024_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, Staff Development specialist, instructor, and clinical professor. In her role as Director of Education of a 180-bed long term care facility she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and person-centered caregivers.

Reviewer: Emily Briggs, OTR/L, RAC-CT, PAC Certified Independent Trainer

Emily has been practicing occupational therapy for over 20 years. She is the co-founder and principal of Empowering Care Partners, a company providing training and consulting to individuals living with dementia and their care partners who support them, including family members, dementia care professionals, and organizations. Emily also provides occupational therapy services in Assisted Living and Independent Living communities. Prior to that, she served as the Director of Clinical Compliance for a skilled nursing company, in regional clinical and director of rehabilitation roles for skilled nursing facilities (SNFs). In each role, Emily has focused on clinical programming and mentorship of students, new grads, and those new to the SNF setting. She has also been involved in the planning and training for addressing regulatory updates and payment model changes. Emily holds an Independent Trainer Certification with Teepa Snow's Positive Approach to Care (PAC) and provides training to care partners of all levels in the care of those living with dementia. She is also a certified Resident Assessment Coordinator (RAC-CT) and provides training to therapists and nurses on documentation to support coding of the Minimum Data Set (MDS) for accurate reimbursement. Emily is a member of the American Occupational Therapy Association (AOTA) and was part of their Leadership Development for Middle Managers Class of 2016. She has also served AOTA on a variety of Technical Expert Panels and Advisory Groups.

Objectives:

1. Identify three (3) symptoms of Alzheimer's disease.
2. Choose two (2) risk factors for Alzheimer's disease.
3. Select two (2) methods used for diagnosing Alzheimer's disease.

Keywords: Person-Centered Care

Introduction

- Alzheimer's Disease
- Changes
- Cause of Dementia
- Facts and Figures

Changes

- Onset and Progression of Alzheimer's Disease
- Changes in the Brain

Signs and Symptoms

- Memory Problems
- Signs and Symptoms

- Symptom Evaluation
- Mild Stage
- Moderate Stage
- Severe Stage

Causes

- Cause of AD
- Risk Factors Associated with AD
- Modifiable Risk Factors
- Other Risk Factors Associated with AD

Diagnosis

- Diagnosis of Alzheimer's Disease
- Causes of Confusion
- Planning

Treatment

- Treatment of Alzheimer's Disease
- Cholinesterase Inhibitors
- Behavioral Symptoms
- Looking for New Treatments

Person-Centered Care

- Person-Centered Care Principles

Support

- Support for Families and Caregivers
- Caregiver Support

Anatomy and Physiology of the Cardiovascular System

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify four (4) anatomical structures of the normal heart.
2. Identify the two (2) main coronary artery systems.
3. List the three (3) major formed elements in blood.

Introduction

Structures

- Anatomy and Physiology
- The Heart
- Descriptors of the Heart
- The Right and Left Sides
- Chambers of the Heart
- Tissue Layers
- Valves
- Cardiac Valves
- The Electrical System

Coronary Arteries

- The Coronary Arteries
- The Left Main
- The Ramus or Intermediate Artery

Blood

- Blood Components
- Red Blood Cells
- Anemia
- Signs and Symptoms of Anemia
- White Blood Cells
- Platelets

Summary

Annual Federal Training Summary

1.5 Contact Hour(s)(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for utilizing competency-based training for all employees to comply with regulatory training requirements.

Objectives:

1. State three (3) practices that validate safe, effective, and high-quality person-centered care.
2. Identify four (4) high-risk for injury areas in the long-term care setting.
3. Select three (3) employee actions to reduce infections in the long-term care setting.

Introduction

Background

- Annual Training Topics

Person-Centered

- Person-centered Interventions
- Care Plan
- Competency and Person-centered Care
- Resident Rights
- HIPAA and HITECH
- HIPAA Violations

Abuse

- Abuse Recognition and Prevention
- Policies to Support Abuse Prevention
- The Many Faces of Abuse
- Risk Factors
- Abuse Training Resources

Dementia Care

- Dementia: Risk Factor for Abuse
- Competency in Dementia Care is a Mandate
- Indications of Distress
- Other Expressions of Distress
- Competency Needed for Dementia Management
- Competency and Skills

Safety

- Safety in the Nursing Home
- Hazard Procedures
- Hazard Communication Standards
- Emergency Preparedness
- Fire Sources in Nursing Homes

45 (Rev. 02.08.2024)

- Fire Safety
- RACER
- Oxygen
- Fire Extinguishers
- Chemical Hazards
- Right to Know
- Identifying Chemical Hazards
- Response to Exposure
- Workplace Violence
- Reasons for Not Reporting
- WPV Prevention Plan
- Employee Safety
- WPV Facility Assessment Tool
- Recognizing Warning Signs
- Preventing Musculoskeletal Disorders (MSDs)
- Ergonomic Problems
- OSHA Recommendations
- Work-Related Hazards
- Preventing Slips, Trips, and Falls
- Risk-For-Fall Factors
- Person-centered Fall Prevention Plan
- Team Approach to Managing Falls
- Employee Slips, Trips, and Falls
- Resources

Infection Prevention

- Infection Prevention and Control Program
- Surveyor Observations
- Infection Control Competency
- Antibiotic Stewardship
- Antibiotic Stewardship Program Components
- ASP Focus Areas
- ASP Team Member Roles

Risk Management

- Risk Management Functions
- Risk Management Challenges
- Risk Management Components
- Risk Manager
- Your Role in Risk Management

QAPI

- QAPI
- QAPI Members
- QAPI Program

Summary

Antibiotic Stewardship

Copyright: R2_12.15.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Reviewer: Sarah O'Shea, PharmD, RPh

Sarah graduated from Mercer University College of Pharmacy in 2015 and is currently employed as a pharmacist at Northside Hospital in Atlanta, Georgia. Sarah worked as a staff pharmacist in the main hospital pharmacy before transitioning to a unit-based position where she serves as the clinical pharmacist for women's surgery. She assists the nursing staff on the floor with medication related questions or problems, ensures patient medication profiles are appropriate, and enters medication orders for that unit. Prior to working as a pharmacist, Sarah spent seven years as a hospital pharmacy technician, helping her bridge the gap between pharmacist and technician responsibilities in the hospital, and better informing her mentorship role for both junior pharmacists and pharmacy technicians

Objectives:

1. State two (2) practices that lead to antibiotic resistance.
2. List seven (7) core elements of an antibiotic stewardship program (ASP).
3. Identify three (3) facility practices that support a successful ASP.

Key words: infection prevention, infection control, infection preventionist

Introduction

Background

- Making the Case for Antibiotic Stewardship
- Research Findings
- Trends in Resistance
- Adverse Drug Effects from Antibiotics
- Needed Changes
- Terminology

Mandates

- Momentum for Change
- Initiatives and Mandates for Tracking Infections in LTC
- State Initiatives for Antibiotic Stewardship
- Barriers

RoP Changes

- RoP and Changes Related to Antibiotic Stewardship
- Prevention, Protocols, and Compliance

Core Elements

- Core Elements of an ASP in LTC

Roles

- Roles and Responsibilities Related to Antibiotic Stewardship

Resources

- Resources for Developing and Assessing a Facility ASP

Summary

- Best Practices for Infection Criteria

Antipsychotic Medications

Copyright: R2_1.26.2024_SME

1.5 Contact Hour(s)

Authors: Sarah O'Shea, PharmD, RPh

Sarah graduated from Mercer University College of Pharmacy in 2015 and is currently employed as a pharmacist at Northside Hospital in Atlanta, Georgia. She oversees all pharmaceutical care and serves as a resource for doctors and nurses as the women's surgical unit-based pharmacist. Prior to this, Sarah worked in a In her role in main pharmacy, Sarah is tasked with complete pharmaceutical support for all hospital units, managing the transition from unit-specific pharmacy support during the day to a more centralized staff pharmacy support role. overnight. Prior to working as a pharmacist, Sarah previously spent seven years as a hospital pharmacy technician, helping her bridge the gap between pharmacist and technician responsibilities in the hospital, and better informing her mentorship role for both junior pharmacists and pharmacy technicians.

Objectives:

1. State two (2) indications for use of antipsychotic medications.
2. Identify three (3) adverse effects of antipsychotic medications.
3. List three (3) guidelines for use of antipsychotic medications in the older adult.

Key Words: N/A

Introduction

- Introduction to Antipsychotic Medications
- Introduction to Antipsychotic Medications

Antipsychotics

- Typical vs Atypical Antipsychotics

Indications

- Indications and Conditions Treated with Antipsychotics
- Dosage Considerations
- Indications and Conditions Treated with Atypical Antipsychotics
- Consideration of the Underlying Cause of Behaviors

Typical vs Atypical

- Mechanism of Action of Typical Antipsychotics
- Initial Clinical Effects of Typical Antipsychotics
- Dosing Effects
- Bridging to Control Symptoms
- Potency

Consequences

- Adverse Effects
- Adverse Effects

Consideration

- Nursing Considerations Adverse Effects
- Nursing Considerations Adverse Effects
- Nursing Considerations Drug Specific
- Adjuncts to Antipsychotics

- Monitoring the Effects
- Age Related Changes in the Distribution of Medications
- Comorbidities and Age-Related Side Effects
- Mortality Rates and FDA Warning
- Black Box Warning
- CMS Efforts to Improve Dementia Care
- Symptoms of Dementia
- Identifying the Cause

FDA and CMS Positions

- FDA and CMS Positions
- Antipsychotic Use in Dementia
- Guidelines
- Treating the Underlying Cause of the Symptom
- Monitoring Effects of Medication

Risks

- Risks Associated with Antipsychotics
- F Tag 757 and F Tag 758
- CMS Intent of the New Requirement
- Prescribing, Managing and Monitoring
- Interdisciplinary Approach to Medication Management
- Guidelines for Medication Management Documentation
- Documenting Appropriate and Safe Use of Antipsychotics
- Contraindications to Dose Reduction
- PRN Use of Antipsychotic Medications
- An Informed Resident Choice
- Medication Review
- Alternatives to Antipsychotic Medications

Behavior

- Staff Non-Pharmacological Interventions

Quality Measure

- Key Elements of Non-compliance
- LTCF Quality Measures
- LTCF Quality Measures
- Audits

Summary

Arthritis and the Older Adult (Nursing Assistants)

Copyright: June 2022

0.5 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips is a board certified Orthopedic Certified Specialist (OCS) physical therapist through the American Physical Therapy Association (APTA). Her clinical experience covers a wide array of diagnoses, including neurology, oncology, and pelvic rehabilitation. In addition to being an orthopedic specialist, Dr. Phillips holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. Beyond her role as a clinician, Dr. Phillips serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students, is a two-time finalist for the Florida Clinical Instructor of the Year and is an adjunct professor teaching anatomy and physiology to healthcare students.

Objectives:

1. Select two (2) symptoms of osteoarthritis compared to rheumatoid arthritis.
2. Select two (2) pieces of adaptive equipment appropriate for individuals with arthritis.
3. Identify three (3) pain intervention strategies for older adults with osteoarthritis.

Key words: Arthritis, osteoarthritis, rheumatoid arthritis, gout, joints, musculoskeletal system

Introduction

- Arthritis: Defined
- Statistics
- How to Determine if Pain is From Arthritis

Osteoarthritis

- Osteoarthritis: Defined
- Signs and Symptoms
- Medical Interventions
- Types of Knee Braces
- Common Knee Brace Errors
- Common Knee Brace Complications

Rheumatoid

- Rheumatoid: Defined
- Signs and Symptoms
- Joint Protection Strategies

Gout

- Gout: Defined
- Gout: Signs and Symptoms
- Medical Intervention

Summary

Back Safety for All Staff

Copyright October 2021

0.5 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives:

1. List two (2) risk factors for back injury in the healthcare setting.
2. Select two (2) actions to prevent back injury in the workplace.
3. Identify two (2) types of equipment modifications that can be utilized to assist with job tasks.

Key Words: ergonomics

Introduction

Background

- Statistics
- Greatest Risk for Back Injury
- Non-Clinical Risk for Injury
- Back Safety: Remote Workers

Risk

- Pathophysiology
- Work-Related Hazards

Prevention

- Proper Lifting Guidelines
- Strategies to Prevent Injury
- Utilizing Equipment
- Assistive Equipment

Summary

Balance and Vestibular Rehabilitation

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1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives:

1. Identify three (3) functional outcome measures appropriate for determining a resident's fall risk.
2. Select three (3) differential diagnoses for balance disorders.
3. Apply two (2) elements of education appropriate for residents to decrease the risk of falls.

Key Words: None

Introduction

Background

- Statistics
- Risk Factors

Disorders

- What is Balance
- Balance and Dizziness

Assessment

- History
- Documentation

Treatment

- Balance Treatment
- Vestibular-Ocular Reflex
- Strength Training
- Balance Exercises
- Combined Programs
- Tai Chi
- Referrals
- Special Considerations
- Documentation

Education

- Community Based Activities
- Referrals
- Footwear
- Safety At Home

Summary

Behavioral Emergencies in the LTC Setting

Copyright: R1_09.15.2023_SME

1.0 Contact Hour(s)

Author: Nancy Slattery BSN, RN

Nancy has over 38 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. She has developed continuing education programs for clinical staff related to mental health and addiction. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool as well as assisted with completion of a two-part depression training course. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as a subject matter expert for all teams regarding behavioral health workflows and clinical content.

Objectives:

1. Identify five (5) steps in a behavioral safety plan.
2. Describe three (3) elements of a behavioral risk assessment.
3. List five (5) warning signs that may signal a behavioral health emergency.

Introduction

Definition

- Overview of Mental Health in the Elderly
- Definition of Behavioral Health Emergencies
- Violent Behavior
- Federal Regulations
- Regulatory Requirements

Mental Health Crisis

- Suicidal and Homicidal Ideation
- Suicidal Ideation
- Homicidal Ideation
- Aggression, Agitation and Abuse
- Types of Abuse
- Dementia
- Medical Conditions
- Management
- Delirium
- Assessment Tool
- Strategies

Risk Factors

- Potential Triggers
- Barriers
- Barriers to Identification of Risk Factors

Warning Signs

- Predictions of Violence
- Assessment

- Assessment Tools
 - Assessment Tools for Depression and Anxiety
 - Risk Assessment
 - Recognize At-Risk Individuals
- Intervention
- Early Recognition
 - Evaluation
 - Techniques to De-escalate a Crisis
 - Emergency Plan
 - Elements of an Emergency Crisis Plan
 - Components of a Safety Plan
- Prevention
- Training
 - Ethical Treatment
 - Environmental Safety
 - Behavioral Management Techniques
- Scenario
- Example of an Intervention
 - Success
 - Summary

Behaviors: Medications and Interventions

Copyright: R7_12.29.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) cognitive abilities impaired as a result of Alzheimer's disease.
2. Determine three (3) behavioral symptoms of Alzheimer's disease.
3. Select four (4) interventions to help minimize behavioral problems for a person with Alzheimer's disease.

Keywords: Person-centered Care, Person-centered Strategies, Communications, Medications

Introduction

Overview

- Overview of Dementia

Consequences

- Signs of Dementia
- Consequences of Dementia Cognitive Losses
- Psychiatric Symptoms

Associated Behaviors

- Behaviors
- Reasons Behind the Behavior
- Aggression
- Environment
- Factors
- Evaluate
- Medications That May Contribute to Behaviors
- Questions
- Documentation and Reporting
- Promote Success
- Acknowledge Feelings

Management

- Behavior Management of Disturbances
- Mealtime
- Dealing with Confusion or Aggression
- Alternate Interventions

- Interventions
- Pharmacology
- Pharmacologic and Non-pharmacologic Interventions
 - Specific Symptoms
- Summary

Bloodborne Pathogens

Copyright: R5_11.30.2023

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, Staff Development specialist, instructor, and clinical professor. In her role as Director of Education of a 180-bed long-term care facility she developed, implemented, and evaluated competency-based staff education focused on infection prevention and control to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and person- centered caregivers.

Objectives:

1. Identify the three (3) most common viruses a healthcare worker can be exposed to on the job.
2. Select the four (4) types of bloodborne pathogens.
3. Choose three (3) ways to prevent the spread of bloodborne pathogens.

Key Words: Infection Prevention and Control, HIV, Hepatitis

Introduction

- Bloodborne Pathogens

Viruses

- Viruses
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- HIV

Prevention Plan

- Preventing the Spread
- The Risk of Transmission
- Exposure

Summary

Body Positioning Basics

Copyright: R1_06_09_2023_SME

0.5 Contact Hour(s)

Author: Kim Hipkiss, RN, BSN

Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Objectives:

1. Select eight (8) purposes of body positioning.
2. Identify three (3) basic body positions.
3. Choose two (2) safety considerations associated with positioning.

Keywords: N/A

Introduction

Purpose

- The Need for Repositioning
- Positioning Defined
- Risk Factors
- Reasons for Body Repositioning

Positions

- Three Basic Positions
- Sitting Fowlers Position
- Back Lying Supine Position
- Side-Lying (Lateral) Position

Benefits

- Comfort
- Positioning for Comfort
- Positioning in a Chair
- Prevention of Skin Breakdown

Safety

- Positioning Safety
- Repositioning When Sliding
- Fall Protection

Documentation

- Documentation of Repositioning

Application

- Apply Your Knowledge
- Apply Your Knowledge
- Apply Your Knowledge

Summary

Cardiac Assessment: Nurses

R4_06.03.2021_SME

1.0 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Recognize four (4) abnormal findings on a cardiac assessment.
2. Describe three (3) laboratory findings indicative of cardiac abnormality.
3. Identify six (6) diagnostic studies that are used to evaluate cardiac function.

Introduction

Review Anatomy

- Anatomy of the Heart
- Pericardium
- Chambers of the Heart
- Valves
- The Heart
- Blood Supply
- Conduction System

History

- History

Inspection

- Physical Examination
- Inspection
- Findings

Palpation

- Landmarks Used in Palpation
- Palpation
- Palpation Rate
- Common Sites for Palpation
- Abnormal Findings

Percussion

- Percussion

Auscultation

- Auscultation
- Dysrhythmia
- Normal Heart Sounds
- Deviations
- Blood Pressure
- Systolic Blood Pressure
- Pulse Pressure

Diagnostic Studies

- Laboratory

Noninvasive Studies

- Noninvasive Studies

Invasive Studies

- Invasive Studies

Cardiac Medications: Improving Heart Efficiency

Copyright R5_09.22.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. State two (2) indications for use cardiac glycoside medications.
2. Identify three (3) adverse effects of nitrate medication.
3. State three (3) the sodium-glucose co-transporter 2 (SGLT2) inhibitors.

Key Words: medication safety, medical error prevention

Introduction

- Management

Cardiac Glycoside

- Cardiac Glycoside
- Indications
- Actions
- Adverse Effects
- Drug and Other Interactions
- Nursing Precautions

Nitrates

- Nitrates
- Indications
- Adverse Effects
- Forms and Contraindications
- Drug and Other Interactions
- Nursing Considerations

Diuretics

- Diuretics
- Adverse Effects
- Nursing Precautions

Potassium

- Potassium
- Indications

- Adverse Effects
- Nursing Precautions
- Lipid-Lowering
 - Lipid-Lowering Agents
 - Indications
 - Adverse Effects
 - Nursing Precautions
- SLGT2 Inhibitors
 - SLGT2 Inhibitors
 - Side Effects
 - Nursing Conditions
- Summary

Cardiac Medications: Managing Blood Pressure

Copyright: R5_09.22.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. State three (3) indications for use of angiotensin-converting enzyme inhibitors (ACE inhibitors).
2. Identify three (3) adverse effects of Angiotensin II receptor blockers (ARBs).
3. State three (3) indications for use of beta-blockers.

Key Words: medication safety, preventing medical errors, medication administration.

Introduction

- Management

ACE Inhibitors

- Ace Inhibitors
- Examples of ACE Inhibitors
- Actions
- Adverse Effects and Reactions
- Drug and Other Interactions
- Nursing Considerations

ARBs

- Angiotensin II Receptor Blockers (ARBs)
- Actions
- Indications
- Adverse Effects
- Drug and Other Interactions
- Nursing Considerations

Beta Blockers

- Beta Blockers
- Indications
- Types of Beta Blockers
- Beta Blocker Receptors
- Adverse effects
- Drug and Other Interactions

- Black Box Warning
- Calcium Channel
- Actions
 - Angina
 - Calcium Channel Blockers
 - Adverse Effects
 - Drug and Other Interactions
 - Nursing Considerations
- Summary

Cardiac Medications: Preventing Cardiac Complications

Copyright: R6_09.22.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) indications for use of anti-platelet agents.
2. State three (3) signs and symptoms of major side effects of anti-thrombotic medications.
3. Select two (2) indications for use of morphine.

Introduction

- Blood Clotting
- Anti-thrombotic Agents

Platelet Inhibitors

- Blood Clotting Pathway
- Platelet Inhibitors
- Classifications
- Indications
- Antiplatelet Therapy
- Side Effects
- Adverse Effects
- Considerations

Anticoagulants

- Anticoagulants
- Warfarin
- Warfarin: Adverse Effects
- Warfarin: Vitamin K
- Warfarin: Blood Testing
- Heparin
- Heparin: Delivery
- Direct Oral Anti-Coagulants
- Direct Oral Anti-Coagulants: Use
- Direct Thrombin Inhibitor
- LMWH

Morphine

- Morphine
- Side Effects
- Nursing Precautions

Summary

Cardiac Rehabilitation Principles

Copyright: R3_01.31.24_SME

1.0 Contact Hour(s)

Author: Brittney Olinger, PT, DPT, CSRS

Brittney is a physical therapist with almost ten years of experience across a variety of clinical settings. She earned a Bachelor of Health Science degree from the University of Florida in 2006 and a Doctor of Physical Therapy degree from the University of North Florida in 2010. Dr. Olinger is a Certified Stroke Rehabilitation Specialist and Instructor of Physical Therapy, Mayo Clinic Alix School of Medicine and Science. Currently, Dr. Olinger is a team lead on the Cardiovascular, Neurosciences and Transplant Services units at Mayo Clinic in Jacksonville, Florida. She has a passion for learning and teaching and is an advocate for patient mobility and independence.

Objectives:

1. Identify two (2) symptoms of heart failure.
2. Recognize four (4) types of cardiovascular medications.
3. Select three (3) components of a cardiac rehab program.

Keywords: Cardiac medications, Hospital Readmission Reduction, Hospitalization prevention, Heart failure

Introduction

- Prevalence of Cardiovascular Disease CVD
- Prevalence of CVD and Age

Readmissions

- Hospital Readmission Reduction Program (HRRP)
- HRRP: Conditions
- Heart Failure: Risk Factors

The Heart

- Normal Heart Function
- Normal Blood Flow
- Normal Heartbeat

Heart Failure

- Heart Failure and General Sequelae
- Structural Heart Failure
- Functional Heart Failure: Systolic Dysfunction
- Functional Heart Failure: Diastolic Dysfunction
- Heart Failure: Symptoms
- Compensating Actions
- Heart Failure Compensatory Strategies
- Living with Heart Failure
- Cardiac Rehab
- New York Heart Association Functional Classification
- Medical Treatments

Medications

- Cardiovascular Medications: Beta-Blockers
- Cardiovascular Medications: Vasodilators

- Cardiovascular Medications: Digitalis
- Cardiovascular Medications: Antiarrhythmic
- Cardiovascular Medications: Diuretics
- Cardiovascular Medications: Diuretics

Cardiac Rehab

- Cardiac Rehab
- Rate of Perceived Exertion (RPE)
- About Cardiac Rehab
- Components of Cardiac Rehab

Interventions

- Resistance Training and Frailty

Summary

Cardiac Rehab

- Cardiac Rehab
- About Cardiac Rehab
- Components of Cardiac Rehab

Interventions

- Resistance Training and Frailty

Summary

Cardiovascular Disease and Mobility

2.0 Contact Hour(s)

Author: Melissa Cohn Bernstein, OTR/L, FAOTA

Melissa Cohn Bernstein, OTR/L, FAOTA is the founder, President and CEO of Dynamic Group. Since 1993, Dynamic provided healthcare clinical and operational consulting, in 1999, was one of the early adapters and launched Dynamic Learning Online, Inc. one of the first learning management providing online learning (E-Learning) for healthcare professionals over the internet.

With over thirty-five years of clinician and consulting experience in geriatric rehabilitation, her focus was provided occupational therapy and rehab management in long term care, home health and outpatient rehab settings.

As a consultant, Melissa specializes in all aspects of “the business” of rehabilitation, operations assessment and development, strategic planning, management training, compliance, coding, and billing issues, as well as merger acquisition assistance.

At the 2006 AOTA conference, Mrs. Bernstein was nominated and received the AOTA honor of a Fellow of Occupational Therapy. Melissa has developed many clinical educational offerings online, published articles and co-authored several books.

Objectives:

1. Identify a life-threatening heart disorder that can affect therapy patients.
2. List two diseases of the vasculature.
3. Identify three risk factors for cardiac disease.
4. Discuss the different diseases and their therapeutic impact.
5. Discuss the different interactions appropriate for different case studies.
6. Identify signs and symptoms of heart failure.
7. Discuss different heart rates.
8. List risk factors.
9. Discuss the types of surgery.
10. Discuss different treatment options.

The Heart

Introduction

- Cardiovascular Disease

Heart Structure

- The Heart as a Pump
- Heart Location
- Heart Chambers
- Circulation
- Arteries and Veins
- Arterial / Venous System

Disorders

- Cholesterol and the Heart
- Valve Disorders

- Hypertension
 - Infections
 - Electrical Disorders of the Heart
 - Disorders of the Heart
 - Structural Abnormalities
- Vasculature
- Disorders of the Vasculature
 - Coronary Artery Disease
 - Progression of Coronary Artery Disease
 - Blockage and Infarct of Coronary Arteries
 - Renal Artery Stenosis
 - Aneurysm
 - Summary

Disease Processes

Introduction

- Lesson Title Page
- Objectives with Disclosure
- Navigation

Risk Factors

- Smoking Cessation
- Treatment Options
- Risk Factors
- Obesity
- Obesity Rates
- Treatment for Obesity
- Realistic Exercise Program
- Health Goals
- Therapists
- Geriatrics and Exercise
- Comorbidities
- Hyperlipidemia
- Family History
- Hypertension
- Metabolic Syndrome

Surgery

- Surgery

Treatment

- Treatment for Other
- Risk Modification
- Carotid Endarterectomy
- Carotid Artery Angioplasty and Stenting
- Disease Modifying Medications
- Renal Artery Stenosis

-	Summary
Therapeutic Impact	
Introduction	
-	Lesson Title Page
-	Objectives with Disclosure
-	Navigation
Diseases	
-	Diseases
-	Diseases: Clinical Example
-	Common Cardiac Conditions
-	Patients with Heart Failure
-	Resource Utilization Group (RUG)
-	Specific Symptoms of Heart Failure
-	Side Effects
-	Arrhythmias
-	Bradycardia / Tachycardia
-	Tachycardia
-	Valvular Disorders
-	Sternotomy
-	Structural Abnormalities
-	Coronary Artery Conditions
-	Coronary Artery Disease
-	Coronary Artery Disease Symptoms
-	Peripheral Vascular Disease
-	Peripheral Vascular Disease Symptoms
-	Vascular Disorders: Carotid Artery Disease
-	Internal Carotid Artery
-	Carotid Endarterectomy
-	Renal Artery Stenosis
Case Studies	
-	Case Study 1
-	Case Study 2
Summary	

Cardiovascular Disease and Mobility: Disease Process

Copyright: R1_11.09.2021_SME

1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Learning Objectives

1. Identify the signs and symptoms of right versus left heart failure.
2. List three (3) risk factors for the development of cardiovascular disease.
3. Identify two (2) types of surgery used as interventions for cardiovascular disease.

Keywords: None

Introduction

Signs and Symptoms

- Heart Failure
- Right-Sided Heart Failure
- Left-Sided Heart Failure
- Functional Classifications
- Valvular Disorders
- Peripheral Vascular Disease
- Renal Artery Stenosis
- Carotid Artery Stenosis
- Associated Symptoms

Heart Rates

- Ejection Fraction
- Medication
- Valve Disorders
- Arrhythmias
- Non-Fatal Arrhythmias
- Structural Abnormalities
- Heart Transplant

Risk Factors

- Risk Factors
- Smoking Cessation
- Obesity
- Health Goals
- Therapists

- Geriatrics and Exercise
- Comorbidities
- Hyperlipidemia
- Lipid Management

Interventions

- Carotid Artery Disease
- Interventions
- Risk Modification
- Summary

Cardiovascular Disease and Mobility: The Heart

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1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 36 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care, skilled nursing facilities and short-term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living. She has also been an Assistive Technology Professional since 2002, addressing challenging positioning situations in long term care, rehab and on an outpatient basis in a facility-based wheelchair clinic. She also has conducted multiple local in-services on the value and implementation of functional wheelchair assessments and positioning techniques to fellow colleagues.

Objectives

1. Identify four (4) heart disorders.
2. Identify four (4) structures of the cardiovascular system.
3. Identify three (3) risk factors for cardiac disease.

Key words: anatomy

Introduction

- Cardiovascular Disease

Heart Structure

- The Heart as a Pump
- Heart Location
- Heart Chambers
- Circulation
- Arteries and Veins
- Pulmonary System
- Venous System

Disorders

- Cholesterol and the Heart
- Valve Disorders
- Hypertension
- Infections
- Electrical Disorders of the Heart
- Disorders of the Heart
- Structural Abnormalities

Vasculature

- Disorders of the Vasculature
- Coronary Artery Disease (CAD)
- CAD

- Progression of CAD
- Blockage and Infarct of Coronary Arteries
- Renal Artery Stenosis
- Aneurysm

Summary

Cardiovascular Disease and Mobility: Therapeutic Impact

Copyright R1_11.09.2021_SME

1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for 37 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long term care, skilled nursing facilities and short term rehabilitation. She currently is a Dementia Care Specialist. She is an instructor and practitioner in the utilization of the assessment of cognitive skill levels and in the provision of treatment techniques to enable the patients and residents to perform at their best ability to function in activities of daily living. She has also been an Assistive Technology Professional since 2002, addressing challenging positioning situations in long term care, rehab and on an outpatient basis in a facility based wheelchair clinic. She also has conducted multiple local in-services on the value and implementation of functional wheelchair assessments and positioning techniques to fellow colleagues.

Objectives

1. List three (3) signs of cardiovascular disease.
2. List seven (7) factors to be considered when completing a PT, OT or SLP evaluation with individuals with a cardiac diagnosis.
3. List three (3) sternal precautions post heart surgery.

Key words: N/A

Introduction

Diseases

- Diseases Evaluation
- Common Cardiac Conditions
- Cardiovascular Disease
- Signs and Symptoms
- Monitoring
- Side Effects from Medications
- Arrhythmias
- Heart Rate
- Tachycardia
- Valvular Disorders
- Sternotomy
- Structural Abnormalities
- Coronary Artery Conditions
- Carotid Artery Disease
- CAD Symptoms
- CAD Precautions
- Peripheral Vascular Disease
- Carotid Endarterectomy
- Renal Artery Stenosis

Case Studies

- Case Study: Mr. Smith
- Case Study
- Case Study: Mr. Jones

Care of the Individual with a Tracheostomy

1.5 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Select three (3) indications for a tracheostomy.
2. Choose three (3) indications an individual with a tracheostomy requires suctioning.
3. Identify three (3) ways to reduce pulmonary infections in an individual with a tracheostomy.

Introduction

Definitions

- Introduction

Indications

- Indications for a Tracheostomy
- Safety First

Tracheostomy Tubes

- Tracheostomy Tubes Parts
- Tracheostomy Tube Material
- Cuffed Tracheostomy Tubes
- Safety First
- Uncuffed Tracheostomy Tubes
- Tracheostomy Tube Parts
- Safety First
- Special Tracheostomy Tubes and Features
- Humidification
- Safety First
- Suctioning
- Suctioning: Indications
- Suctioning: Side Effects
- Contraindication
- Physical Assessment
- Suction Equipment
- Suction Procedure
- Recording and Reporting Suctioning
- Safety First

Tracheostomy Care

- Tracheostomy Equipment
- Tracheostomy Care
- Tracheostomy Care: Reusable Inner Cannula
- Decannulation Prevention
- Evaluation and Documentation

Pulmonary Infections

- Tracheal Airways and Pulmonary Infections
- Infection Control
- Infection Prevention

Communication

- Providing Communication
- Tracheostomy Speaking Valves: Considerations
- Tracheostomy Speaking Valves Steps for Use
- Safety First

Emergencies

- Tracheostomy Equipment
- Tracheostomy Emergencies
- Tracheostomy Immediate Interventions
- Signs and Symptoms of Tracheostomy Emergency

Summary

- Tracheotomy Competency Considerations

Caring for the Person with Developmental Disabilities

Copyright: January 2022

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) strategies for managing challenging behaviors among adults with developmental disabilities.
2. Select three (3) environmental modifications that may help to address behaviors among adults with developmental disabilities.
3. Choose three (3) possible complications of a traumatic brain injury.

Keywords: Person-centered care, Communication, Traumatic brain injury

Introduction

Definitions

- Developmental Disability
- Definitions

History

- History
- Laws
- Rights

Goals for Care

- Goals for Care

Challenges

- Challenges

Care

- Care
- Communication
- Activities of Daily Living
- ADLs: Service Plan
- ADLs: Goals
- ADLs: Job Limitations
- Adaptive Equipment
- Computer Programs
- Therapeutic Environment

- Safety
- Behaviors
- Behaviors
 - Report Behaviors
 - Sensory Processing Disorder
 - SPD: Symptoms
 - SPD: Caring For
 - SPD: Approach
 - Strategies
 - Crisis Prevention and Intervention

Older Adult

- Older Adult
- Expected Changes with Aging

TBI

- TBI: Causes
- TBI: Related Issues
- TBI: Goals
- TBI: Therapy
- TBI: Care Guidelines
- Promoting Independence
- Emotional Difficulties
- Communication Problems
- Interventions for Memory Issues
- Emotional Support
- Behaviors
- Behaviors Guidelines
- Signs of Depression

Stress

- Stress
- Interventions to Manage Stress

Summary

Caregiver Stress

Copyright: R6_06.20.2022_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Predict three (3) ways a healthcare worker will be impacted by stress.
2. Detect three (3) ways healthcare organizations contribute to stress in the workplace.
3. Select the merits of three (3) things that can be done in the healthcare setting to promote reduction of workplace stress for staff.

Keywords: None

Introduction

Definition

- Definition of Stress
- Acute or Chronic Stress
- Positive Stress
- The Body and Stress

Causes of Stress

- The Healthcare Setting
- Healthcare Environment
- Care Delivery Systems

Effects of Stress

- Effects of Stress
- Physical Effects
- Physical Effects
- Psychological Effects
- Workplace Effects

Risk Factors

- Demographic Factors
- Cultural Factors
- Stress in the Workplace
- Stress in the Workplace

Management

- Addressing Stress

- The Key to Managing Stress
- Managing Stress: Personal Characteristics
- Managing Stress: Workplace Characteristics
- Managing Stress: Social Networks

Summary

Central Venous Therapy

Copyright: R2_01.12.2024_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda is an approved FL DOEA trainer (#6095) for the Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Reviewer: Samantha Newcomb, MSN, RN

Samantha has 13 years of nursing experience working with older adults in long-term care settings. Samantha has held positions in clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, patient safety, and patient care standards for long-term care for adults. Samantha is an advocate for patients receiving competency-based training in the long-term care setting.

Objectives:

1. Select three (3) benefits of having a central venous catheter.
2. Identify three (3) indications for the use of central venous.
3. Identify the three (3) main types of central venous access devices.

Keywords: N/A

Introduction

Indications

- Introduction
- Best Practices
- Scope of Practice
- Competency
- CVAD
- Indications for Use

Care

- Insertion sites
- CL Procedure
- Catheter Site Dressings
- Catheter Site Care
- Port and Tubing Care
- CVAD Disposal
- Dwell Time
- Removal of the Catheter

Complications

- Complications

Documentation

- Documentation

Summary

Challenging Behaviors: Care and Interventions for Individuals Experiencing Dementia

1.0 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) common triggers for challenging behaviors.
2. List four (4) strategies to minimize behaviors associated with dementia.
3. Select two (2) communication techniques to use with the resident experiencing dementia.

Keywords: person-centered care

Introduction

Definition

- Overview
- Behaviors

Behaviors

- Behavior is Communication
- Common Behaviors: Wandering
- Caregiver Interventions: Address Wandering Behavior
- Common Behaviors: Hoarding
- Caregiver Interventions: Address Hoarding
- Common Behaviors: Rummaging
- Caregiver Interventions: Address Rummaging
- Common Behaviors: Paranoia
- Caregiver Interventions: Address Paranoia
- Common Behaviors: Agitation
- Care Interventions: Manage Agitation
- Recognizing Behavior

Problem Solving

- Problem Solving Approach
- Plan Resident Centered Strategies
- Quick Tips

Communication

- Communication
- Share Interventions

Caregiver Stress

- Caregiver Stress

Case Study

- Case Study

Summary

Change Management

1.5 Contact Hour(s)

Author: Diane Hinds BA, MA, Ed. D

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises.

Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management.

She recently published her first book, *Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life*. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Objectives:

1. Recognize two (2) impacts of change.
2. Identify two (2) appropriate responses to change.
3. List one (1) way to communicate change initiatives.

Introduction

- Change is Difficult

Definition

- Types of Changes
- The Phenomenon of Change
- If Change Is Inevitable, Why Is It So Hard?
- Why Change Can Be So Difficult to Achieve
- Common Images of Change
- Images of Change

- Truths About Change
- Truth #1 Expanded
- Mental Models
- Immunity to Change
- Addressing Immunity to Change
- Truths about Change
- Speed of Change
- Growth of Knowledge

Phases

- Reaction to Change
- Impact of Change
- Results of Change
- Predictable Patterns of Change
- Ending Stage: Denial
- Neutral Zone Resistance Part 1
- Neutral Zone: Part 2

Chronic Kidney Disease

Copyright August 2021

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Choose two (2) clinical manifestations of chronic kidney disease.
2. Identify three (3) nursing considerations when caring for an individual with chronic kidney disease.
3. Select three (3) potential complications of dialysis.

Key Words: None

Introduction

- Statistics

Definition

- Definition
- GFR
- Markers of Kidney Damage

Function

- Anatomy
- Anatomy and Physiology
- Filtration, Absorption, and Secretion
- Changes with Aging
- Risk Factors

Diagnosis

- Diagnosis
- Diagnostic Studies
- Stages of CKD

Symptoms

- Symptoms

Treatment

- Management
- Diet
- Diabetes

Nursing Care

- Nursing Considerations
- Medication Effects and Side Effects
- Monitor Laboratory Results
- Anemia
- Nutritional Needs and Restrictions
- Guidelines
- Low Protein Diets
- Fluid Restrictions
- Monitoring for Signs of Fluid Overload
- Pulmonary Edema: Chronic
- Pulmonary Edema: Sudden Onset

Dialysis

- Dialysis
- Hemodialysis
- AV Fistula
- AV Graft
- AV Fistula or Graft: Complications
- Post-Hemodialysis Monitoring
- Peritoneal Dialysis
- Types of Peritoneal Dialysis
- Peritoneal Dialysis Complications
- Nursing Considerations
- Lab Considerations

Case Studies

- Case Study: Mrs. Griffin
- SBAR
- Case Study: Mrs. Griffin
- Case Study: Mrs. Griffin
- Case Study: Mrs. Griffin
- Case Study: Mr. McCarthy
- Case Study: Mr. McCarthy

Summary

Chronic Obstructive Pulmonary Disease (COPD)

Copyright R1_01.27.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Keywords: Respiratory disease, chronic condition, patient-care

Objectives

1. Describe five (5) common signs and symptoms of COPD.
2. Select two (2) important concepts in the care and treatment of the person with COPD.
3. Identify three (3) changes in status that would indicate a need to notify the physician.

Introduction

Definition

- Introduction to COPD
- Chronic Bronchitis
- Incidence of Chronic Bronchitis
- Emphysema

Causes

- Three Primary Causes of COPD
- Cigarette Smoking
- Other Irritants
- Genetic Disorders

Signs and Symptoms

- Symptoms
- Early Warning Signs
- Symptoms of Chronic Bronchitis
- Symptoms of Emphysema
- Progression of COPD

Diagnosis

- History and Physical
- Pulmonary Function Testing
- X-Rays and CAT Scans
- Other Tests

Care Guidelines

- Goals

- Treatment of COPD
 - Avoid
- Notify Physician
- Progression of the Disease

Clinical Hospice: Concepts of Care

Copyright: R3_10.31.2023_SME

0.5 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end of life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives

1. List three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary team (IDT).
3. Identify three (3) common ethical issues in end-of-life care.

Introduction

- Concepts of Hospice Care: Three Dimensions
- Concepts of Hospice Care: Family and Caregivers

The Role of Hospice

- Rights
- The Role of Hospice
- Considerations
- Responsibilities
- Expert Holistic Approach

IDG

- The Interdisciplinary Group (IDG)
- IDG Care

Quality of Life

- Quality of Life
- Quality of Life: Meaning
- Quality of Life: Focus
- Control of Pain

Dimensions

- Physical Dimension
- Psychosocial Dimension
- Spiritual Dimension
- Hospice Approach to Care

Clinical Hospice: Cultural and Spiritual Considerations

Copyright R2_11.28.2022_SME

1.0 Contact hour(s)

Author: Marc A. Markell, Ph.D., CT

Marc Markell is a professor at St. Cloud State University. He earned a Ph.D. in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods and strategies for students with special needs, behavior management, human Relations, and grief and loss education. He also supervises student teachers. Marc teaches graduate level courses Psychology of Lesbian, Gay, Bisexual, Transgender. Has written three books, several chapters, and many articles on issues related to diversity, oppression, grief, and academics.

Objectives

1. List two (2) purposes of cultural rituals and customs.
2. List three (3) forms of spiritual care in hospice programs.
3. Identify the difference between cultural competence and cultural humility.

Keywords: None

Introduction

Considerations

- Introduction

What is Culture?

- Culture: Definition
- Addressing Rituals and Concerns
- Impacts

Components

- Race and Ethnicity
- Gender
- Generations
- Age
- Religion and Spirituality
- LGBTQ
- Cultural Humility
- Statement of Human Rights

Cultural Groups

- African Descent
- Cultural Competence
- Concepts
- Self-Assessment

Cultural Competency

- Cross-Cultural Communication
- Cultural Assessment Models
- Providing Culturally Awar and Sensitive Care

Diversity

- Spirituality
- Religion

Spiritual Care

- Spiritual Care
- Management of Spiritual Issues and Spiritual Suffering
- Hospice Program
- Providing Spiritual Care
- Addressing Spiritual Care
- Components of Spiritual Care
- Spiritual History and Assessment
- Assessment Tools
- FICA Spiritual History Tool
- The HOPE Tool
- Spiritual Concerns
- Compassionate Presence

Summary

Clinical Hospice: Death, Dying, and Bereavement

Copyright R3_10.20.2023_SME

1.0 Contact Hour(s)

Author: Ginny Crockett-Maillet, RN, MSN

Ginny has more than 39 years of nursing experience in women's health, oncology care and cancer navigation, hospice and palliative care and clinical nursing education. She has a Master of Science in Nursing from Walden University with a specialty in Nursing Education in addition to her advance practice training as a Women's Health Nurse Practitioner. Ginny has also attained advanced training and certification on hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium) as well as training on end-of-life care for the dementia patient through the Alzheimer's Association. She has served as Associate Nursing Faculty at the graduate level serving as clinical instructor in the Family Nurse Practitioner program for Walden University and as Affiliate Faculty in the Bachelor of Science Nursing program at Colorado Christian University where she taught courses on hospice and palliative care, maternal childcare, and community health nursing. Ginny served as educator on hospice and palliative care to more than 700 physicians, RNs, and a variety of health care providers for 3 years while at Pathways Hospice. While at Pathways Hospice, she was also responsible for the creation of educational tools and outreach for health care professionals at local assisted living and long-term care facilities. Ginny has also served as Clinical Nurse Educator at Cheyenne Regional Medical Center where she was responsible for development of educational courses for all nursing staff and developed and taught the LPN-IV certification course for all LPN staff. Ginny is a published author on the role of Nurse Practitioners in oncology care and patient navigation and hereditary breast cancer syndromes. Ginny is a member of the Northern Colorado Nurse Practitioner Coalition, Hospice and Palliative Nurses Association and the Oncology Nursing Society where she served as Co-editor of the Breast Cancer Group newsletter for two years.

Reviewer: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie has served as a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives

1. Identify three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary group (IDG).
3. Identify three (3) common ethical issues in end-of life care.

Keywords: None

Introduction

Signs and Symptoms

- End of Life
- Family Support and Guidance

- Facing Death
- Impending Death
- Preparing Family and Friends
- Natural Occurrences
- Educating Family
- Approaching Death
- Signs and Symptoms

Interventions

- Normal Progression of Dying and Interventions
- Cultural and Religious Considerations

Role of the Hospice Professional

- Determination of Death: Death Pronouncement
- Postmortem Care
- Physical Changes After Death
- Support

Bereavement

- Grief and Bereavement
- Loss Mourning and Grief
- Grieving
- Manifestations of Grief
- Factors that Impact the Grieving Process
- Bereavement Interventions
- Bereavement Plan
- Bereavement Services
- The Grieving Period

Summary

Clinical Hospice: Definition, Referral, and Reimbursement

Copyright R2_09.28.2020_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. State two (2) criteria for hospice eligibility.
2. Select three (3) functions of the hospice interdisciplinary team.
3. Identify two (2) types of hospice discharges.

Key words: palliative care

Introduction

Hospices

- Hospice Care
- History of Hospice
- Who Receives Hospice Care?
- Medicare Costs for Hospice Care
- Hospice Length of Stay (LOS)
- Hospice Services
- Covered Hospice Services
- The Benefits for Skilled and Assisted Living Facilities
- The Differences Between Hospice and Home Care
- Reimbursement for Hospice Care
- Part D Payment for Drugs
- Levels of Hospice Care

Definitions

- Palliative Care
- Features of Palliative Care
- A Year or Less to Live
- Comfort Care

Interdisciplinary Team

- The Hospice Team
- Interdisciplinary Team Tasks
- Initial Certification
- Recertification

Eligibility

- Hospice Benefit Periods
- Who is Eligible for Admission to Hospice?
- Question
- Common Diagnoses
- Ten Steps to Better Prognostication
- Barriers to Hospice Admission
- Hospice Tools
- Local Coverage Determination (LCD)
- Adult Failure to Thrive and Debility
- Primary Diagnosis

Clinical Hospice: Documentation for Capturing Eligibility

1.0 Contact Hour(s)(s).

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives

1. Choose three (3) documentation tips used to support hospice eligibility.
2. Identify three (3) regulatory documentation requirements contained in the Hospice Conditions of Participation (CoP).
3. Identify two (2) elements required in hospice documentation to support the need for a higher level of care.

Key words: None

Introduction

Overview

- Hospice Clinical Documentation
- Painting the Picture of Eligibility

Regulatory

- Certification of Terminal Illness
- Supporting Clinical Documentation

Admission

- Hospice Services
- Questions
- Local Coverage Determination
- Assessment Tools
- Supporting Documentation
- Comprehensive Assessments
- Plan of Care
- Responsibilities

Eligibility

- Comparison Charting
- Areas of Focus
- Documentation of Changes
- Documentation Observation

- Recertification
- Eligibility of On-Going Hospice Services
- Comparative Documentation

Documentation

- IDG Role
- IDG Plan of Care Review
- Coordination of Services
- POC: Residing in a SNF

Physician and Nurse

- Required Certification of Terminal Illness

Level of Care

- Levels of Hospice Care
- Documenting Need for Higher Level of Care
- Continuous Home Care
- GIP Documentation
- GIP Documentation of Symptom Management
- IDG: Documentation

Summary

Clinical Hospice: Effective Communication Skills for End-of-Life Care

Copyright: R3_11.10.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie has served as a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Select three (3) non-verbal attending skills.
2. Identify three (3) steps to apply when communicating difficult content.
3. Identify three (3) best practices for initiating and discussing end-of-life decisions with individuals and family members.

Keywords: POLST, MOLST, Person-Centered Strategies

Introduction

Communication

- Compassionate Communication
- Guidelines
- Research
- Discussing End of Life Care

Empathy

- Guidelines
- Attending Skills
- Following Skills
- Attentive Silence
- Guidelines for Improving Reflective Listening
- Overview of Effective Communication Skills

Conversations

- Difficult Conversations
- Communicating Bad News
- Acknowledgement
- Steps to Apply
- Additional Models
- Ask Tell Ask Strategy
- NURSE Tool
- SPIKES Protocol

- SOLER Strategy
- COMFORT Model

Barriers and Challenges

- Barriers and Challenges
- Barriers to Communication
- Solutions
- Effective Communication

Advance Directives

- End of Life Communication
- Advance Care Planning
- Life Sustaining Treatments Documents
- Current Changes in Advance Care Planning Forms
- Individual State Advance Directive Forms
- States Advance Directive
- Individuals Best Interest
- Case Study

Summary

Clinical Hospice: Ethical Issues at End-of-Life

Copyright: R3_11.17.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Apply four (4) universal ethical principles.
2. Prioritize the four (4) stages of the SFNO framework for problem-solving.
3. Identify three (3) healthcare documents that are important to have at the end-of-life.

Introduction

Ethical Principles

- Ethics Defined
- Fundamental Ethical Principles
- Other Ethical Principles

Ethical Issues

- Ethical Issues within Clinical Practice
- Ethical Situations
- Documents
- Ethical Dilemmas

Problem Solving

- Ethical Problem Solving
- Professional Standards and Codes
- Questions
- Communication: Ask-Tell-Ask Method
- Resources
- Ethical Knowledge
- Case Study

Summary

Clinical Hospice: Management of Pain and Other Symptoms

Copyright R3_10.20.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end of life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. List three (3) patient rights regarding pain management.
2. Identify four (4) factors that influence a person's pain perception.
3. List three (3) approaches to administration of correct pain medication.

Keywords: person-centered care, person-centered strategies

Introduction

Symptoms

- Principles Of Symptom Management at End of Life
- Management and Relief of Pain
- Pain: Definition
- Uncontrolled Pain
- The Pain Care Bill of Rights
- Perception of Pain
- Pain as the 5th Vital Sign
- Opioid Use
- CDC Guidelines
- Issues in Pain Management

Interventions

- Pain Interventions
- Addressing Potential Side Effects of Opioid Analgesics

Barriers

- Barriers for Healthcare Professionals
- Societal Barriers for Individual and Family
- Barriers: Healthcare System
- Barrier: Assessment of Pain
- Pain Assessment Tools
- Types of Pain
- Pain Descriptors

Therapies

- Non-Pharmacologic Pain Interventions
- Pain Control

Symptom Management

- Other Symptom Management
- General Symptoms
- Dyspnea
- Anorexia-Cachexia Syndrome (ACS)
- Constipation
- Diarrhea
- Nausea or Vomiting
- Fatigue
- Anxiety, Agitation, and/or Depression
- Delirium

Summary

Clinical Hospice: Overview

Copyright R2_09.09.2020_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology.

Objectives:

1. Name two (2) goals of hospice organizations.
2. Identify two (2) settings in which hospice care is provided.
3. List the four (4) levels of hospice care.

Keywords:

Introduction

History and Philosophy

- Hospice Definition
- Philosophy
- Statistics Hospice Care
- Hospice Organization Goals
- The IDG

CMS Coverage

- Where is Hospice Care Provided
- Levels of Hospice Care
- Overview Recipients of Hospice Care
- Primary Diagnoses in Hospice Care
- Hospice Medicare Benefit and Regulations

Eligibility

- Referral Process
- Centers for Medicare and Medicaid Services
- Examples of CoPs for Registered Nursing
- Hospice Benefit Payment for Services
- Hospice Revocation
- Medicare Coverage of Hospice Care
- Hospice Discharge

Scales

- Prognostication Screening
- Palliative Performance Scale
- Functional Assessment Staging Tool
- FAST Case Study

- New York Heart Association
- ADL Assessment
- ADL Scoring
- Local Coverage Clinical Status

Summary

Clinical Hospice: The Interdisciplinary Group's Role

Copyright: R3_10.27.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives

1. List three (3) dimensions of hospice care.
2. Identify four (4) members of the interdisciplinary team.
3. Identify three (3) common ethical issues in end-of-life care.

Introduction

Purpose and Role

- Purpose and Role of the IDG
- Develop Goals
- Optimal Care
- Care and Services
- Hospice Conditions of Participation
- Comprehensive Assessment

Team Structure

- Roles and Responsibilities
- Identifying Needs of the Individual
- Services and Responsibilities
- Role of the Hospice Aide
- Role of the Hospice Social Worker
- Pastoral Care or Chaplains
- Chaplain or Pastoral Care
- Pharmacists
- Pharmacists Coordinate Pharmacotherapy
- Bereavement Coordinator
- Volunteer Services

Plan of Care

- Plan of Care (POC)
- Coordinator of POC
- Steps in Establishing a POC
- Content of the POC
- Review of the POC
- Key Points

Summary

Clostridioides *difficile*: For Nurses

Copyright: R4_10.27.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify four (4) risk factors for *Clostridioides difficile*.
2. Identify three (3) clinical manifestations for *Clostridioides difficile* infection.
3. Identify two (2) necessary precautions to prevent the spread of *Clostridioides difficile* infection.

Key Words: Infection Prevention and Control

Introduction

- The Digestive Tract
- Introduction
- *Clostridioides difficile*

Definition

- When Organisms Multiply
- Environment
- Infections

Causes

- Toxin A and Toxin B
- Toxins That Destroy Cells

Mode of Transmission

- Transmission
- Preventing the Spread of Infection
- High-Risk Resident Care Activities

Risk Factors

- Risk Factors

Manifestations

- Symptoms

Diagnosis

- Diagnosis
- Laboratory Testing

Treatment

- Antibiotic Therapy
- Fluid and Electrolyte Monitoring
- Use of Monoclonal Antibodies
- Recurrence

Complications

- Complications

Precautions

- Outbreak Precautions
- Transmission-Based Precautions
- Controlling the Environment
- Protect Yourself

Scenario

- Scenario: Mrs. Jones
- Guidelines

Summary

Clostridioides *difficile*: Nursing Assistants

1.0 Contact Hour(s)(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify four (4) risk factors for *Clostridioides difficile*.
2. Identify three (3) clinical manifestations for *Clostridioides difficile* infection.
3. Identify two (2) necessary precautions to prevent the spread of *Clostridioides difficile* infection.

Key Words: Infection Prevention and Control

Introduction

- *Clostridioides difficile*
- *C.diff*
- What's In a Name?
- Infection
- Those Affected with *C. diff*

Symptoms

- Symptoms

Causes

- Environment
- Disease Process
- Strains of *C. diff*

Risk Factors

- Risk Factors

Nursing Assistant Role

- Precautions
- Stool Documentation
- Collecting Stool Samples

Preventing Spread

- Preventing the Spread of Infection
- Infection Control Guidelines

Outbreak

- Outbreak Control

Summary

CMS Hand in Hand: A Training Series for Nursing Homes

5.0 Contact Hour(s)

Author: Centers for Medicare and Medicaid Services (CMS)

Lessons:

CMS Hand in Hand: Module 1: Understanding the World of Dementia: The Person and the Disease

1. What is Dementia?
2. Types of Dementia
3. Understanding Persons with Dementia

CMS Hand in Hand: Module 2: Being with a Person with Dementia: Listening and Speaking

1. Why Dementia Causes Changes in Communication
2. Communicating with Persons with Dementia
3. More than Words

CMS Hand in Hand: Module 3: Being with a Person with Dementia: Actions and Reactions

1. I Want to Go Home
2. Actions and Reactions: Why?
3. Actions and Reactions: Ways to Respond
4. Brainstorming

CMS Hand in Hand: Module 4: Being with a Person with Dementia: Making a Difference

1. Meeting Persons with Dementia Where they Are
2. Strengths and Abilities
3. Still There: Connecting with Persons with Dementia
4. Each Person Makes a Difference

CMS Hand in Hand: Module 5: Preventing and Responding to Abuse

1. What is Abuse?
2. Recognizing Abuse
3. Signs of Abuse
4. Actions and Reactions: Understanding How Abuse Happens
5. Preventing Abuse
6. Responding to and Reporting Abuse

Coaching

8.3.2018

1.0 Contact Hour(s)

Author: Dr. Diane Hinds

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises.

Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management.

She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University. Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Objectives:

1. Describe three (3) benefits of coaching.
2. Describe three (3) differences between coaching and managing.
3. Explain the five (5) main steps in coaching process.

Introduction

Coaching

- Define Coaching
- Typical Coaches
- Coaches
- Opportunities for Coaching
- Benefits of Coaching
- Study

Distinguishing

- Distinguish Coaching from Managing
- Differences

Phases

- Phases of the Coaching Process

Process

- Process Steps
- Step 1
- Step 2

	<ul style="list-style-type: none"> - Step 3 - Step 4 - Step 5
Standard	
	<ul style="list-style-type: none"> - Standards of Excellence - Effective Coaching Program
Summary	
	<ul style="list-style-type: none"> - Transferring Learning to Everyday Life

Code of Ethics: Occupational Therapy

1.0 Contact Hour(s)

Author: Deanna Hodges, OTR/L, ATP, Dementia Care Specialist

Deanna has been practicing occupational therapy for over 38 years. She currently works in acute care at Mayo Hospital in Jacksonville, Florida. Prior to acute care, she worked for over 25 years in long-term care and short-term rehabilitation. She has also worked in other settings including inpatient rehab and home health care. She has been an adjunct professor at Florida State College in Jacksonville, Florida, for the Occupational Therapy Assistant program. This course centers on the importance of knowing the Code of Ethics that guide the occupational therapy profession. This knowledge is vital to the practitioners and personnel who need to make sound clinical decisions in the ethical dilemmas that the profession faces every day.

Objectives:

1. Identify three (3) purposes of the Occupational Therapy Code of Ethics.
2. Select six (6) principles that are identified in the Occupational Therapy Code of Ethics.
3. Identify two (2) functions of the Ethics Commission.

Introduction

Background

- Ethics
- Core Values
- Code of Ethics

Principles

- Principle 1: Beneficence
- Beneficence Case Study
- Principle 2: Non-maleficence
- Non-maleficence Case Study
- Principle 3: Autonomy and Confidentiality
- Autonomy and Confidentiality Case Study
- Principle 4: Procedural Justice
- Procedural Justice Case Study
- Principle 5: Veracity
- Veracity Case Study
- Principle 6: Fidelity
- Fidelity Case Study

Ethics Commission

- Ethics Commission
- Purpose of the Ethics Committee

Filing a Complaint

- How to File a Complaint

Summary

Code Response

0.5 Contact Hour(s)

Author: Suada Muminovic, BSN, RN

Suada has 10 years' experience as a staff nurse in the adult and geriatric population, as well as end of life care. She has experience as a clinical adjunct for nursing assistant programs. Suada's care experience as a nurse includes medical/surgical, rehabilitation, long-term care, memory care, and hospice. Her experience in acute hospital setting makes her an expert in code response and how to apply it during emergency situations.

Objectives:

1. List four (4) things to do in a cardiac emergency situation.
2. List three (3) members of the cardiac emergency response team.
3. Select two (2) essential elements for documentation of a cardiac emergency.

Introduction

- Cardiac Emergency
- Be Prepared
- CPR Renewal

Preparation

- Know the Resident's Preferences (Person-centered Care)
- Cardiopulmonary Resuscitation
- Resident Preference

Facility

- Manage Emergencies
- Activate Code System
- Automated External Defibrillator (AED)
- Crash Cart
- Bag-Valve-Mask (BVM)
- Organize the Room

Code Team

- Code Team
- Team Leader
- CPR Certified Responder
- Emotional Support
- Nurse Documentation
- Cart and Equipment Handling
- Code Debriefings

CPR

- Basic Review of CPR
- The Goals of Basic Life Support
- Basic Life Support Guidelines
- Basic Life Support Steps
- Be Prepared

Coding and Documentation of Activities of Daily Living (ADLs)

1.5 Contact Hour(s)

Author: Cynthia Smith, MSN, RN-BC, CNE

Cindy is currently a Clinical Nurse Educator at Cheyenne Regional Medical Center. In her role as a Clinical Nurse Educator, she develops learning programs for nursing staff on the following units: Medical, Surgical, Ortho/Neuro, Oncology, Resource, and Ambulatory Infusion Clinic. Cindy is the primary nurse planner for nursing Contact Hour(s) through the Western Multi-State Division for Nursing Continuing Education. In addition, she is an assistant lecturer / clinical instructor at Fay W. Whitney School of Nursing. Cindy is a lesson developer and nurse consultant for Healthcare Academy. In this role, she develops web-based education modules and consults regarding current issues in long term care nursing. Cindy graduated from the Clemson University with a degree in nursing followed by a master's in nursing from Georgia Southern University. She has served in many different roles within varied settings in healthcare. Some of these roles include but are not limited to the following: Long Term Care Administrator, Hospice Coordinator, CICU Nurse Manager, and Education Coordinator.

Objectives:

1. Identify and accurately document a resident's ability to perform ADLs.
2. Identify and code the eleven categories for ADLs.

Introduction

Documentation

- The Seven Day Look Back Period

Coding

- Categories

Abilities

- Resident's Ability to Perform Self-Care Activities

Self-Performance

- Resident's ADL Self-Performance
- Provide Information
- Self-Performance Measures
- Self-Performance Measures for Bathing Activity
- Support Provided

Practice Coding

- Practice Coding
- Bed Mobility
- Transfers
- Walk in Room
- Walk in Corridor
- Locomotion on Unit
- Locomotion Off Unit
- Dressing
- Eating
- Toilet Use
- Personal Hygiene
- Bathing

Coding and Documentation of Activities of Daily Living (ADLs): Section GG

Copyright: September 2023

Contact Hour(s)

Author: Crystal Stivers, LPN, RAC-CT

Motivated by her dedication to the well-being of the geriatric population, Crystal received her nursing degree from Arkansas State University in 2012. After the first few years working as a Charge Nurse in a skilled nursing facility (SNF), she was promoted to MDS coordinator. As the facility MDS coordinator her focus was learning all aspects of the RAI process (MDS) including attending the PDPM training presented by the American Health Care Association. Among her many responsibilities, she actively contributed to the facility's QA and infection control programs. Within four years, Crystal was promoted to assistant director of nursing where she has expanded her experience in the long-term care setting by ensuring facility compliance to federal and state regulations. A member of the Arkansas Nursing Home Nurses Association, Crystal is a resident assessment coordinator certified as well as a Dementia Well-being Specialist.

Reviewer: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. Select six (6) ADL self-performance measures.
2. Apply mobility codes to two (2) scenarios.
3. Identify sixteen (16) ADL categories of Section GG requiring coding.

Keywords: N/A

Introduction

Documentation

- The Purpose of Coding
- The Seven Day Look Back Period

Coding

- Categories

Abilities

- Resident's Ability to Perform Self-Care Activities

Self-Performance

- Resident's ADL Self-Performance
- Provide Information
- Self-Performance Measures

Practice Coding

- Practice Coding
- Eating
- Oral Hygiene
- Toileting Hygiene
- Bathing
- Upper Body Dressing
- Lower Body Dressing
- Putting On or Taking Off Footwear
- Roll Left and Right
- Sit to Lying
- Lying to Sitting on Side of Bed
- Sit to Stand
- Chair/Chair to Bed Transfer
- Toilet Transfer
- Walk 10 feet
- Walk 50 feet with Two Turns
- Walk 150 feet

Cognitive Impairment: Advanced

Copyright: R5_12.15.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has incorporated person-centered care concepts for persons with cognitive impairments into orientation, skills evaluations, and on-going training. Linda is an approved FL trainer for the NH curriculum through the FL Department of Elder Affairs and a certified dementia practitioner.

Reviewer: Emily Briggs, OTR/L, RAC-CT, PAC Certified Independent Trainer

Emily has been practicing occupational therapy for over 20 years. She is the co-founder and principal of Empowering Care Partners, a company providing training and consulting to individuals living with dementia and their care partners who support them, including family members, dementia care professionals, and organizations. Emily also provides occupational therapy services in Assisted Living and Independent Living communities. Prior to that, she served as the Director of Clinical Compliance for a skilled nursing company, in regional clinical and director of rehabilitation roles for skilled nursing facilities (SNFs). In each role, Emily has focused on clinical programming and mentorship of students, new grads, and those new to the SNF setting. Emily holds an Independent Trainer Certification with Teepa Snow's Positive Approach to Care (PAC) and provides training to care partners of all levels in the care of those living with dementia. Emily is a member of the American Occupational Therapy Association (AOTA) and was part of their Leadership Development for Middle Managers Class of 2016. She has also served AOTA on a variety of Technical Expert Panels and Advisory Groups.

Objectives:

1. Recognize two (2) cognitive losses associated with dementia.
2. Identify two (2) behaviors exhibited by an individual with progressive cognitive impairments.
3. Select three (3) strategies to manage behaviors associated with cognitive impairment.

Key words: Sexually Inappropriate Behavior, Person-center Care, Depression, Medications

Introduction

- Definition

Background

- Effects of Dementia
- Treating Dementia
- Symptoms of Dementia
- The Onset of Dementia

- General Care Guidelines
- Communication
 - Communication Strategies
 - Communication Changes
 - Communication Interventions
 - Communication to Decrease Confusion
- Environment
 - Safety Guidelines
 - Environmental Conditions
- Behaviors
 - Behaviors
 - Negative Behaviors Causes
 - Negative Behaviors Managing
 - Managing Negative Behaviors Environment
 - Interventions
 - Psychotic Disorders: Interventions
 - Medication Factors
 - Wandering Interventions
 - Having a Plan in Place
 - Restlessness and Disorientation
 - Rummaging Through or Hiding Things
 - Aggressive Hostile Behavior
 - Interventions for Aggression
 - Impulsive and Unpredictable Behaviors
 - Interventions
 - Sundowning and Sleep Problems
 - Signs of Catastrophic Reactions
 - Causes of Catastrophic Reactions
 - Resisting Care
 - Sexually Inappropriate Behavior
 - Sexually Inappropriate Behavior: Interventions
 - Sexually Inappropriate Behavior: Documentation
 - Depression
 - Depression: Behavioral Symptoms
 - Depression: Non pharmacologic Approaches
- Pharmacology
 - Medications
 - Symptoms Treated with Medications
 - Antipsychotics
- Legal Considerations
 - Vulnerable Adults
- End Stage
 - End Stage Care Discussion
 - Palliative Care Goals
- Summary
 - Summary

Common Disorders in the Older Adult

Copyright: June 2022

0.5 Contact Hour(s)

Author: William Phillips, AGACNP-BC, MSN, CCRN, MBA, MA

William Phillips has been a practicing nurse in healthcare for many years. He started his career in clinical research, working on multiple NIH sponsored clinical trials in ophthalmology. From there, he went on to participate in educational research with the University of North Florida. Mr. Phillips worked as a nurse in the neurology intensive care unit before going on to receive his nurse practitioners in adult critical care. He currently works as a nurse practitioner in the medical ICU at Duke University Hospital.

Objectives

1. Select two (2) signs and symptoms of a stroke.
2. Identify two (2) symptoms of worsening sepsis.
3. Select the three (3) precautions of a hip replacement.

Keywords: None

Introduction

- Common Disorders

Stroke

- What is a Stroke?
- BE FAST
- How Does a Stroke Affect Caregiving?

Hip Replacement

- What is a Hip Replacement?
- Why Do Individuals Get a Hip Replacement?
- Hip Precautions
- Signs of Blood Clot or Infection

Sepsis

- Sepsis
- Signs and Symptoms of Sepsis
- What to Do?

Heart Failure

- What is Heart Failure?
- Complications of Heart Failure
- How Heart Failure May Affect Care

Parkinson's

- What is Parkinson's Disease?
- Signs of Parkinson's Disease
- How Parkinson's Disease May Affect Care

Psychosocial

- Alzheimer's Disease and Dementia
- How Alzheimer's Disease and Dementia May Affect Care
- How to Communicate with an Individual With Alzheimer's Disease or Dementia

Summary

Communication Basics

Copyright R4_03.24.2020_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Learning Objectives

1. Identify two (2) physical barriers to successful communication.
2. Identify two (2) psychological barriers to successful communication.
3. Identify three (3) strategies for successful communication.

Keywords: None

Introduction

- Introduction to Communication

Importance

- Definition
- Categories of Communication
- The Purpose of Communication
- Benefits of Good Communication

Anatomy

- Anatomy
- Partners in the Process
- Encoding and Decoding
- Communication is Constant
- Communication is Irretrievable
- Communication is a Partnership

Barriers

- Communication Barriers

Strategies

- Successful Communication Strategies
- Setting the Stage
- Practice Clarity
- Focused Engagement
- The Power of Non-Verbal Communication
- Making Non-Verbal Communication an Ally
- Listen to Understand
- Genuine Transparency

Summary

128 (Rev. 02.08.2024)

Compassion Fatigue

Copyright R1_01.27.23_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Identify two (2) causes of compassion fatigue for healthcare workers.
2. Identify three (3) symptoms of compassion fatigue for healthcare workers.
3. Identify three (3) ways health workers can prevent compassion fatigue.

Keywords: Caregiver stress, burnout

Introduction

Definitions

- Introduction
- Compassion Fatigue
- Related Terms
- Interplay of Compassion Satisfaction, Fatigue, and Resilience

Causes

- Emotional Demands
- Factors
- Other Factors

Symptoms

- Symptoms
- Severe Outcomes
- Systemic Compassion Fatigue

Prevalence

- Statistics
- Real Testimonies

Prevention

- Replenishment
- ABC's of Prevention
- Awareness
- Balance
- Connections
- Professional Quality of Life (ProQOL)
- Score

- Healthcare Supervisors

Treatment

- Self-Care
- Managers
- Role of Supervisors
- Benefits of Compassion Resilience
- Benefits of Treating Compassion Fatigue
- Summary

Competency-Based Programs in Long-Term Care

Copyright: R4_10.27.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, Staff Development specialist, instructor, and clinical professor. In her role as Director of Education of a 180-bed long term care facility she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and person- centered caregivers.

Objectives:

1. Identify two (2) reasons competency-based programming is warranted in long-term care (LTC).
2. Choose two (2) challenges in implementing competency-based programming in the LTC setting.
3. Choose two (2) benefits of competency-based programming to a long-term facility.

Introduction

Background

- Competency Based Programming
- Terms

CBP

- What's the Big Deal About Competence?
- Definition
- New Requirements
- Factors
- Competency-Based Programs
- Challenge Alert
- What is competency-based practice?
- Evidence Based Practices
- Competency versus Proficiency
- Competency is a Continuum
- Achieving Competency
- Devising Competencies for Staff
- Devising Competencies Regulatory Considerations

Challenges

- CBP: Specify Competency Outcomes
- Core Competencies
- Outcomes
- Competency Based Learning
- Achieving Competency
- Learner Considerations
- Theoretical Framework
- Challenge Alert

Benefits

- Creating a Culture of Competency
- Competency Culture Considerations

Incorporating CBP

- Incorporating CBP in LTC
- Suggested Competency-Based Learning Activities
- Utilizing CBL

Summary

Conflict Management

1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises.

Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management.

She recently published her first book, *Think it. Do it.* Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Objectives:

1. Identify two (2) causes of negative conflict.
2. Recognize two (2) styles of dealing with conflict.
3. Describe two (2) effective methods to resolve conflict.

Introduction

Definition

- Introduction
- Effective Methods of Addressing Conflict
- Definition of Conflicts
- Differences of Opinions
- Factors of Conflict
- Reasons Why We Choose to Care or Not About the Difference
- Conflict is Neutral
- Attributes of Conflict
- Positive Attributes of Conflict
- Healthy Conflict Focus
- Negative Attributes of Conflict

Causes

- Factors That Can Escalate Conflict
- Ladder of Inference
- Adaptation

- Assumptions
- Character Flaw Thinking
- Right and Left Column
- True Opinions
- The Blind Spot
- Coalitions
- Needing to Win
- Communication Breakdowns
- Where Communication Can Fail

Styles

- Styles of Dealing with Conflict
- Avoiding Style
- Avoid: Cooling Off Period
- Acknowledge the Avoiding Style
- Accommodating Style
- Accommodate: Avoid Taking Advantage
- Compromising Style
- Collaborating Style
- Collaboration: Set Boundaries
- Controlling Style
- Control: Low Empowerment
- Control

Resolution

- Effective Methods to Resolve Conflict
- Give in or Hold Your Ground
- Active listening Skills
- Active Listening: Clarify and Restate
- Active Listening: Stay Neutral
- Active Listening: Summarize
- Providing Constructive Feedback
- Opening the Discussion
- Principled Negotiation
- Stage 1: State Positions
- Stage 2: Identify Interests
- Stage 3: Identify BATNA
- Stage 4: Brainstorm Options
- Stage 5: Evaluate, Develop Best Option
- Negotiating at an Uneven Table
- Myth of Democracy
- Position and Privilege
- Uneven Table: Acknowledging the Conflict

Situations

- Intervening in Conflicts Between Others
- The Facilitator
- Mediator
- Arbitrator
- Intervening
- Approach One
- Approach Two
- Transfer Learning

Congestive Heart Failure (CHF)

Copyright: R1_01.27.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Identify three (3) common causes of congestive heart failure (CHF).
2. Describe five (5) common signs and symptoms of CHF.
3. Describe three (3) important concepts in ongoing care for persons with CHF.

Keywords: Cardiac disease, chronic condition, patient-care

Introduction

Definition

- Statistics

Classifications

- The Heart
- Primary Function
- Congestive Heart Failure
- Heart Failure
- Systolic and Diastolic Failure
- Classification of CHF

Causes

- Diseases Affecting CHF
- Common Causes of CHF

Signs and Symptoms

- Signs and Symptoms

Diagnosis

- Diagnosing CHF
- Physical Examination
- Diagnostic and Laboratory Tests

Treatments

- Medications
- Lifestyle Changes
- Surgery

New Medical Devices

- New Medical Devices

Care Guidelines

- Care Guidelines

Notify Physician

- Progression of the Disease

Summary

Coronavirus Disease (COVID-19)

Copyright: R9_07.01.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Objectives:

1. Identify two (2) symptoms of coronavirus (COVID-19).
2. Select three (3) strategies for preventing the spread of COVID-19 in the long-term care (LTC) setting.
3. Select two (2) control measures when COVID-19 has been identified in a healthcare setting.

Key words: Facility Assessment

COVID-19

- Introduction
- Current Understanding
- Evolving Disease
- Background
- Transmission
- Symptoms
- Contagious

Plan

- General Prevention
- Implications for LTCFs
- Local and State Public Health Recommendations and Regulations
- Review Existing Plans
- Communication Plan
- Communication
- Resources
- Training Needs

Act

- Facility-Specific Strategies to Prevent the Spread of COVID-19
- Evaluate and Test
- CDC Guidelines
- Clinical Criteria
- Evaluate and Test
- CDC Guidelines
- Clinical Criteria

- Evaluate and Test Staff
 - Vaccines
 - Variants
- Follow up
- Notification
 - Facility-Specific Strategies if COVID-19 Enters the Facility
- Summary

Corporate Compliance and Ethics (All Staff)

0.5 Contact Hour(s)

Author: Melissa Purvis, RN-BC, MSN, NHA

Melissa has extensive experience in post-acute clinical operations serving in roles as Director of Nursing, Chief Clinical/Nursing Officer and as National Director of Clinical Practice for Golden Living Corporation where she researched and authored clinical practice standards and taught survey readiness and QAPI to field leaders. She is also a licensed nursing home administrator. Melissa's professional passions include staff engagement and mentoring. Melissa is a graduate of Peter Bent Brigham School of Nursing and earned her BSN from Seton Hall University and her MSN in Health Systems Management from Vanderbilt University.

Objectives:

1. Identify two (2) potential compliance issues.
2. List two (2) acceptable methods of reporting compliance concerns.
3. List three (3) characteristics of Medicare fraud.

Keywords:

Introduction

Compliance

- Background
- Definition
- Compliance Efforts
- Responsibility
- Compliance Program Basics
- The Seven Fundamental Elements of an Effective Compliance Program
- Compliance as an Element of Job Performance

Initiatives

- Initiatives to Support Compliance
- Rules and Regulations from Different Organizations
- Standards of Conduct
- Five Practical Tips for Creating A Culture of Compliance
- Fraud, Waste, and Abuse
- Introduction to Medicare, Fraud, and Abuse
- Medicare Fraud
- Medicare Abuse
- False Claims Act
- False Claim

Roles

- Documentation and Compliance
- Compliance: Everyone's Responsibility
- Reporting Non-Compliance
- Whistleblower

COVID-19: PPE Guidance for Use

Copyright: R3_08.03.2022_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Objectives

1. State two (2) types of face masks used in the long-term care (LTC) setting when working with COVID-19 positive individuals.
2. Identify three (3) considerations when selecting personal protective equipment (PPE).
3. Select two (2) strategies for correct use of PPE when working with COVID-19 positive individuals.

Keywords: None

Introduction

Definition

- Introduction

Purpose

- Transmission
- Types of PPE
- Order of Applying and Removing PPE
- Hand Washing During COVID-19 Pandemic

Masks

- Masks: Understanding the Difference
- CMS Interim Guidance
- Types of Masks
- N95 Specifications
- Best Practices
- Fit Testing
- Donning an N95 Mask
- Donning and Doffing Surgical Face Mask
- N95 Respirator Precautions
- Disposal

Eye Protection

- Use of Eye Protection
- Type of Eye Protection
- Extended Use of Eye Protection
- Cleaning and Disinfecting Eye Protection
- Storing Eye Protection

Gown

- Gown Use
- Extended Use of Isolation Gowns

Gloves

- Use of Gloves
- Extended Use of Gloves When Supply is Limited

Guidance

- PPE for Residents
- Administrator Guidance
- Conventional, Contingency, and Crisis Capacity

Resources

- Resources

Summary

Cultural Competence

May 2022

2.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) religious beliefs that may affect how a person views healthcare.
2. Choose three (3) ways to show a veteran that their service and experiences are valued.
3. Select two (2) goals of culturally competent care for those with developmental disabilities.

Key words: Person-centered care, veteran, gender, sexual orientation

Introduction

- Culture Overview

Definitions

- Culture Defined

Regulations

- Regulations

Differences

- Disparities in Healthcare
- Diverse Population
- Ethnicity
- Cultural Difference
- Aspects of Culture
- Immigrants
- Refugees

Competence

- Cultural Competence
- Competence Goals
- Person-Centered Care

Self-Assessment

- Cultural Self-Assessment
- Personal Reflection
- Cultural Humility

Awareness

- Families
- Awareness

Communication

- Language
- Communication
- Nonverbal Communication
- Family
- Working with Families

Diversity

- Religion
- Major Religions
- Religious Objects
- Sexual Orientation
- Transgender
- Questioning
- Sexual Orientation
- Veterans
- Veterans: Culture
- Veterans: Experiences
- Veterans: Pain
- Veterans: Services
- Intellectual Disability: Goals for Care
- Intellectual Disability: Rights
- Intellectual Disability: Challenges
- Mental Disorders

Decision Making

- Decision Making
- Scenarios

Staff

- Staff: Prejudices
- Staff: Actions

Summary

Cultural Competency Basics

Copyright: May 2022

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) things that individuals within a cultural group may have in common.
2. Choose three (3) special religious objects that might be used by individuals.
3. Select three (3) methods to make communication person-centered.

Keywords: person-centered care

Introduction

- Characteristics of Culture
- Goals

Regulations

- Regulations

Examples

- Ethnicity
- Family

Religion

- Religion
- Religion: Practices
- Religion: Beliefs
- Religion: Objects

Awareness

- Cultural Humility
- Awareness
- Gender Identity
- Sexual Relationships
- Ageism
- Elder Speak
- Veterans
- Mental Illness
- Mental Illness: Guidelines

- Disability
- Communication
- Communication
- Scenarios
- Mrs. Todachine
 - Mr. Benjamin
 - Mrs. Ouillette
- Staff
- Prejudice Against Staff
 - Actions
- Summary

Cultural Competence in Practice

1.0 Contact Hour(s)

Author: Dian Renfro, MSN, RN

Dian has over 40 years of varied nursing experience including medical-surgical nursing, homecare, community, hospice, and education. Currently, Dian is a professor of nursing in a baccalaureate nursing program and teaches pharmacology, medical-surgical nursing, and community health. Dian has worked with both immigrant and refugee families in community health and has taught cultural competence at the university level. Cultural Awareness is important in all areas of healthcare. She believes that becoming sensitive to residents' backgrounds and beliefs helps to provide holistic comprehensive care which will speed healing and increase comfort and understanding.

Objectives:

1. List five (5) components of an individual's cultural makeup.
2. Describe three (3) aspects of culture that effect an individuals' healthcare decision making.
3. Describe four (4) aspects of communication to improve personal cultural competence.

Keywords:

Introduction

Definition

- Culture Overview
- Culture Defined

Diversity

- US Population by Race
- Hispanic Population in US (2010)
- Regional Population by Race
- US Census Bureau

Differences

- Cultural Difference
- Aspects of Culture

Immigrants

- Immigrants
- Refugee

Competence

- Cultural Competence
- Competence Goals
- Person-centered-Care

Self-Assessment

- Cultural Self-Assessment
- Personal Reflection

Communication

- Language
- Nonverbal Communication

Decision Making

- Decision Making

Scenarios

Customer Service Strategies

Copyright R3_01.13.2021_SME

0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. List three (3) benefits of good customer service.
2. Identify three (3) customer expectations customers for long-term care staff.
3. List three (3) ways respect can be shown to customers in long-term care.

Introduction

Customer Service

- Overview
- The Ripple Effect
- Benefits of Good Customer Service
- Customer Expectations
- Positive Attitude Case Study
- Caring Service
- Complete Honesty
- High Quality
- Genuine Respect
- Stellar Ethics
- Beautiful Aesthetics
- Measuring Customer Service
- Customer Service Responsibility
- Customer Service Experience
- Empower Yourself

Strategies

- Your Customers
- Defining Customer Service
- Implementing Customer Service Strategies
- Positive Attitude
- Complete Honesty
- High Quality
- Genuine Respect

- Stellar Ethics2
- Beautiful Aesthetics
- Tips for Improving Customer Service

Summary

Death, Dying, and Postmortem Care

Copyright R4_10.22.2022_SME

1.0 contact hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Name the five (5) stages of grief.
2. Identify three (3) common fears about death.
3. List three (3) physical changes that occur during the dying process.

Keywords: None

Introduction

Dying Process

- The Dying Person
- Goals
- Examining Feelings
- Spirituality

Grief Process

- The Five Stages of Grief

Fears

- Fears about Death

Caregiver's Role

- Roles of the Healthcare Team

Pain Relief

- Pain Relief at the EOL
- Interventions
- Pain Relief Methods
- Pain Medications

Preparing

- Preparing the Family
- Comfort Measures

Postmortem Care

- Postmortem Care Procedure
- Postmortem Changes
- Comfort Care
- Documentation
- Transporting
- Support

Summary

150 (Rev. 02.08.2024)

De-Escalating Aggressive Behaviors in Long-Term Care

Copyright May 2023

0.5 Contact Hour(s)

Author: Margaline (Maggie) Lazarre, APRN

Margaline (Maggie) Lazarre is an advanced practice registered nurse (APRN) with over 30 years of nursing experience. She is certified in gerontology and currently practices in the area of geriatric psychiatry. She has a passion for nursing, aging, and is committed to educating nurses to improve their performance in caring for their geriatric patients.

Wendy Mohlman, MS-RN, C-AL, CNE

Wendy Mohlman, MS-RN, C-AL, CNE, has dedicated her nursing career to serving older adults in long-term care, mental health, hospice, assisted living facilities, and Memory Care. She worked on the forensics unit at a state hospital, and the Utah Neurological Institute on the geriatric-psych unit. She is a contributing author of training videos (produced by the University of Utah) for both staff in long-term care and caregivers to people living with Alzheimer's disease and other related dementias. She holds a master's degree in Gerontology from the University of Utah College of Nursing. She is serving as the Assisted Living Clinical Manager for Healthcare Academy.

Objectives:

1. Identify two (2) examples of aggressive behavior.
2. Select two (2) triggers that may lead to a person to aggressive behavior.
3. Choose two (2) ways to stay safe while de-escalating a situation.

Keywords: de-escalation, aggression, agitation, cognitive impairment, dementia, Alzheimer's, mental health, behavioral health, safety, workplace violence, behaviors

Introduction

Background

- About this Course
- Aggressive Behaviors in Long-Term Care

Case Study

- Introducing Mrs. Dane
- Examples of Aggression

Triggers

- Examples of Triggers

Warning Signs

- Warning Signs
- Anger Brewing: Mrs. Dane

The Approach

- De-Escalation: How to Communicate

Communication

- De-Escalation: How to Communicate

Emergency

- Safety is the Priority

Example

- De-Escalating Mrs. Dane

Confusion

- Trigger Identified: Confusion

Summary

- Summary

Dehydration Prevention

Copyright: R3_09.22.2023_SME

0.5 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kendal Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Keywords: None

Objectives:

1. Identify (3) risk factors for dehydration in the older adult.
2. State (3) potential consequences of dehydration in the older adult.
3. Identify (4) interventions to help prevent dehydration for the older adult.

Introduction

- Federal Regulations

Requirements

- Changes in the Older Adult
- Water is Vital
- Normal Fluid Intake
- Intake and Output

Risk Factors

- High Risk
- Risk Factors

Dangers

- Kidneys
- Dehydration

Prevention

- Prevention
- Documentation

- Special Considerations
- Caffeine
- Daily Questions
- Report Concerns
- Healthy Staff

Summary

Diabetes Basics

Copyright R1_01.27.2023_SME

1.0 Contact Hour(s)

Author: Lois A. Platt MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Masters of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify five (5) signs and symptoms of diabetes.
2. Select three (3) treatment options for a person with diabetes.
3. Identify four (4) conditions that would indicate a need to notify the physician.

Keywords: Chronic conditions, patient-care

Introduction

Definition

- Definition
- Anatomy of Diabetes
- Elevated Blood Sugar

Types of Diabetes

- Types of Diabetes

Causes

- Causes of Diabetes

Signs and Symptoms

- Signs and Symptoms

Diagnosis

- Diagnosis
- ADA Screening Recommendations

Treatment

- Treatment Options
- Insulin
- Insulin Delivery
- Insulin Types
- Oral Medications
- Transplantation

Care Guidelines

- Care Interventions
- Diet
- Exercise
- Monitoring Blood Sugar
- Foot Care

Notify Physician

- Progression of the Disease
- Long-Term Complications
- Notifying the Physician

Summary

Diabetes Care

1.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) risk factors for diabetes.
2. List three (3) health complications associated with diabetes.
3. Identify three (3) nursing interventions to support diabetes management

Keywords:

Introduction

Overview

- An Epidemic
- Diabetes Mellitus
- Direct and Indirect Costs

Types of Diabetes

- Types of Diabetes

Symptoms

- Symptoms of Diabetes

Pathophysiology

- Metabolism
- Insulin

Risk Factors

- Risk Factors for Diabetes

Diagnosing

- Diagnosis Considerations
- Blood Glucose Levels
- ADA Diagnosis
- Testing Asymptomatic Individuals

Complications

- Chronic Complications
- Hyperglycemia
- Hypoglycemia
- Chronic Complications

Diabetes Care

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- Prediabetes
- Team Approach
- Key Components of Care
- Foot Care
- Glucose Monitoring
- Testing with Glucose Meter
- Diabetes Care with Technology
- Ketone Testing
- Medication
- Types of Insulin
- Characteristics of Insulin
- Insulins
- Insulin Delivery Methods
- Oral Medication
- Injected Medication
- Medical Nutrition Therapy (MNT)
- Goals of MNT
- Nutritional Therapy
- Exercise
- Exercise Recommendations
- The Role of the Diabetes Educator

LTC

- Managing Diabetes in the Older Adult
- Goals for Long-Term Care
- Preventing Hypoglycemia
- Controlling Hyperglycemia
- Transition of Care: Risk Factors
- Transition of Care: Lack of Communication
- Transition of Care: Improving Communication
- Transition of Care: Medication Review

Summary

Diets in Long-Term Care: Advanced

Copyright: R4_12.29.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kendal Kennedy, MS, RDN, LDN, RYT

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed. Other nutrition-related experience includes working as a dietitian in an acute-care hospital, out-patient clinics, and community wellness projects. Kendall received her master's and bachelor's degrees in nutrition from the University of North Florida.

Objectives:

1. Identify the two (2) main goals of dining and food standards for those living in a long-term care facility.
2. Select three (3) negative consequences of restrictive diets for those living in long-term care.
3. Apply two (2) ethical principles of informed consent as they apply to dining.

Key Words: Person-centered Strategies, Ethics

Introduction

Regulations

- Regulations
- Paid Feeding Assistants
- IDT Team
- Preferences

Goals

- Goals
- Priority of Nutritional Care
- Prevent Malnutrition
- Diet Liberalization
- Liberalized Diets

- Regular Diet
- Therapeutic Diets: Definition
- Therapeutic Diets: Guidelines
- Individualized Diabetic Calorie Controlled Diets
- Residents with Diabetes
- Diabetic Diets
- Individualized Low Sodium Diets
- Research Trends for Low Sodium
- Cardiac Diet
- Low Saturated Fat
- Altered Consistency
- Altered Consistency Diets
- Bedside Swallow Evaluation
- Altered Consistency

Tube Feeding

- Tube Feeding
- Enteral Aspects
- Enteral Feeding
- Complications
- Care
- Recommended Course of Practice

Real Food

- Real Food
- Recommended Course of Practice for Real Food

Choices

- Dining Choices
- Dining Choices
- Choice of Food Impact
- Approaches
- Promoting Choice
- Nursing Home Regulations
- Questions
- Negotiating Risk

Self-Directed Living

- Self-Directed Living
- Alcohol Risks

Negative Outcomes

- Outcomes
- Relevant Research Trends
- Negative Outcomes
- Current Thinking
- The Eden Alternative
- Recommended Course of Practice

Informed Consent

- Informed Consent
- Autonomy
- Goals for Enteral Nutrition
- Decision Making Capacity
- Clinical and Ethical Issues
- Durable Power of Attorney
- Surrogates
- Ethical Dilemmas: Long-Term Feeding Tube
- Informed Consent

Summary

Diets in Long-Term Care: All Staff

Copyright: R3_12.13.2023

0.5 Contact Hour(s)

Author: Lois Platt, RN, MS

Ms. Platt has recently retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She also worked many years in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a diploma in nursing for Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Kendall Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida and in an acute-care hospital in St. Thomas, VI. In addition to clinical work, Kendall provides nutrition counseling via telehealth for outpatients. While working in LTC, she helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Objectives:

1. Identify three (3) reasons for initiating a therapeutic diet in the long-term care setting.
2. Apply two (2) diet modifications to a scenario.
3. Choose four (4) types of texture modified diets.

Introduction

Reasons

- Therapeutic Diet

Types

- Common Therapeutic Diet Types
- High Protein Diet
- Double Protein Diet
- Diabetes
- Therapeutic Diets
- Carbohydrates
- Current Thinking on Diabetic Diets
- Sodium Restricted Diet
- Sodium Restricted Diet: High Blood Pressure
- High Blood Pressure Diets
- High Cholesterol Diet

- Low Cholesterol Diet
- Low Fat Diet
- Celiac Disease
- Low Calorie Diet
- Dysphagia
- Texture Modified Diets

Modifications

- Gluten Free Diet

Responsibilities

- Thickening Agents
- Staff Responsibilities

Summary

Diversity and Inclusivity: Creating a Healthy Workplace

Copyright: R1_08.25.2023_SME

1.0 Contact hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. List five (5) identities that mark a diverse population.
2. Choose four (4) ways to promote inclusion in the healthcare setting.
3. Identify three (3) ways healthcare workers (HCWs) can reduce control biases.

Keywords: Cultural Diversity, Cultural Humility

Introduction

- International Movement
- Diversity and Inclusion

Definitions

- Definition
- Unconscious Bias
- Unconscious Bias
- Biases
- Stereotypes
- Anti-Racist
- Cultural Humility
- Active Bystander
- Microaggression
- Under-represented Minority
- Intent Versus Impact

Diversity

- Identities
- Embracing Diversity
- Case Study: Kayla

Inclusion

- Diversity and Inclusion
- Categories Showing Inclusion
- Heard and Supported

Benefits

- Success of the Organization
- Healthier Workplace
- Emotional Wellness

Application

- Self-Awareness
- Intentional Experience
- Cultural Humility
- Recognize Your Power

Case Studies

- Legal Case
- Case Study: Habib
- Case Study: Renee
- Summary

Diversity, Equity, and Inclusion for Managers

December 2022

2.0 Contact Hour(s)

Author: Karen Scott, MBA, SPHR

Karen has over 20 years of experience in human resources and executive level management. As a Human Resource Director at an executive level for multiple organizations she has operated in a generalist role. The majority of her career has been spent in healthcare and manufacturing. She has created policies, conducted investigations, responded to discrimination complaints, and advised on action steps to creating effective policies. As a HR Generalist, her areas of expertise extend to strategic planning, human relations, benefits, policy creation, leadership development, compensation and change management. Her unique experience, often as the sole point of HR contact, has led to considerable experience developing diversity initiatives, training management on culture and inclusion and navigating policy to have equal outcomes.

Objective

1. Identify two (2) traits of inclusive leaders.
2. Identify three (3) concepts that affect inclusion in the workplace.
3. Select three (3) responsibilities of managers when creating an environment that supports diversity and inclusion.

Keywords: None

Introduction

Background

- Introduction
- Be the Change
- Topics Covered

Overview

- Introducing DEI in the Workplace
- Exploring DEI in the Workplace: Culture
- How Culture Affects Communication
- How Far Diversity Extends
- History and Its Importance
- DEI Overview

Concepts

- Introduction to DEI Terms and Concepts
- Definition of Diversity
- Diversity
- Definition of Inclusion
- Inclusion in a Work Environment
- Definition of Equity
- Equality vs. Equity
- Barriers to Inclusion
- Bias
- Conscious or Explicit Bias

- Unconscious or Implicit Bias
- The Impact of Bias
- Self Evaluation of Bias
- Characteristics
- Decisions
- Steps to Overcoming Bias
- Understanding Types of Unconscious Bias
- Types of Bias
- Other Important Concepts

Environment

- Employee's View of Inclusion
- Learning Culture
- Challenge for Leaders
- Benefits of Diversity and Inclusion

Strategies

- Strategies for Creating an Inclusive and Diverse Environment
- Key Components of an Inclusive Workplace
- Responsibility
- Inclusive Leadership Behaviors
- Starting the Process
- Creating a DEI Environment
- Actions

Bias

- Bias
- LGBT + Elders
- LGBT Persons of Color
- Resources

Scenarios

- Scenario: Amy
- Scenario: Sandy and Pam
- Scenario: ABC Company
- Scenario: Morning Meeting at a Long-Term Care Facility

Summary

Documentation and Legal Aspects for the Nursing Assistant

Copyright R3_02.02.2024_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has over 30 years of nursing experience working with older adults across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees to meet annual regulatory requirements while promoting quality outcomes for older adults in the long-term care setting.

Objectives:

1. List four (4) indications for accurate healthcare documentation.
2. Select four (4) common documentation requirements in the long-term care (LTC) setting.
3. Identify two (2) legal aspects of the nursing assistant role.

Keywords: Prevention of Errors, Ethics, Standards of Care, Scope of Practice

Introduction

Documentation

- Documentation Defined
- Documentation of Care Provided
- Legal Use of Documentation
- Reasons for Not Documenting
- Documentation Formats
- Flow Sheet
- Principles of Documentation
- Corrections for Documentation Errors
- Documentation Summary

Legal Aspects

- Ethical Behaviors
- Standards of Care
- Standards of Care
- Know Your Scope of Practice
- Know Your Limits
- Medical Malpractice

Roles and Responsibilities

- Annual Education
- Guidelines
- Scenario One: Mr. Smith
- Scenario Two: Mr. Jones

Summary

Domestic Violence Information for Healthcare Workers

Copyright: R2_07.28.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. He did further graduate studies in Mathematics at N.C. State University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Since 2018 he has authored many curricula related to spiritual care, leadership, and ethics for the Healthcare Academy. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment. During his career as a spiritual leader and counselor he has had the honor of working with victims of abusive relationships and recognizes the value in knowing how to respond.

Objectives

1. Identify two (2) statistics regarding the prevalence of domestic violence.
2. Identify three (3) victims of domestic violence.
3. Apply three (3) warning signs of domestic violence to a case scenario.

Keywords: N/A

Definition

- Domestic Violence Terms
- Domestic Violence Defined
- The Victims

Prevalence

- Violence Against Women
- Violence Against Men
- Domestic Violence: State Reports in the U.S.

Types

- Forms of Domestic Violence
- Physical Violence
- Sexual Violence
- Stalking
- Psychological or Emotional Violence

Symptoms

- Statements That Indicate Domestic Violence
- Characteristics of an Abuser
- Domestic Violence Myths

Communication

- Reporting

- Brianne's Story
- Role of the Healthcare Worker
- Resources

Summary

- Journey to Safety and Peace

Domestic Violence: Advanced

Copyright R3_11.04.2022_SME

2.0 Contact hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Rate the four (4) most disturbing signs of domestic violence.
2. Comment on three (3) components of screening for the presence of domestic violence.
3. Prioritize the top three (3) ways to assist victims of domestic violence.

Keywords: None

Introduction

- Domestic Violence
- Victims of Domestic Violence
- Healthcare Professionals and Domestic Violence

Scope

- Domestic Violence Does Not Discriminate
- Intimate Partner Violence (IPV) Homicides
- Domestic Violence and Children

Vulnerable Populations

- Vulnerable Populations
- Teens

Legal Aspects

- Referral Agencies
- Documentation
- The Cost of Domestic Violence

Definition

- Definition of Domestic Violence
- Forms of Abuse
- Symptoms of Abuse
- Isolation
- Labeling the Behavior as Abuse
- Power and Control

Types

- Types of Domestic Violence

Characteristics

- Characteristics of Abusers

Risk Factors

- Risk Factors

Signs

- Signs of Domestic Violence
- Elder Abuse
- Other Signs of Abuse

Screening

- Screening Domestic Violence
- Danger Assessment Tool
- Performing a Physical Exam
- Routinely Question for Abuse
- Direct or Indirect Questions
- Adolescent Population
- Nonjudgmental Acceptance

Effects

- Adverse Physiological Effects
- Children

Assisting

- Assisting the Victims
- Post Resources
- Safety Plan
- Hotlines
- Personal Protective Order
- Summary

Ebola Virus Disease

SME Reviewed 5.22.19

1.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

This content has been taken directly from the Ebola information on the Centers for Disease Control website. This content has been organized for customers of Healthcare Academy and placed into a learning lesson by Judy Hoff, RN, BSN, MA, PhD. Judy has over forty years of content development experience and has attended numerous seminars on adult learning practices. Judy is currently the CEO and the Lead Nurse planner for Healthcare Academy

Objectives:

1. Identify three (3) ways Ebola virus disease (EVD) can be transmitted.
2. Identify three (3) required PPE precautions to take when caring for a person with EVD.
3. List two (2) environmental precautions while caring for a person with EVD.

Keywords: None

Introduction

History

- Ebola Virus Disease
- Discovery of EVD
- Original Outbreaks
- Origin
- Identifying a Host

Transmission

- Transmission
- Persistence of the Virus
- Disinfection

Signs & Symptoms

- Symptoms of EVD
- EVD Recovery

Prevention

- Prevention

Diagnosis

- Diagnosing
- Exposure

Treatment

- Treatment
- Antiviral Drugs

Summary

Effective Communication for Leaders

June 2019

1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years of experience in organization development, human resources, and executive level management. Her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Objectives:

1. Identify three (3) common communication barriers.
2. List three (3) factors that are unique to communication from leaders.
3. Describe three (3) essential leadership communication skills.

Keywords: None

Introduction

- Communication
- Communication Skills
- Course Content

Components

- Components

Communication

- The Essential Key
- Communicate Vision
- Influence
- Explain Why
- Appropriate Exchange
- Delegating Tasks
- Match Tone and Content

Barriers

- Barriers

Skills for Leaders

- Skills for Leaders
- Waiting to Talk
- Face-to-Face
- Good Listeners
- Listening Techniques

- Know the Audience
- Plan the Message
- Opening Remarks
- Link Message to Vision or Goal
- Upward Communication
- End with a Summary

Non-verbal Message

- Non-Verbal Communication
- Elements of Non-Verbal Communication

Meetings

- Meetings
- Agenda
- Communication During Meetings
- Employee Behaviors

Presentations

- Presentation
- Plan for Success
- Presentation Tips
- Use of Technology

Written

- Written Documents
- Preparing Written Documents
- Creating Well Written Documents

Summary

- Effective Communication
- Transferring Learning

Elder Justice Act

Copyright R5_02.19.2021_SME

0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University.

Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. List three (3) risk factors that may increase elder abuse.
2. Select one (1) purpose of the Elder Justice Act (EJA).
3. Identify two (2) functions that CMS requires of long-term care facilities to maintain compliance with Section 1150B of the Social Security Act.

Keywords: elder abuse, abuse reporting

Introduction

Overview

- Definition
- Elevated Risk Factors
- Institutional Risk Factors
- Effects of Elder Abuse
- Elder Abuse: A Silent Crisis

Elder Justice Act

- Background
- Implementation Date
- Adult Protective Services
- Purpose
- Reporting Suspicion of a Crime

Responsibilities

- Required Functions
- Advisable Functions

Reporting

- Who Should Report?
- What Should be Reported?
- Time Limits for Reporting
- Group Reporting

Survey Guidance

- Principles of State Operations Manual
- F-Tags Associated with the EJA

Penalties

- CMP Penalties

Summary

Emergency Preparedness and Environmental Safety

1.0 Contact Hour(s).

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Objectives:

1. Identify three (3) safety focus areas in the long-term care setting.
2. Select four actions to promote environment safety in a long-term care facility.
3. Identify three disasters that are covered in an emergency preparedness plan.

Key words: Disaster, COVID-19, Emergency Temporary Standard, Lock Out-Tag Out, Safety Data Sheets

Author: Linda Shubert, MSN, RN

Introduction

Purpose

- Environmental Safety
- Environmental Safety Defined
- Safety Defined

Regulatory

- Regulatory Oversight

Environmental

- Culture of Safety
- Components of Environmental Safety
- Introduction to LOTO
- Energy Sources
- Overview
- Plan
- The Seven Steps
- Sources of Information About HAZMATs
- Sixteen Sections of the SDS (Employee Right to Know Act)
- SDS Sheet
- SDS Sheet Scenario One
- SDS Sheet Scenario Two
- Your Responsibility Using the SDS
- SDS References
- Globally Harmonized System (GHS)
- Identifying Pictograms
- Six Key Elements For Labeling Hazardous Chemicals
- Electrical Sources in the Healthcare Setting

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Emergency Preparedness

- Emergency Preparedness Requirements
- Disaster Manual
- Surveyor Focus Areas
- Core Elements of Emergency Preparedness
- Interpretive Guidelines

ETS (Emergency Temporary Standards)

- Establishment of ETS
- COVID Hazard Assessment
- Elements of the ETS
- What Does the ETS Require?
- Leadership Need-to-Know
- Resources For ETS

Summary

Emerging Diseases: Monkeypox

Copyright: September 2022

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Choose two (2) symptoms of monkeypox.
2. Identify two (2) ways that monkeypox can be spread.
3. Select three (3) strategies to prevent the spread of monkeypox

Keywords: Infection prevention and control

Introduction

- Spread

Transmission

- Transmission
- Skin-to-Skin Contact
- Intimate Contact
- Transmission to Symptoms
- Unknowns
- Risk Factors

Identifying

- Incubation Period
- Signs and Symptoms
- Rash
- Complications

Treatment

- Antiviral
- Isolation
- Treat Symptoms
- Treatment

Prevention

- Vaccination
- Vaccines
- Prevention

Summary

Emotional Intelligence

R1_01.29.2021_SME

1.0 Contact Hour(s)

Author: Diane Hinds, Ed.D

In addition to education, she has worked in human resources and organization development for over 30 years. She has been in management and executive level leadership positions for over 20 years. She has taught in the classroom and online for 20 years, mostly at the graduate level, as adjunct faculty at the University of St. Thomas, Concordia University, and St. Catherine's University. In addition, she has prepared and delivered numerous programs for clients in business, healthcare, education, service agencies, and non-profit organizations in her capacity as Director or Organization Development at MRA.

Reviewer: Don Gordon, BS, MDiv, Dmin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

4. Identify four (4) different types of intelligence.
5. Select the three (3) components of internal-focused emotional intelligence.
6. Identify two (2) components of social-focused emotional intelligence.

Introduction

Definition

- Welcome
- Definition
- History of Emotional Intelligence Research
- Gardner's Multiple Intelligences
- Mayer-Salovey Caruso Emotional Intelligence Test (MSCEIT)
- Concepts of Emotional Intelligence
- Characteristics of Intelligence
- Types of Intelligences
- Emotions Are Intelligence
- Relation to Other Talents

Components

- Components of Emotional Intelligence
- Self-Awareness
- Leadership Competencies for Self-Awareness

- Self-Management
- Leadership Competencies for Self-Management
- Self-Motivation
- Leadership Competencies for Self-Motivation
- Social Focus Social Competence
- Social Awareness
- Leadership Competencies for Social Awareness
- Relationship Management
- Leadership Competencies Related to Relationship Management
- EQ and Ethics

Developing EQ

- Nature or Nurture Argument
- Practice Tuning Into Your Emotions
- STDA Protocol
- STDA Protocol Example
- Practice Picking up Cues
- Reframe the Situation
- Avoid Assumptions Ask Questions
- Tension Reducing Questions
- Learn From Mistakes

Leadership

- Benefits
- Emotional Intelligence Tests

Summary

Employee Retention

April 2019

1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Dr. Diane Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years of experience in organization development, human resources, and executive level management. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field and conducted research regarding employee retention in long-term care facilities.

Objectives:

1. Name three (3) common causes for employee turnover in the long-term care (LTC) industry.
2. List three (3) strategies designed to improve employee retention.
3. Identify two (2) total rewards benefits that can help improve retention.

Keywords:

Introduction

Employee Retention

- Retaining Employees
- Turnover Rates
- Low Unemployment
- Changing Values
- Ineffective Supervision
- Reasons to Stay

LTC Retention

- LTC Rates
- Reasons to Quit LTC
- Factors
- Increasing Employee Retention

Identify Reasons

- Identify Reasons
- Finding Reasons
- Finding Patterns
- Employee Profiles
- Selection

Strategies

- Ten Strategies
- Employment Brand
- Recruiting and Selection Tools
- Behavioral-Based Interviewing
- Realistic Job Profile

- Onboarding
- Transition to Practice
- Manager Training
- Effective Communication
- Feedback
- Goal Setting
- Conflict
- Bullying
- Impact from Bullying
- Rate Supervisor
- Recognition
- Total Rewards
- Financial Rewards
- Career Development
- Flex Benefits
- Work and Life Balance
- Mentoring
- Mentors
- Buddies
- Culture
- Inclusivity

Summary

- Transfer Learning

Employee Turnover: Identifying the Reasons

1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Dr. Hinds helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. Her areas of expertise include human resources, strategic planning, coaching, team building, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting, and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has provided consulting and training services for several organizations in the healthcare field and conducted research regarding employee retention in long-term care facilities. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University where she has taught graduate level courses in human resources, strategic planning, leadership, change management and other related courses. She is the author of, *Think It. Do it. Lessons from Visionaries Who Brought Their Ideas to Life*

Objectives:

1. List two (2) methods designed to identify reasons employees terminate
2. Identify two (2) guidelines for exit interviews.
3. Identify two (2) guidelines for surveys of current employees.

Key Words: retention

Introduction

Impact

- Crisis in LTCFs
- Understaffed
- HCW Stress
- HCW Responses
- The Face of HCWs
- Shortages

Gather

- Impact
- Investigate Trends in Turnover
- Methods
- Determining Patterns
- Processes
- Examine Turnover Rates

Exit

- Exit Interviews
- Best Practices for Exit Interviews
- Confidentiality

Questionnaires

- Guidelines
- Terminated Employee Questionnaire

Survey

- Survey Current Employees
- Best Practices for Effective Survey
- Announcing a Survey
- Confidentiality
- Survey Questions
- Questions
- Incentive

Action

- Follow Through with Action
- Case Study: Taking Action
- Gathering Information
- Asking for Input

Summary

Enteral Nutrition: Best Practices

Copyright: R2_1.12.2024_SME

1.0 Contact Hour(s)

Author: Lois, Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify two (2) methods for administration of enteral nutrition.
2. List three (3) potential complications of enteral nutrition.
3. Identify three (3) guidelines for nursing care of the person receiving enteral nutrition.

Key words: Alternate Feeding, Safe Feeding Practices, Alternate Nutrition

Introduction

- Definition

Indications

- Groups Receiving Enteral Feeding

Methods

- Types of Feeding Tubes
- Common Types of Tubes
- Gastrostomy and Jejunostomy Tubes

Types of Feedings

- Types of Feedings
- Delivery Methods

Composition

- Feeding Product
- Free Water

Complications

- Complications

Care

- General Care Guidelines
- Assessment
- Checking for Placement
- General Care Guidelines

Roles

- Roles and Delegation

Medications

- Medication Administration

Documentation

- Documentation
- Narrative Note Example

Ethics

- Ethics: Basic Care
- Ethics: Four Principles
- Medical Intervention
- POLST
- Withholding Nutrition and Hydration
- Guidelines: Dementia

Summary

Ethics for Long-Term Care

Copyright: R1_10.13.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Apply four (4) universal ethical principles.
2. Prioritize the four (4) stages of the SFNO framework for problem-solving.
3. Identify three (3) healthcare documents that are important to have at the end-of-life.

Keywords: Ethical dilemmas, Advance directives, Informed consent, End-of-life

Introduction

Definition

- Definition of Ethics
- Ethics Versus Morals
- History of Ethics
- Guidance for Healthcare Workers
- Ethics Versus Law
- Ethics Versus Religion
- Case Study

Regulatory

- Ethical Mandates for LTC
- Regulatory Considerations and Ethics

LTC

- LTC Climate
- The Best Interest of the Resident
- Patient Care Partnership
- Common Ethical Conflicts in LTC Facilities
- Ethics Committee
- A Successful Ethics Committee

Team Members

- Ethical Challenges for Nurses
- Ethics in Nursing
- Nursing Code of Ethics

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- ANA Code of Ethics for Nurses
 - Provisions
 - Ethical Considerations for the NHA
 - Ethical Challenges for NHAs
 - Ethics in Social Work
 - A Model of Ethical Decision-Making for Social Worker's
 - Common Ethical Challenges
 - Direct Care Workers
 - Physical, Occupational, and Speech Therapists
- Principles
- Principles
 - Advocacy: Person-Centered
 - Informed Consent
 - Basic Elements of Informed Consent
 - Principles for All Team Members
- Considerations
- Dementia
 - Ethical Issues with Dementia
 - EOL Issues
 - Advance Directives
 - Advance Directives Options
 - Non-Adherence to Care Plan
- Applications
- Scenarios
- Summary

Expected Changes with Aging

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0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Introduction

- Category of Older Persons
- Aspects of Care

Physical Changes

- Physical Changes
- Changes in the Hair
- Changes in the Skin
- Heat Stroke: Symptoms
- Heat Stroke: Emergency Care
- Sensory Changes
- Changes in Taste and Smell
- Changes in Vision
- Safety with Vision Deficits
- Changes in Hearing
- Hearing Loss: Signs and Symptoms
- Hearing: Assistance
- Changes to the Heart
- Changes in the Lungs
- Signs of Aspiration
- Changes in the Musculoskeletal System
- Changes to the Gastrointestinal System
- Supporting Gastrointestinal Changes with Aging
- Changes to the Urinary System
- Incontinence

Psychological Changes

- Recall and Learning
- Processing Information

Social Changes

- Social Changes
- Depression: Signs and Symptoms

Summary

Emergency Medical Treatment and Labor Act (EMTALA)

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List three (3) provisions of the Emergency Medical Treatment and Labor Act (EMTALA).
2. Identify two (2) situations EMTALA considers appropriate transfer of an unstable patient.
3. List two (2) processes involved in an investigation for an EMTALA violation.

Keywords:

Introduction

- EMTALA
- EMTALA Requirements

EMTALA

- Anti-dumping Law
- EMTALA Requirements

Requirements

- EMTALA Primary Requirements
- Definition of MSE
- Those Qualified to Perform the MSE
- Transfer Stabilization
- Transfer Requirements
- EMTALA Requirements for Transfer
- Reverse Dumping
- Treatment for Emergency Medical Condition
- Additional Obligations of EMTALA
- Eligibility for MSE

Violations

- Violations
- Penalties

COVID-19

- EMTALA and COVID-19

Fall Management

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify two (2) environmental risks that may contribute to a person falling.
2. Select three (3) intrinsic factors that may contribute to a person falling.
3. Identify three (3) strategies to reduce the risk of an individual falling.

Introduction

Incidence

- Definition
- Impact of Falls

Survey

- State Survey Process

Extrinsic

- Intrinsic and Extrinsic Factors
- Environmental Factors

Intrinsic

- Intrinsic Factors
- Fear and Embarrassment
- Caregiver Interventions
- Holistic Approach

Restraints

- History: Restraints
- Resident Rights
- Guidelines
- Chemical Restraints

Devices

- Mechanical Supports
- Appropriate Use of PSDs
- Safety Measures
- Protocols
- Documentation
- Alarms

Prevention

- Fall Prevention

Care

- Fall Considerations: Know Who is at Risk
- Fall Considerations
- Fall Considerations: Identify High Risk Times

Program

- IDT Approach
- Roles
- Reporting System
- Consciousness Raising
- Program Evaluation
- Post-Fall Event Protocols
- Post-Fall Protocols

Summary

Fecal and Urinary Incontinence Basics: C.N.A

0.5 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify two (2) ways that incontinence may affect quality of life.
2. Identify two (2) risk factors for incontinence.
3. Select two (2) treatment options for urinary incontinence.

Introduction

Urinary Anatomy

- Urinary Bladder

Causes

- Changes with Aging
- Causes

Risks

- Risks

Types

- Types of Urinary Incontinence

Treatment: UI

- Interventions

GI Anatomy

- Bowel Elimination
- GI Tract

Causes: FI

- Causes of Fecal Incontinence

Treatment FI

- Bowel Training

Quality of Life

- Quality of Life
- Confidentiality

Summary

Fecal and Urinary Incontinence Overview

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) ways that incontinence impacts older adults.
2. Identify two (2) risk factors for incontinence.
3. Select two (2) treatment options for urinary incontinence.

Introduction

Background

- Physical Implications
- Background
- Economic Impact

AP: Urinary

- Anatomic Structures
- Urinary Bladder
- Urethra
- Lower Urinary Tract
- Voiding
- The Role of the Nervous System
- Types of Incontinence

Etiology

- Changes with Aging
- Etiology

Treatment

- Treatment
- Surgery

AP: Fecal

- The Colon
- Fecal Incontinence
- Types of Fecal Incontinence
- Diarrhea
- MDS 3.0: Section H, Bowel and Bladder

Etiology

- Risk Factors

Treatment	- Etiology
	- Management of Fecal Incontinence
	- Skin Care
MDS	- Coding Section H
	- Bowel Patterns
	- State Operation Manual
Summary	

Feeding and Eating Assistance

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0.5 Contact Hour(s)

Author: Britta Fortson, M.A. CCC-SLP

Britta has been a Speech Pathologist for 20 years. Her mission is to help other healthcare practitioners grow professionally through continuing education. Mrs. Fortson has had professional experience working with patients from birth to 100+. Her areas of expertise are dementia and Alzheimer's, dysphagia, documentation for adequate reimbursement and documentation for Medicare requirements. Mrs. Fortson takes a special interest in cognitively impaired elderly patients and reducing falls through an interdisciplinary approach. Other topics she covers include: palliative care, dysphagia with an emphasis on Vital Stimulation, aphasia treatment and diagnosis, reading comprehension and the role of the Speech Pathologist and reducing adverse behaviors in dementia patients. In addition, she is a clinical fellow supervisor and has supervised over 15 clinical fellows and speech pathology students in the past 8 years. In this role, she has observed patient treatment sessions and evaluations and has reviewed medical documentation for Speech Pathologists to ensure they are well prepared for the complexity and demands of working in their career roles.

Reviewer: Samantha Newcomb, MSN, RN

Samantha has 13 years of nursing experience working with older adults in long term care settings. Samantha has held positions of clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, patient safety, and patient care standards for long term care for adults. Samantha is an advocate for patients receiving competency-based training in the long-term care setting.

Objectives:

1. Identify two (2) types of individuals that may benefit from feeding assistance.
2. Select three (3) infection control considerations associated with feeding assistance.
3. Choose two (2) positioning considerations to promote safety during feeding.

Introduction

Dining Process

- Dining Process
- Focus Areas

Rights

- Rights
- Fine Dining Experience

Safe Feeding

- Safe Feeding
- Annual Facility Inspection
- Considerations for Modifications
- Choking
- Clean Up
- Feeding Skills Checklist

Behaviors

- Problem Behaviors
- Promote Independence
- Considerations for Persons with Dementia
- Medical Diagnosis's and/or Conditions
- Feeding or Eating Considerations
- Dysphagia
- Signs of Aspiration
- Tips for Providing Assistance
- Assisting the Person with Swallowing
- Assisting Persons with Strength Issues

Adaptive Devices

- Assistive Devices
- Adaptive Devices

Summary

Fire Safety

Copyright:R16_06.02.2022_SME

0.5 contact hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Reviewer: Crystal Stivers, LPN, RAC-CT

Motivated by her dedication to the well-being of the geriatric population, Crystal received her LPN license from Arkansas State University in 2012. After the first few years working as a Charge Nurse in Skilled Nursing Facilities (SNF), she was promoted to MDS coordinator. As the facility MDS coordinator her focus was learning all aspects of the RAI process (MDS) including attending the PDPM training presented by the American Health Care Association. Among her many responsibilities, she actively contributed to the facility's QA and infection control programs. Within four years, Crystal was promoted to assistant director of nursing where she has expanded her experience in the long-term care setting by ensuring facility compliance to federal and state regulations. A member of the Arkansas Nursing Home Nurses Association, Crystal is a resident assessment coordinator certified as well as a Dementia Well-being Specialist.

Objectives

1. Identify four (4) components of a facility fire plan.
2. List five (5) steps of the RACER procedure.
3. Select four (4) staff responsibilities during a fire or fire drill.

Keywords: None

Introduction

- Fire Statistics

Fire Plan

- Fire Plan
- Life Safety Code

Type

- Fire Sources in Nursing Homes
- Fire Triangle
- Additional Information on Oxygen

RACER

- The RACER Procedure
- Rescue
- Alarm
- Contain or Control Fire
- Containing Smoke

- Types of Fire Extinguishers
- The PASS Procedure
- Training Video
- Sprinklers

Evacuation

- Evacuation
- Horizontal Relocation
- Vertical Relocation
- Elevators
- Medical Records

Drills

- Special Considerations
- Fire Drills
- Summary

Five Star Facility Ratings

Copyright: August 2023

0.5 contact hour(s)

Author: Marcia Lyles, RN, MSN, EdD

Marcia graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College, and Jersey College.

Objectives

1. Select two (2) interventions that would increase star rating points.
2. State one (1) difference between a four (4) and five (5) star rating.
3. Select two (2) interventions that would increase star ratings.

Keywords: Quality Measures

Introduction

Background

- Introduction
- Nursing Home Compare Timeline

Purpose

- Purpose of Star Ratings

Determination

- 3 Dimensions of Quality: How Ratings are Determined
- Health Inspection Rating
- Deficiency Scores
- Staffing Calculations
- Staffing Measures
- Impact of Staffing on Star Rating

Star Meaning

- Quality Measures for Short-Stay Residents
- Quality Measures for Long-Stay Residents
- How the Ratings are Calculated
- What Each Rating Means

Facility Focus

- Special Focus Facility

2022 Changes

- Turnover Calculations

Strategies

- Strategies for Improving Star Ratings

Summary

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Gastroesophageal Reflux Disease (GERD)

Copyright R1_01.27.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Identify two (2) risk factors associated with GERD.
2. Describe three (3) signs and symptoms associated with GERD.
3. Identify one (1) non-pharmacologic and pharmacologic treatment of GERD.

Keywords: Chronic conditions

Introduction

Definition

- Definition

Pathophysiology

- Pathophysiology
- Pathophysiology

Causes

- Causes

Risk Factors

- Risk Factors

Signs and Symptoms

- Signs and Symptoms

Diagnosis

- Diagnosis
- Diagnostic Testing

Treatment

- Progression of Treatment

Complications

- Complications

Summary

Hand Hygiene

Copyright: R6_09.15.2023

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented infection control standards and practices for long-term care during new employee orientation and annual federal training, promoting a culture of safety for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Reviewer: Samantha Newcomb, MSN, RN

Samantha has 13 years of nursing experience working with older adults in long term care settings. Samantha has held positions of clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, safety, and care standards for long term care for adults. Samantha is an advocate for persons receiving competency-based training in the long-term care setting.

Objectives:

1. State two (2) benefits of hand hygiene.
2. List three (3) key points where hand hygiene should be performed.
3. List two (2) ways to practice hand hygiene.

Key Words: Infection prevention

Introduction

Why

- Introduction
- Hand Hygiene
- Components of Hand Hygiene
- Regulatory Expectations
- Risk Factors
- Poor Compliance with Hand Hygiene

When

- Five Moments of Hand Hygiene
- Environmental Surfaces
- Circumstances Requiring Hand Hygiene
- Hand Hygiene Options

How

- Definition of Hand Hygiene
- CDC Guidelines

- Alcohol-Based Hand Sanitizers Versus Washing Hands with Soap and Water
- Hand Washing Techniques
- Hand Sanitizer Use
- Hand Hygiene Technique Errors
- Hand Hygiene Related Irritant Contact Dermatitis

Communication

- Culture of Safety
- Summary

Hearing Loss in the Older Adult

June 2022

0.5 Contact Hour(s)

Author: Cynthia Paulk, MS, CCC-SLP, CBIS

Cynthia Paulk works as a Speech Language Pathologist and is certified by the American Speech-Language and Hearing Association (ASHA). She treats a diverse population, including speech and hearing, voice, swallowing, and neurological conditions (cognition, brain injury, stroke, Parkinson's). She also holds a certification as a Brain Injury Specialist emphasizing cognitive rehabilitation with patients demonstrating head injury and neurocognitive changes. She is also LSVT LOUD certified and provides specialized speech and voice treatment of patients with Parkinson's disease. Ms. Paulk recently extended the LSVT Loud certification to include a Loud for Life certification which is an ongoing voice exercise group servicing patients who have completed the LSVT Loud treatment course. Ms. Paulk currently works as an Outpatient Speech Language Pathologist for Brooks Rehabilitation and a Clinical Supervisor for Jacksonville University.

Objectives:

1. Identify three (3) types of hearing loss common in the older adult.
2. Identify five (5) common signs of hearing loss.
3. Identify three (3) communication strategies to use with persons who are hearing impaired.

Key words: Person-centered

Introduction

- Hearing Loss and Older Adults

Ear Anatomy

- Dynamic Process of Hearing
- Outer Ear
- Middle Ear
- Inner Ear

Hearing Loss

- Hearing Loss: Defined
- Hearing Loss: Causes
- Hearing Loss: Types
- Hearing Loss: Degrees
- Sounds
- Hearing Loss: Prevalence
- Hearing Loss: Signs

Impact

- Quality of Life

Communicating

- Identification and Management
- Devices
- Communication Strategies
- Active Listener Strategies
- Communication Strategies
- Communication Services

Summary

- Hearing loss in Older Adults

206 (Rev. 02.08.2024)

Heimlich Maneuver

SME reviewed 6.21.19

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. As a certified BLS CPR instructor through the American Heart Association, Linda has shared the proper technique for the Heimlich maneuver to countless staff members. She has witnessed the Heimlich maneuver in practice and knows the value of this skill in saving lives.

Objectives:

1. State two (2) purposes of abdominal thrusts.
2. List five (5) warning signs indicating a blocked airway.
3. List four (4) steps in using abdominal thrusts.

Introduction

- Implications for LTC Setting

Risk Factors

- Risk Factors: Age
- Foreign Body Airway Obstructions (FBAO)
- The Heimlich Maneuver

Purpose

- Associated Risks
- Anatomy

Signs

- Warning Signs

Steps

- Take Action
- Anatomy
- Recommended Steps From AHA
- Heimlich Maneuver Demonstration
- Follow Up After a Choking Event

High Alert Medications

1.0 Contact Hour(s)

Copyright: R2_12.04.2019_SME

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers

Reviewer: Janet Chambers, MSN, RN-BC, CDP, CADDCT

Janet Chambers has worked in healthcare for over 18 years. She has served the geriatric population in multiple capacities such as, rehab unit nurse, clinical care manager, supervisor, clinical instructor, assistant director of nursing, and presently, nurse educator. She currently serves as director of staff development for a 280-bed skilled nursing facility. She considers herself a life-long learner and utilizes every opportunity to use her knowledge to empower nursing staff with a goal of improving the care for the elderly.

Objectives

1. Identify three (3) groups of high-alert medications commonly used in long-term care facilities.
2. Name four (4) adverse effects of HAMs.
3. Apply two (2) best practices related to administration of HAMs in the long-term care setting

Keywords: None

Introduction

Background

- Background
- Terminology
- Statistics Related to Medication Errors and Adverse Events
- Medication Errors and the Older Adult
- Polypharmacy
- Polypharmacy Risks

High Alert Meds

- HAMS and Safety Initiatives
- NPSGs
- Initiatives to Reduce ADE Related to HAMs
- Medications Associated with Adverse Drug Events
- The National Action Plan for ADE Prevention

Risks

- Risks and Side Effects for the Older Adult Associated with Selected HAMs
- Antithrombotic Medications: HAM for Primary and Secondary Prevention or Treatment of Thrombus
- HAMs: Anticoagulants and Antiplatelets
- Anticoagulants and Antiplatelets

Best Practices

- Best Practices for Antithrombotics: Establish Protocols

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- Clinical Alert
- ISMP
- HAM for Management of Diabetes Mellitus
- Antidiabetic Medications: HAM for Management of Diabetes Mellitus Type 1 and 2
- Risk and Side Effects Associated with Antidiabetics
- Best Practices for Antidiabetics
- Protocols for Preventing ADEs
- Best Practice Protocols for Antidiabetic Medications
- Opioid Analgesics: HAMs for Managing Pain
- Risk and Side Effects Associated with Opioid Analgesics
- Best Practices for Opioid Analgesics
- Monitoring for Complications
- Strategies
- Best Practices: Developing Protocols

Documentation

- Documentation
- Best Practices for Documentation

Resources

- Resources
- Summary

HIPAA and HITECH: Essentials for All Staff

Copyright: R4_12.22.2023_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda is an approved FL DOEA trainer (#6095) for the Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident centered caregivers.

Objectives:

1. Identify the two (2) main rules associated with HIPAA.
2. List three (3) guidelines for sharing personal health information.
3. Identify two (2) cybersecurity guidelines for maintaining HIPAA compliance.

Key Words: N/A

Introduction

Components

- HIPAA Privacy and Security Rules
- HIPAA Enforcement Rule
- Privacy Rule and PHI
- Health Information Technology for Economic and Clinical Health (HITECH)

Guidelines

- HIPAA Compliance for Disclosure of Residents' PHI
- The Interdisciplinary Team
- HIPAA Compliance for Disclosure of Residents' PHI
- Guidelines
- HIPAA Compliance for Electronic Communication
- HIPAA Compliance and COVID-19

Compliance

- HIPAA Breach Notification Rule
- Submitting a Notice of Breach
- HIPAA Breach Notification Rule
- HIPAA and Social Media
- HIPAA Compliance Officer

Cybersecurity

- Responsibility
- Cybersecurity
- Passwords
- Using Public WiFi
- Cybersecurity at Work
- Online Safety

Summary

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HIPAA and HITECH for Managers

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based and person-centered care staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. State the two (2) main rules under the HIPAA Act.
2. State two (2) penalties for HIPAA violations.
3. List three (3) instances when PHI is acceptable to be disclosed

Key Words: Social Media

Introduction Components

- HIPAA Privacy and Security Rules
- Key Points about the Security Role
- HIPAA Enforcement Rule
- Privacy Rule on PHI
- HITECH

Covered Entities

- Covered Entities
- Business Associates
- Special Considerations for Covered Entities

Guidelines

- HIPAA Compliance for Disclosure of Residents' PHI
- HIPAA Compliance for Electronic Communication
- HIPAA Compliance and COVID-19

Disclosures

- Authorization for Disclosure
- Psychotherapy Notes
- De-Identification of Health Insurance
- Minimum Necessary

Compliance

- HIPAA Breach Notification Rule
- Risk Assessment Steps
- Submitting a Notice of Breach
- HIPAA Breach Notification Rule
- HIPAA and Social Media
- HIPAA Compliance Officer

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Penalties

- Failure to Comply with Privacy Rule

Cybersecurity

- e-PHI Security
- Best Practices

Summary

HIV and the Older Adult

Copyright: R2_10.6.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with older adults across the continuum of long-term care as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. In her role as a of Education at a 180-bed long-term care facility she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates.

Reviewer: Kim Hipkiss, RN, BSN

Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Objectives:

1. Select three (3) transmission or risk factors associated with HIV/AIDS.
2. Identify three (3) prevention challenges associated with HIV for older adults.
3. Identify three (3) ways HIV presents itself that is unique to older adults.

Introduction

HIV/AIDS

- The Graying of the AIDS Epidemic
- HIV Video: Know the Risks and Facts
- Case Study: Ann
- National Statistics
- Misperceptions
- Knowledge Deficit in the Older Adult
- Strategies
- Case Study: Ann
- Misdiagnosed
- Physical Considerations
- Psychological Considerations
- HIV/Age-Related Stigma
- HIV/AIDS Discrimination
- Strategies Against Bias

Transmission

- HIV Transmission Categories
- Ways HIV is Not Spread

- Risk Behaviors in Older Adults
- Additional Risks
- Ann's Unfolding Case Study
- Symptoms Early in HIV Disease
- Symptoms that Present Late in HIV

Implications

- Ann's Unfolding Case Study
- Myths and Stereotypes
- AIDS Presentation in the Older Adult
- Opportunistic Infections and Cancers
- Video: Grace
- Implications for Care
- Medication Adherence
- Safe Work Practices
- HIV Screening
- Testing: Those Over the Age of Fifty
- Case Study: Ann
- HIV Education Material Specific to Women
- The Prevention Message
- Recommendations for the Future
- Global Effort
- Assumptions
- Resources

Summary

Home Care Bill of Rights

0.25 Contact Hour(s)(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 30 years of nursing experience in Hospice and Home Health. She has served in various positions, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings including hospice inpatient unit, hospice and homecare offices, accreditation program for Home Care and Hospice and pediatric oncology. Debbie is committed to educating clinicians in end-of-life care and patient advocacy.

Objectives:

1. List five (5) federal rights of patients receiving home care services.
2. Identify two (2) mandates the home care agency must comply with when informing patients of their rights.
3. Identify two (2) agencies that must be included in written information for the patient contact in the event of concerns or grievances regarding home care services.

Introduction

- Patients' Bill of Rights

Patient Rights

- Patient Rights

Summary

Home Health: Oasis Documentation

Copyright: May 2022

1.0 Contact Hour(s)

Author: Laurie Knight, RN

Laurie is a Registered Nurse with 40 years of experience with the last 20 years in home health care. She currently specializes as a Clinical Automation Consultant for a national home care agency where she provides clinical support and training to home care and hospice agencies following OASIS guidance, the Conditions of Participation, and agency policy. Laurie has had various roles in the home care industry including Case Manager, Admission Nurse, and Clinical Home Health Supervisor. As a supervisor she provided OASIS education and training to field staff along with managing 70-80 patients and reviewing OASIS.

Objectives

1. Identify three (3) guidelines for functional abilities and goals.
2. Identify the four (4) roles who can complete an OASIS assessment.
3. Select four (4) coding principles for accurate OASIS response.

Keywords: None

Introduction

- OASIS: Terms

OASIS Completion

- Performing the Start of Care

Homebound Status

- Documenting Homebound Status

Situations:

- Tips for Documenting M1400: Dyspnea
- Tips for Documenting M1700-M1745: Neuro and Emotional and Behavioral
- Tips for Documenting M1710: Neuro and Emotional and Behavioral
- M1720: Anxious
- Tips for Documenting M1730: Depression
- M1740: Cognitive, Behavioral and Psychiatric Symptoms
- Tips for Documenting M1800-M1870: Common Considerations for Functional OASIS Items
- Tips for Documenting M1800: Grooming
- Tips for Documenting M1810: Upper Body Dressing
- Tips for Documenting M1820: Dressing Lower Body
- Tips for Documenting M1830: Bathing
- Tips for Documenting M1840: Toilet Transferring
- Tips for Documenting M1845: Toilet Hygiene
- Tips for Documenting M1850: Transfers
- Tips for Documenting M1860: Ambulation/Locomotion
- Tips for Documenting M1870: Feeding and Eating
- Differences
- Coding: GG0100
- Tips for Documenting GG0110: Prior Device Use

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- Coding: GG0130: Self-Care
- Coding: GG0130: Eating
- Tips for Documenting GG0130: Safety and Quality of Performance
- Coding GG1070: Mobility
- Coding: M1033 Hospitalization Risk

Discharge or Transfer

- Tips for Coding J1800: Falls
- Coding: J1900
- Coding: M2301
- Tips for Documenting M2310

Summary

Home Health: OASIS-E Introduction to Changes

Copyright: March 2023

0.25 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, Home Health, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program, and pediatric oncology. Debbie has served several years as a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Identify the purpose of Home Health OASIS.
2. Select two (2) changes effective with OASIS-E.
3. Define Social Determinants of Health (SDoH).

Keywords: None

Introduction

- Introduction, OASIS-E

IMPACT

- IMPACT Act Background

Changes

- What's New – OASIS-E
- New Assessment Items
- Behavioral Assessments
- Demographics

Summary

Home Health: PDGM Reimbursement

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1.0 Contact Hour(s)

Author: Laurie A. Knight RN

Laurie is a Registered Nurse with 40 years of experience with the last 20 years in home health care. She currently specializes as a Clinical Automation Consultant for a national home care agency where she provides clinical support and training to home care and hospice agencies following OASIS guidance, the Conditions of Participation, and agency policy. Laurie has had various roles in the home care industry including Case Manager, Admission Nurse, and Clinical Home Health Supervisor. As a supervisor she provided OASIS education and training to field staff along with managing 70-80 patients and reviewing OASIS, managing patient outcomes, and oversight of episode financial payments.

Objectives

1. Identify two (2) differences between PPS and PDGM.
2. Select three (3) payment considerations under PDGM.
3. Select six (6) clinical groups within PDGM.

Key Words: None

Introduction

- The Difference

PPS vs PDGM

- PDGM Model
- PDGM Model
- Unspecified Diagnoses
- Starts of Care

PDGM Components

- Structure of the PDGM Model
- Admission Source
- Clinical Groups
- Functional Impairment Levels
- Functional Impairment Levels
- Comorbidity Adjustment
- Comorbidities
- HIPPS Code Structure

Payment

- Low Utilization Payment Adjustments (LUPA)
- Partial Payment Adjustment
- Outlier Payments

No Pay RAPs

- No Pay RAP Requirements
- Late RAP Submissions

Future

- What is Next?

Strategies

- Cash Flow Strategies

Summary

Home Health: Recognizing and Responding to Emergencies

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1.0 Contact Hour(s)

Author: Debbie Flippin, MBA, RN

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative, and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives

1. Identify three (3) ways that scope of practice impacts appropriate responses to emergencies in the home setting.
2. Identify three (3) medical emergencies that may occur within the home setting.
3. Identify four (4) non-emergency situations that may occur within the home setting.

Key Words:

Introduction

- Home Health Practices
- Home Health: Emergency Plan

Emergency Preparedness

- Components of Home Health Emergency Preparedness
- Condition of Participation: Emergency Preparedness

Scope of Practice

- Scope of Practice

Responding

- Staff Responsibility
- Bleeding
- Respiratory Distress Observation Scale (RDOS)
- Response to Respiratory Distress
- Choking
- Chest Pain
- Coughing or Vomiting Up Blood
- Change in Mental Status
- Nursing Assessment
- Glasgow Coma Scale (GCS)
- Dizziness, Weakness, Change in Vision
- Fall with Injury
- Fall Management

- Response to Fall
- Drug-Related Issues
- Signs of Potential Diversion
- Substance Use Disorders in the Older Adult
- Seizures
- Response to Seizures
- Pain
- Non-Medical Emergency Situations
- Weather-Related Emergencies

Other

- Active Shooter
- Expression of Suicidal Ideation
- Caregiver Threats
- Community Travel
- Pets
- Summary

Home Health: Wound Care Best Practices

1.0 Contact Hour(s)

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Author: Laurie Knight, RN

Laurie is a Registered Nurse with 40 years of experience with the last 20 years in home health care. She currently specializes as a Clinical Automation Consultant for a national home care agency where she provides clinical support and training to home care and hospice agencies following OASIS guidance, the Conditions of Participation, and agency policy. Laurie has served in various roles in the home care industry including Case Manager, Admission Nurse, and Clinical Home Health Supervisor. As a supervisor she provided OASIS education and training to field staff along with managing 70-80 patients and educating staff on wound management and product selection in collaboration with physicians.

Objectives

1. Identify three (3) OASIS considerations related to wounds.
2. Identify five (5) types of pressure injuries.
3. Identify four (4) other types of wounds.

Introduction

- The Cost of Chronic Wounds
- Common Types of Wounds Seen in Home Care

OASIS Questions

- OASIS Items Pertaining to Wounds
- OASIS Considerations for Pressure Injuries

Wound Healing

- Anatomy of the Skin
- How Wounds Heal

Wound Assessment

- How to Assess a Wound
- Glossary of Terms Used for Wound Documentation
- Document
- Obtaining Wound Measurements
- Obtaining Wound Measurements
- Key Objectives for Wound Therapy

Pressure Injury

- Direct Pressure Injuries
- Direct Pressure Injuries
- Definition of Pressure Injuries
- Stage 1 Pressure Injuries
- Stage 1 Pressure Injuries Treatment
- Stage 2 Pressure Injuries
- Stage 2 Pressure Injuries
- Stage 3 Pressure Injuries
- Stage 4 Pressure Injuries
- Stage 4 Pressure Injuries

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- Unstageable Pressure Injuries
- Deep Tissue Pressure Injuries
- Deep Tissue Pressure Injuries

Other Wounds

- Venous Ulcers
- Other Types of Wounds
- Venous Ulcers
- Venous Ulcers Risk Factors
- Arterial Ulcers
- Arterial Ulcers Risk Factors
- Arterial Ulcers Treatment
- Neuropathic Ulcers
- Neuropathic Ulcers Risk Factors
- Neuropathic Ulcer Prevention and Treatment
- Goals for Treating Neuropathic Ulcers
- Surgical Wounds
- Complex Surgical Wounds
- Wound Drainage

Management

- Wound Management Advantages
- Factors
- Types of Dressings
- Wound Management Products
- NPWT: Benefits
- NPWT: Complications

Education

- Patient and Caregiver Education

Best Practices

- Best Practices for Wound Care

Summary

Hospice Care in the Long-Term Care Setting

1.0 Contact Hour(s)

Author: Ginny Crockett-Maillet, RN, MSN

Ginny has more than 39 years of nursing experience in women's health, oncology care and cancer navigation, hospice and palliative care and clinical nursing education. She has Master of Science in Nursing from Walden University with a specialty in Nursing Education in addition to her advance practice training as a Women's Health Nurse Practitioner. Ginny has also attained advanced training and certification on hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium) as well as training on end of life care for the dementia patient through the Alzheimer's Association.

She has served as Associate Nursing Faculty at the graduate level serving as clinical instructor in the Family Nurse Practitioner program for Walden University and as Affiliate Faculty in the Bachelor of Science Nursing program at Colorado Christian University where she taught courses on hospice and palliative care, maternal child care, and community health nursing.

Ginny served as educator on hospice and palliative care to more than 700 physicians, RNs, and a variety of health care providers for 3 years while at Pathways Hospice. While at Pathways Hospice, she was also responsible for creation of educational tools and outreach for health care professionals at local Assisted Living and Long-Term Care facilities. Ginny has also served as Clinical Nurse Educator at Cheyenne Regional Medical Center where she was responsible for development of educational courses for all nursing staff and developed and taught the LPN-IV certification course for all LPN staff.

Ginny is a published author on the role of Nurse Practitioners in oncology care and patient navigation and hereditary breast cancer syndromes.

Ginny is a member of the Northern Colorado Nurse Practitioner Coalition, Hospice and Palliative Nurses Association and the Oncology Nursing Society where she served as Co-Editor of the Breast Cancer Group newsletter for two years.

Author: Debbie Flippin, RN, MBA

Debbie has over 30 years of nursing experience in Hospice and Home Health. She has served in various positions, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings including hospice inpatient unit, hospice and homecare offices, accreditation program for Home Care and Hospice and pediatric oncology. Debbie is committed to educating clinicians in End-of-Life care and patient advocacy.

Objectives:

1. Identify two (2) differences between palliative and hospice care.
2. Select four (4) pain management strategies at end-of-life care.
3. Identify three (3) physical signs and symptoms of the dying process.

Introduction

Overview

- Hospice Overview
- Definition of Palliative Care

Care	<ul style="list-style-type: none">- Definition of Hospice- National Hospice and Palliative Care Organization- Hospice Philosophy- Limitations of Hospice
Eligibility	<ul style="list-style-type: none">- Eligibility Criteria Medicare
Diagnosis	<ul style="list-style-type: none">- Diagnosis- CMS and Diagnosis- Palliative Performance Scale (PPS)- General Guidelines
Skilled Nursing	<ul style="list-style-type: none">- Hospice and Skilled Nursing Facilities- Facility Responsibilities
Care Plan	<ul style="list-style-type: none">- Comprehensive Assessment- Plan of Care: Care and Services- Plan of Care Contents
Spiritual Care	<ul style="list-style-type: none">- Spiritual Care
Pain Management	<ul style="list-style-type: none">- Pain Management- History of Pain- Physical Examination- Pain Management Team- Designated Care Provider- Nonpharmacological Interventions- Pharmacologic Interventions
Signs	<ul style="list-style-type: none">- Signs of Death and Comfort- Plan After Death
Summary	

Hospice Delivery of Care: Regulation and Compliance

R1_10.28.2022_SME

1.0 contact hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Describe three (3) elements of hospice care.
2. Identify three (3) hospice regulations.
3. Identify four (4) required hospice interdisciplinary team members.

Keywords: None

Introduction

Concept of Care

- Specialized Care
- Goal of Care
- Hospice Interdisciplinary Group (IDG)
- Care Shift: Curative to Palliative

Regulatory

- Hospice History
- Determining Eligibility
- Medicare Hospice Benefit
- Benefits Periods
- Certification of Terminal Illness
- Election of Care
- Revocation
- Discharge
- Discharge for Cause
- Levels of Care

Compliance

- Federal and State Regulations
- Accreditation
- Face-to-Face Encounter
- Quality Reporting
- Quality Assessment and Performance Improvement

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- IHI Methodology
- QAPI Responsibilities
- OIG Workplan
- Summary of Issues

IDG

- Hospice Team
- Bereavement Assessment

Plan of Care

- Written POC
- Residing in LTC
- Coordinated POC
- POC Updates
- Hospice IDG Meeting
- Summary

Housekeeping Basics

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0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List two (2) safety-related measures to consider when cleaning a person's room.
2. State two (2) infection control measures to consider when cleaning a person's room.
3. List two (2) things that must be reported after cleaning a person's room.

Keywords: COVID, infection control, standards, survey

Introduction

Preparing

- Information for Housekeepers
- Responsibility
- Hand Hygiene
- Infection Control
- Plan Your Day
- Check Your Supplies
- Information on Safety Data Sheets

Steps

- Policies and Procedures
- Order for Cleaning a Room
- Entering the Room
- High Touch Areas
- Cleaning the Bathroom
- Guidelines
- Mopping a Floor
- Dusting Furnishings
- Linen
- Laundry

Survey

- Survey

Awareness

- Annual Inspection Focus
- Communication

Summary

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)

Copyright: R6_08.11.2023_SME

1.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as an Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify two (2) transmission-based risk factors associated with HIV and AIDS.
2. Identify two (2) treatment guidelines for HIV and AIDS.
3. Select two (2) implications for healthcare workers relative to HIV and AIDS.

Pathophysiology

- Human Immunodeficiency Virus "HIV"
- HIV Virus
- Pathophysiology of HIV 3
- Symptoms

Global Impact

- Global Impact
- HIV Related Deaths

Transmission

- Transmission and Risk Factors

Testing/Diagnosis

- Testing and Diagnosis
- Medical History
- Types of HIV Tests
- Laboratory tests
- AIDS-Defining Illnesses
- Infections Associated with HIV and AIDS
- AIDS-Defining Cancers
- Other problems associated with HIV and AIDS

Treatment Options

- Antiretroviral Therapy
- CD4 Counts and Viral Loads
- Antiretroviral Therapy
- Injectable Medications
- Opportunistic Infections
- Ongoing Monitoring of Treatment

- Vaccine

Living with HIV

- In-Home Testing
- State Reporting Requirements
- Psychosocial Impact
- WHO's Five C's of Consent

Healthcare Setting

- Statistics
- Risk of Infection
- Likelihood of Transmission
- Defenses
- Standard Precautions
- Exposure Control
- Guidelines

Care

- Care of the Individual with HIV and AIDS
- Care
- Plan of Care

Summary

- Caregiver Stress
- Coping with Stress
- Summary

Human Immunodeficiency Virus (HIV): The Basics

Copyright: R2_11.17.2023_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Reviewer: Kim Hipkiss, RN, BSN

Kim Hipkiss, RN, BSN is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures, including those specific to infection control, for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Objectives:

1. Identify the two (2) most common ways HIV is spread from one person to another.
2. List the three (3) stages associated with HIV infection.
3. Name three (3) precautions healthcare workers should take when treating HIV infected persons.

Introduction

What is HIV

- Human Immunodeficiency Virus
- The Origins of HIV
- Statistics

Spread of the Virus

- How HIV is Spread
- Ways HIV is Not Spread

Symptoms

- Symptoms

Diagnosis

- Tests

Treatment

- Antiretroviral Therapy (ART)
- Adapting ART

Healthcare Setting

- Working in Healthcare
- CDC Recommendations

Summary

Human Trafficking

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2.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska. Keywords: Trauma Informed Care

Objectives:

1. Identify two (2) types of human trafficking in the United States.
2. Identify five (5) warning signs of potential human trafficking.
3. List three (3) practices healthcare workers can engage in interventions to assist victim of human trafficking.

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Definition

- Human Trafficking
- Definition
- Trafficking Victims Protection Act
- Trafficking Victims Protection Act
- TVPA: Prosecution Framework
- Statistics by State
- Trafficking Victims Protection Act (TVPA)

Federal Laws

- Federal Laws

Types

- Types of Human Trafficking
- Risk Factors
- Sex Trafficking Venues
- Top Ten Industries of Labor Trafficking
- Forced Labor
- Child Labor
- Child Soldiers
- Debt Bondage
- Involuntary Servitude

Victims

- Profiling
- Risk Factors
- Victims
- LGBTQ+

- Populations
- Preventing Escape
- Reasons for Not Telling

Red Flags

- Red Flags
- General Indicators of Human Trafficking
- General Indicators of Human Trafficking
- Labor Trafficking Indicators
- Sex Trafficking Indicators
- Common Work and Living Conditions
- Other Considerations When Gathering the Medical History
- Common Ailments Reported
- Poor Mental Health or Abnormal Behavior
- Lack of Control
- Medical Issue
- Developmental Health
- Life Expectancy for Victims of Human Trafficking

Traffickers

- Potential Traffickers
- Trafficker and Victim Commonalities

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- SOAR
- Raising Awareness
- Miranda's Story
- Jody: The Healthcare Worker's Story
- Support for Miranda
- How This Story Ends
- Documentation
- Complex Needs

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- Support
- Providing Support
- Victims of Human Trafficking
- Trauma-Informed Care
- Screening Questions
- Steps to Prepare
- The Victim's Safety
- Mandatory Reporting
- Referral
- Immediate Emergency

Resources

- National Resources
- Goals of the National Human Trafficking Hotline
- Reporting
- Additional National Services
- Summary

ICD-10-CM: Case Studies

SME Reviewed: 10.1.2022

1.0 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Case Coding 1 Practice 2
- Case Coding 1 Practice 3
- Case Coding 2 Practice 4
- Case Coding 2 Practice 5
- Case Coding 2 Practice 6
- Case Coding 3 Practice 7
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- Case Coding 5 Practice 12
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- Case Coding 6 Practice 15
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- Case Coding Practice 74

ICD-10-CM: Chapter 1: Certain Infectious and Parasitic Diseases (A00-B99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Code Only Confirmed Cases
- Selection and Sequencing of HIV codes

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- Infectious Agents as the Cause of Diseases Classified to other Chapters
- J15

Resistant

- Infections Resistant to Antibiotics
- J15.212

Sepsis

- Coding of Sepsis, Severe Sepsis and Septic Shock
- Sequencing of Severe Sepsis
- Sepsis and Severe Sepsis with a Localized Infection
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- MRSA

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- Example of Sequelae-Infections
- Examples of Bacterial and Viral Infectious Agents B95-B97
- Example: Additional Codes
- Case Coding Practice 1
- Case Coding Practice 2
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ICD-10-CM: Chapter 2: Neoplasms (C00-D49)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Neoplasm Table
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ICD-10-CM: Chapter 3: Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)

0.25 Contact Hour(s)

SME Reviewed: 10.1.2022

Author: Theresa Lang RN, BSN, WCC

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- Case Coding 3 Practice 7
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ICD-10-CM: Chapter 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

SME Reviewed: 10.1.2022

0.75 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Welcome/Objective Page
- Disclaimer
- Manual
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- Five Categories
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- Case Coding 4 Practice 12
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ICD-10-CM: Chapter 5: Mental, Behavioral, and Neurodevelopmental Disorders (F01-F99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- F01-F09
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- F02.8
- F41.8-F41.9
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ICD-10-CM: Chapter 6: Disease of the Nervous System (G00-G99)

SME Reviewed: 10.1.2022

0.75 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Dominant/Nondominant Side
- Pain Category G89

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- Coding Certain Conditions
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ICD-10-CM: Chapter 7: Diseases of the Eye and Adnexa (H00-H59)

SME Reviewed: 10.1.2022

0.25 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Glaucoma
- Sample ICD-10-CM Codes from this Chapter
- Laterality
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- Case Coding Practice 1
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ICD-10-CM: Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Sample ICD-10-CM
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- Case Coding Practice 1
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ICD-10-CM: Chapter 9: Diseases of the Circulatory System (I00-I99)

SME Reviewed: 10.1.2022

0.75 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Hypertension
- Atherosclerotic Coronary Artery Disease and Angina
- Intraoperative and Postprocedural Cerebrovascular Accident
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- Acute myocardial infarction (AMI)
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ICD-10-CM: Chapter 10: Diseases of the Respiratory System (J00-J99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Chronic Obstructive Pulmonary Disease and Asthma
- Acute Respiratory Failure
- Influenza Due to Certain Identified Influenza Viruses
- Ventilator Associated Pneumonia

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ICD-10-CM: Chapter 11: Diseases of the Digestive System (K00-K95)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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ICD-10-CM: Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Pressure Ulcer Stage Codes

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ICD-10-CM: Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Acute Traumatic Versus Chronic or Recurrent Musculoskeletal Conditions
- Coding of Pathologic Fractures
- Osteoporosis
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- Case Coding Practice 1
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ICD-10-CM: Chapter 14: Diseases of the Genitourinary System (N00-N99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Chronic Kidney Disease

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ICD-10-CM: Chapter 17: Congenital Malformations, Deformations, and Chromosomal Abnormalities (Q00-Q99)

SME Reviewed: 10.1.2022

0.25 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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ICD-10-CM: Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-Q99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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ICD-10-CM: Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Case Coding Practice 1
- Case Coding Practice 2
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ICD-10-CM: Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

SME Reviewed: 10.1.2022

0.5 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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- Categories of Z codes
- 4) History (of)
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- Aftercare
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- Routine and administrative examinations
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- Case Coding Practice 7

ICD-10-CM: Coding Competency Exam

SME Reviewed: 10.1.2022

1.0 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

Theresa has 42 years of experience as a registered nurse. During her years as a nurse, she has been the Director of Nursing for a long-term care center as well as the Director of Patient Care Services and the Director of Allied Health Continuing Education. Theresa is currently the Vice President for Consulting Services and specializes in ICD-10-CM training and wound care. She has been an AHIMA approved ICD-10-CM trainer since 2013 and continues to be actively involved with AHIMA as an educational presenter.

Theresa has extensive experience in writing Plans of Correction, conducting directed in services, directed Plans of Correction, state mandated monitoring for SNFs as well as assisted living providers. Her focus is in developing sustainable systems and processes to achieve long-term success rather than quick fixes. Theresa has served as an expert witness for the defense in long term care litigation, including survey issues on a national basis.

Introduction

- Disclaimer
- Overview

ICD-10-CM: Conventions

SME Reviewed: 10.1.2022

0.75 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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Introduction

Conventions

- Conventions
- The Alphabetic Index
- Format and Structure
- Use of Codes
- Placeholder Character "X"
- 7th Characters
- Abbreviations
- Punctuation
- Other and Unspecified Codes
- Additional terms
- Two Types of Excludes Notes
- Excludes 1 Notes
- Excludes 2 Notes
- Etiology/Manifestation Convention ("Code First", "Use Additional Code", and "In Diseases Classified Elsewhere" Notes)
- Additional Conventions
- Laterality
- Specificity
- Combination Codes
- Combination Codes for Poisoning
- Inclusion of Clinical Concepts
- Expanded Codes
- Postoperative Complications

ICD-10-CM: Ethical Coding Fraud and Abuse

SME Reviewed: 10.1.2022

1.0 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

Theresa has 42 years of experience as a registered nurse. During her years as a nurse, she has been the Director of Nursing for a long-term care center as well as the Director of Patient Care Services and the Director of Allied Health Continuing Education. Theresa is currently the Vice President for Consulting Services and specializes in ICD-10-CM training and wound care. She has been an AHIMA approved ICD-10-CM trainer since 2013 and continues to be actively involved with AHIMA as an educational presenter.

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Introduction

Overview

- Customer Expectations

HIPAA

- HIPAA
- Administrative Simplification
- Business Associates

Fraud and Abuse

- Definition
- Initiatives
- Payoff
- Who commits fraud?
- Upcoding
- Abuse
- Medicare Fraud and Abuse Laws
- Additional Medicare Fraud and Abuse Penalties
- Medicare Fraud and Abuse Partnerships

Code of Ethics

- American Health Information Management Association Standards of Ethical Coding (AHIMA)
- Overview Code of Ethics
- Using the Codes
- Ethical Principle One
- Ethical Principle Two
- Ethical Principle Three
- Ethical Principle Four
- Ethical Principle Five
- Ethical Principle Six
- Ethical Principle Seven

- Ethical Principle Eight
- Ethical Principle Nine
- Ethical Principle Ten
- Ethical Principle Eleven

Standards

- American Health Information Management Association Standards of Ethical Coding
- Standard One
- Standard Two
- Standard Three
- Standard Four
- Standard Five
- Standard Six
- Standard Seven
- Standard Eight
- Standard Nine
- Standard Ten
- Standard Eleven

ICD-10-CM: General Coding Guidelines and Examples

SME Reviewed: 10.1.2022

1.0 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

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Introduction

Code Structure

- Code Structure
- Addition of a 7th Character
- Placeholder "X"

Format

- ICD-10-CM Volumes
- The Alphabetic Index
- Format: Tabular List

Coding Guidelines

- Locating a Code in the ICD-10-CM
- Signs and Symptoms
- Multiple Coding for a Single Condition
- Acute and Chronic Conditions
- Combination Code
- Sequelae (Late Effects)
- Impending or Threatened Condition
- Reporting Same Diagnosis Code More than Once
- Laterality
- Documentation for, Non-Pressure Ulcers and Pressure Ulcer Stages
- Syndromes
- Documentation of Complications
- Borderline Diagnosis
- Use of Sign/Symptom/Unspecified Codes

Examples

- Hypertension Coding Example
- Diabetes Example
- Stage III Decubitus Ulcer of the Coccyx

- Postmenopausal Osteoporosis
- Dislocation, Jaw, Subsequent Encounter
- Stroke
- Aftercare Following a Hip Replacement

ICD-10-CM: Introduction

SME Reviewed: 10.1.2022

0.75 Contact Hour(s)

Author: Theresa Lang RN, BSN, WCC

Theresa has 42 years of experience as a registered nurse. During her years as a nurse, she has been the Director of Nursing for a long-term care center as well as the Director of Patient Care Services and the Director of Allied Health Continuing Education. Theresa is currently the Vice President for Consulting Services and specializes in ICD-10-CM training and wound care. She has been an AHIMA approved ICD-10-CM trainer since 2013 and continues to be actively involved with AHIMA as an educational presenter.

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Objectives:

1. Discuss five (5) different content areas within ICD-10-CM.
2. Identify at least three (3) appropriate coding guidelines as indicated for the specific diseases.
3. Identify and code at least two (2) of the scenarios about diseases within the different chapters.

Introduction

History of ICD

- History of ICD
- History of ICD US
- The Emergence of the World Health Organization
- WHO and 10th Revision–ICD-10
- ICD-10 Today

Overview of ICD-10

- Why do we code?
- Characteristics of ICD-10-CM
- Benefits of ICD-10-CM
- Where are Codes Used in the SNF?
- Diagnosis Coding in LTC
- Official Coding Guidelines
- ICD-10-CM Code Maintenance
- Resource

Implicit Bias

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1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, Dmin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry from Columbia Theological Seminary (PCUSA), a MDiv. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives

1. Identify four (4) groups that experience implicit bias in healthcare.
2. Identify three (3) ways implicit bias negatively impacts individuals receiving healthcare.
3. Select three (3) strategies to mitigate implicit bias in healthcare.

Key words: N/A

Introduction

Definition

- Implicit Bias: Defined
- Biases: Examples

Background

- Bias: Differences
- Thinking Fast and Slow
- Case Study 1
- Case Study 2

Types

- Equal Care
- Race
- Gender Bias
- Case Study: Donna
- Religion
- Sexual Identification
- Weight
- Additional Implicit Biases

Impact

- Vulnerable Populations
- The Trust Factor

- Low Health Literacy
- Case Study: Javier
- Key Areas of Impact

Strategies

- Mitigation Strategies
- Self-Reflection
- Good Questions
- Practical Tips
- CLAS
- Question and Counter Stereotypes
- Case Study: Mary the CNA

Screening

- Unconscious Tendencies
- Implicit Association Test

Change

- Culture Shifts
- Office of Minority Health
- Cultural Humility
- Case Study: Geneva
- Persistence

Case Studies

- Jolene's Story
- Richard's Story

Summary

Improving Functional Performance of Medically Complex Persons

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1.0 Contact Hour(s).

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, neurologic conditions, oncology. She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Dr. Phillips serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and is a two-time finalist for the Florida Clinical Instructor of the Year.

Objectives

1. List three (3) strategies for decreasing sedentary behavior in an individuals' daily life.
2. Select three (3) interventions for addressing sedentary behavior and physical activity levels for persons living in long-term care settings.
3. Identify two (2) barriers to minimize sedentary behaviors in medically complex individuals.

Key words: Person-centered

Introduction

- Sedentary Lifestyle: Defined
- Active Lifestyle: Defined
- The WHO Guidelines
- Outcomes
- Active Versus Sedentary

Causes

- Moderate and Vigorous Activity
- Medical Complexity

Barriers

- Factors

Interventions

- Guidelines
- Guidelines: Perceived Exertion
- Occupational Therapy
- Physical Therapy: Defined
- Physical Therapy: Recommendation
- Physical Therapy: Medically Complex Person
- Nursing

Summary

Infection Control: For Managers

Copyright: R2_12.30.2023_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments, specifically addressing infection control issues in long-term care.

Reviewer: Jenell Camara, MSN, RN

Jenell Camara is an RN and CEO of Jenell Camara Consulting, LLC. She has 25 years of experience in the long-term care setting. Her background includes staff nurse, Manager, State Surveyor, and Regional Director of Clinical and Quality. During the pandemic Jenell was responsible for developing and revising all infection control policies and procedures for the organization she worked for. In addition, she has conducted many audits on basic infection control practices to ensure staff compliance and competency both in her Director role and as a Surveyor.

Objectives:

1. Identify three (3) key elements of an infection prevention and control program (IPCP).
2. Apply three (3) elements of an antibiotic stewardship program.
3. Identify the two (2) vaccinations of primary concern within the federal guidelines for infection control.

Key Words: Survey Requirements for Infection Control, Enhanced Barrier Precautions, Transmission-Based Precautions, Medical Device Safety, Sharps Safety, Infection, Prevention and Control Program, Water Management

Introduction

F880

- Components of F880
- Intent of §483.80 (a), (e), (f)
- Definitions
- Guidance §480.80 (a), (e), (f) – Infection Prevention and Control Program
- Facility Assessment
- Infection Control Policies and Procedures
- Surveillance Systems
- Communicable Disease Outbreaks
- Transmission of Infectious Organisms
- Standard Precautions
- Transmission-Based Precautions
- Transmission Precautions
- Medical Device Safety
- Infection Prevention and Control Plan Incidences
- Linens and Laundry Services

- Annual Review of IPCP
 - Deficiency Categorization
- F881
- Antibiotic Stewardship Program
 - Definitions Associated with Antibiotic Stewardship Programs
 - Guidance for Antibiotic Stewardship Programs
 - Antibiotic Stewardship Program and Pharmacy Services
 - Key Elements of Non-Compliance
 - Deficiency Categorization

- F882
- Components

- F883
- Components of F883
 - Intent of F883
 - Definitions Associated with F883
 - Guidance for Immunization Program
 - Influenza Immunization
 - Pneumococcal Immunization
 - Investigative Procedures
 - Key Elements of Non-Compliance
 - Deficiency Categorization

- Summary
- Infection Prevention and Control Programs

Infection Control Precautions

Copyright: R2_9.29.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) elements of standard precautions.
2. Identify three (3) types of transmission-based precautions.
3. Apply three (3) considerations when caring for individuals on transmission-based precautions.

Keywords: IPC, COVID-19 Considerations, Enhanced Barrier Precautions, Transmission-based Precautions, Check List: Lab Specimen Collection, Interprofessional

Introduction

- Infections

Precautions

- Precautions
- Prevention
- Standard Precautions

PPE

- Safe Work Practices While Wearing PPE
- Donning PPE
- Doffing PPE

Transmission

- Transmission-based Precautions: Types
- Transmission-based Precautions: Control Measures
- Documentation
- Involuntary Seclusion

Contact

- Guidelines for Contact Precautions

Droplet

- Droplet Precautions
- Transmission: Close Contact
- Examples of Illness
- Guidelines for Droplet Precautions

Airborne

- Airborne Transmission
- Illnesses
- Guidelines for Airborne Precautions

Enhanced

- Enhanced Barrier Precautions
- EBP: High Contact Areas

Considerations

- Other Considerations
- Handling Waste
- Lab Specimens: Procedures
- Visitors
- Transport
- Personnel Notifications
- Disposal of Equipment
- Dinnerware and Eating Utensils
- Privacy
- Person and Family Education

Summary

Infection Prevention and Control for All Staff

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. She has designed competency-based skill check offs specific to infection prevention and control as well as evaluated learners on these competencies at the state level. Linda has worked closely with facility infection control nurses to design staff education that targets infection control gaps as well as teaching pre-licensure nurses what infection related issues are important to the geriatric population.

Objectives:

1. Identify the six (6) components of the chain of infection.
2. Select three (3) pathogens that can create an infection.
3. State two (2) ways the chain of infection can be broken.

Introduction

Regulatory

- Infection Prevention and Control
- Services
- F880: Infection Control
- Infection Control Related Terms

Chain of Infection

- The Chain of Infection
- First Link: Pathogen
- Second Link: Reservoir
- Third Link: Portals of Exit
- Fourth Link: Modes of Transmission
- Fifth Link: Portal of Entry
- Sixth Link: Susceptible Host
- Protection Mechanisms

Common Infections

- Common Infections in the LTC Setting
- Legionnaires' Disease
- Prevention of Legionnaires' Disease

Roles

- Breaking the Chain of Infection: A Team Approach
- IPCP Programs
- Standard Precautions
- Education
- Everyone's Role
- IPCP: Regulatory
- Regulatory Checkpoints
- Reporting

Summary

269 (Rev. 02.08.2024)

Interviewing for Retention

1.0 Contact Hour(s)

Author: Diane Hinds BA, MA, Ed. D

In addition to education, she has worked in human resources and organization development for over 30 years. She has been in management and executive level leadership positions for over 20 years.

She has taught in the classroom and online for 20 years, mostly at the graduate level, as adjunct faculty at the University of St. Thomas, Concordia University, and St. Catherine's University. In addition, she has prepared and delivered numerous programs for clients in business, healthcare, education, service agencies, and non-profit organizations in her capacity as Director or Organization Development at MRA.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Objectives:

1. Select two (2) components of an effective selection interview.
2. Identify eight (8) components of effective interview questions.
3. Identify one (1) regulatory compliance consideration when conducting an interview.

Introduction

Selection Process

- Selection Process
- Purpose of Selection Interview
- Evaluate Applicant
- Weigh Results of Interview
- Timing of Selection Interview

Interviewing Skills

- Interviewing Skills
- Emotional Intelligence
- Questioning
- Communication
- Listening
- Staying on Topic
- Interpreting and Analysis
- Decision Making
- Effective Decision Making

Components

- Components of an Effective Selection Interview: Preparation
- Panel Interview

- Interview Guide and Evaluation Criteria
- Avoid Interruptions
- Opening the Interview
- Comprehensive First Question
- Goal of the Interview
- Note Taking
- Following up Questions: Probing
- Pursuing the Applicant
- Applicant Interest
- Selling the Position
- Closing the Interview
- Avoid Over Promising
- Final Statement

Interview Questions

- Interview Questions

Follow-up Steps

- Evaluation of the Candidate
- Common Errors When Evaluating Applicants
- Follow-up After the Interview

Compliance

- Compliance
- Questions
- Requirements
- Hiring Practices
- Recordkeeping and Reporting Requirements
- Transfer Learning

Intravenous (IV) Therapy

Copyright: R3_10.27.2023_SME

1.0 Contact Hour(s)

Author: Lois A. Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) primary uses of intravenous therapy (IVT).
2. Select three (3) observations that are part of the nursing assessment of the individual who is receiving intravenous therapy (IVT).
3. Apply three (3) possible complications of intravenous therapy (IVT).

Keywords: N/A

Introduction

- Definition of IV Therapy

Uses

- Primary Uses of IV Therapy
- Delivery Modes

Body Fluids

- Physiologic Principles
- Total Body Water (TBW)
- Serum Osmolarity

Types

- IV Solutions
- Isotonic Solutions
- Hypotonic Solutions
- Hypertonic Solutions
- Uses and Precautions
- IV Antibiotics

Delivery Methods

- Delivery Methods

Venipuncture

- Procedure for Venipuncture
- Procedure for Infusion
- Geriatric Considerations
- Nursing Care of the IV

Assessment

- Nursing Assessment
- Ongoing Nursing Care

Complications

- Complications
- Venous spasm
- Infiltration
- Extravasation
- Phlebitis
- Slow IV Catheter Rate
- Circulatory or Fluid Overload
- Air Embolism
- Catheter-Related Infections

Documentation

- Documentation of IV Insertion

Education

- Education

Summary

Introduction to Healthcare for New Nursing Assistants

Copyright: R4_03.17.2023_SME

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List two (2) of the requirements for nursing assistants mandated by the Omnibus Budget Reconciliation Act of 1987 (OBRA).
2. Describe the role of three (3) members of the healthcare team.
3. Describe two (2) programs that pay for health care.

Keywords: N/A

Introduction

- OBRA 87

OBRA

- Resident's Rights

Healthcare Roles

- Interdisciplinary Team
- Other Services

The Person

- The Individual in Long Term Care
- Geriatric or Disability Needs
- Maslow's Hierarchy of Needs

Reimbursement

- Reimbursement
- Medicare and Medicaid
- Medicare and Medicaid
- LTC Insurance

CMS

- CMS
- Survey
- Maintaining Functionality

Summary

Joint Replacement Rehabilitation

Copyright: R1_01.19.2024_SME

1.0 Contact Hours

Author Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives

1. Identify three (3) signs and/or symptoms of a post-operative infection.
2. List two (2) precautions for a hip total arthroplasty.
3. Prescribe three (3) post-operative exercises appropriate for knee and hip arthroplasty.

Keywords: N/A

Introduction

Overview

- Demographics
- Reasons for Surgery

Knee Replacement

- Anatomy Review: Knee
- Surgical Procedure: Knee Replacement
- Surgical Procedure: Total Knee Replacement
- Post-Operative Consideration and Precautions
- Restrictions
- Complications

Hip Replacement

- Anatomy Review
- Surgical Procedure: Hip Replacement
- Post-Operative Consideration and Precautions
- Restrictions
- Post-Operative Complications

Evaluation

- History and Pain Assessment
- Monitoring Progress
- Tests and Measures

Gait and Transfers

- Gait Training
- Gait Deviations
- Treatment Plan

Discharge Plan

- Durable Medical Equipment
- Additional Referrals

Summary

Laundry Measures to Control the Spread of Infection

Copyright R3_11.23.2020_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. In these roles, Linda trained learners on infection control practices across all disciplines and departments.

Reviewer: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) laundry storage measures that help control the spread of infection.
2. List two (2) laundry handling processes that contribute to effectiveness of infection control in laundry services.
3. State two (2) regulatory processes related to infection prevention in laundry services.

Keywords: Infection prevention and control, bloodborne, COVID-19 considerations

Introduction

Background

- Background
- Introduction
- Laundry Regulations

Storage

- Contaminated Laundry Storage

Transporting

- Contaminated Laundry Transport

Handling

- Handling Guidelines

Laundry Procedures

- Effectiveness of Routine Laundry Procedures
- Proper Water Temperature
- Using Bleach for Laundry
- Infection Control Practices in Laundry
- Risks

COVID-19

- Special Considerations with COVID-19

Summary

Leadership Principles and Models

R1_01.23.2022_SME

1.0 Contact Hour(s)

Author: Diane Hinds, Ed. D

Diane helps individuals, teams, and organizations define their goals and achieve them. She has the flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include: change management, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, and creative problem solving.

Diane has more than 30 years' experience in organization development, human resources, and executive level management. She has facilitated the development of numerous teams including creation of leadership, virtual, project, ad hoc and quality teams. She is recognized as an effective team leader. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises.

Diane has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Reviewer: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Select three (3) leadership models that can be effective in healthcare related organizations.
2. Identify two (2) of the leadership characteristics of an exemplary leader as described by Kouzes and Posner in The Leadership Challenge Model.
3. Recognize three (3) practices of transformational leaders.

Introduction

- Leadership Models
- Types of Leadership Models

Servant

- Servant Leader
- The Primary Principle
- Applying the Servant Leadership Model
- Bridging the Transition

Authentic

- The Concept of Authenticity
- Principles of Authentic Leadership
- A Shared Purpose

Exemplary

- Characteristics of Exemplary Leaders
- Five Principles
- The Five Fundamentals

Transformational

- Transactional or Transformational
- The Five Practices
- Practicing Transformational Leadership
- Transformational Leadership Theory

Future

- Characteristics
- Five Factors

Similarities

- Similarities
- Principles
- Case Study
- Principles and Practices
- Leadership Challenge
- Encourage the Heart
- Create Your Own Case Study
- Effective Answers
- Leadership Models

Transferring

- Applying the Concepts
- Transition Knowledge

Summary

Lewy Body Dementia

Copyright: January 2024

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia. Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. Identify three (3) symptoms associated with Lewy body dementia.
2. Choose three (3) risk factors for developing Lewy body dementia.
3. Apply three (3) strategies for dealing with behaviors associated with Lewy body dementia.

Keywords: Person-centered Care, Behaviors, Person-Centered Strategies

Introduction

Background

- Dementia in Long-term Care Settings
- Case Study: Mr. Parker
- Mr. Parker: Care Plan
- Brain Changes From Lewy Body Dementia
- Lewy Body Dementia Deposits

Risk Factors

- Risk Factors

Types

- Types
- Lewy Body Dementia vs Parkinson's Disease Dementia
- Parkinson's Disease Dementia

Symptoms

- Symptoms
- Common Symptoms
- Nursing Documentation

Diagnosis

- Tests
- Laboratory Tests Support of Diagnosis
- Considerations for Diagnosis
- Be a Detective

Treatment

- Treatment with Medication

Behaviors

- Rule Out Underlying Contributors
- Behaviors
- Non-Pharmacological Approaches for Behaviors
- Pharmacological Management of Behaviors

Family Support

- Providing Family Support

Summary

LGBT Populations in LTC: Understanding Needs

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Author: Marc Markell, PhD, MS, BA

Marc Markell is a professor at St. Cloud State University. He earned a PhD in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods, and strategies for students with special needs, behavior management, and grief and loss education. He also teaches graduate and undergraduate courses on cultural diversity, behavior theories and practice.

Reviewer: Jackie Baras, MSN, MBA

Jackie serves as the LGBTQIA+ Health Navigator for Robert Wood Johnson University Hospital in New Brunswick, N.J. In this role, Jackie serves as a representative and liaison for all LGBT patients and employees at RWJUH. As LGBT Health Navigator, Baras will provide governance and oversight to ensure that LGBT employees and patients are able to successfully navigate all available resources to address the full spectrum of patients' and employees' healthcare needs.

Objectives:

1. Identify two (2) types of discrimination faced by LGBT individuals related to healthcare.
2. List two (2) regulatory concerns associated with sexual orientation in the long-term care setting.
3. Select two (2) issues faced by LGBT individuals in the long-term care setting.

Key Words: Person-centered care, California, New Jersey

Introduction

LGB

- Background
- Requirements of Participation
- Cultural Humility
- Culture of Competence
- Person-Centered Care
- Preferred Titles
- Terminology
- Guidelines

Transgender

- Transgender
- The Term Transgendered

- Related Terms
- Transphobia
- Discrimination
- Illegal Behavior
- Laws and Acts that Protect
- Needs from Healthcare Professionals

Legal Regulatory

- Legal and Professional Obligation
- Legislation
- State Specific Legislation
- Regulatory Issues
- Visitation Rights

Aging

- Barriers
- Issues Reported for At Risk Residents
- Best Practices for Creating a Safe Environment

Summary

Living with Alzheimer's Disease

Copyright: March 2023

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Select three (3) signs and symptoms of Alzheimer's disease.
2. List two (2) risk factors for Alzheimer's disease.
3. State two (2) means of diagnosing Alzheimer's disease.
4. Identify three (3) interventions for helping the person who has changes in behavior due to Alzheimer's disease.
5. State three (3) interventions for care of the person living with Alzheimer's disease.
6. Identify two (2) interventions to help support the family of a person living with Alzheimer's disease.

Keywords: Intimacy, sexuality, family, behaviors, person-centered care, person-centered strategies

Introduction

Background

- Alzheimer's Disease
- Cause of Dementia
- Dementia
- Causes of Dementia
- Dr. Alois Alzheimer

Changes

- Early Symptoms
- Changes in the Brain
- NIA video on AD

Signs and Symptoms

- AD and Symptoms
- Signs and Symptoms
- Stages
- Early (Mild) Stage AD
- Middle (Moderate) Stage AD
- Middle (Moderate) Stage AD
- Late (Severe) Stage AD

Causes

- Alzheimer's Risk Factors
- Research and Tests
- Causes
- Down Syndrome

Diagnosis

- Diagnosis
- Early Diagnosis
- Treatment
- Treatment
- Cholinesterase Inhibitors
- Cholinesterase Inhibitors: Side Effects
- Disease Modifying Medications
- Aducanumab: Side Effects
- Memantine
- Memantine: Side Effects
- Side Effects

Care

- Regulations: PCC
- Meeting Daily Needs
- Promoting Independence
- Person-Centered Care Examples
- Person-Centered Care Strategies: Mrs. Sinclair
- Activities of Daily Living
- Bathing
- Bathing Strategies
- Oral Care: Strategies
- Dressing and Undressing: Strategies
- Eating: Strategies
- Person-Centered Care: Eating Considerations
- Behavior Changes
- Wandering
- Wandering: Determining the Cause
- Wandering: Strategies for Promoting Safety
- Sundowning
- Sundowning: Strategies
- Hallucinations
- Hallucination: Strategies
- Delusions
- Agitation
- Aggression: Cause
- Managing Agitation and Aggression
- Communicating Difficulties

- Communication Strategies
- Rummaging and Hiding Items
- Rummaging and Hiding Things: Strategies
- Changes in Intimacy and Sexuality
- Sexual Behaviors
- Family
- Concerns of Family

Scenarios

- Dr. Davenport
- Dr. Davenport: Strategies to Consider
- Mrs. Jones
- Mrs. Jones: Strategies to Consider
- Mr. Blackmore
- Mr. Blackmore: Strategies to Consider

Clinical Trials

- Participating in Clinical Trials
- Participating in Clinical Trials
- Clinical Trials: Volunteering
- Clinical Study

Support

- Support for Families and Caregivers
- Support for Families and Caregivers

Summary

Long-Term Care Basics

Copyright: R2_12.22.2023_SME

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) significant factors increasing the demand for long-term care (LTC) services.
2. Select three (3) locations where LTC is provided to older adults.
3. Identify three (3) areas included in the annual survey of a nursing home.

Keywords: Regulatory, Survey

Introduction

- Long-Term Care Defined

Aging Population

- Increased Demand
- Advances in Healthcare
- Supply of Direct Care Workers

LTC Facilities

- Informal Caregivers
- Locations
- Care Compare

Employee Types

- LTC Employees
- Team Members

Quality in LTC

- Quality in LTC
- Rights
- MDS Overview
- Five Star Quality
- Paying for Long Term Care
- Surveys
- Deficiencies

Summary

Low Back Pain: Evaluation and Treatment

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1.0 Contact Hour(s)(s).

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and is a two-time finalist for the Florida Clinical Instructor of the Year. She also serves as an adjunct for healthcare students for Herzing University.

Objectives

1. Identify three (3) different causes for low back pain.
2. Identify three (3) appropriate interventions for treating low back pain.
3. Select two (2) modalities that can be used as interventions for low back pain.

Key words: N/A

Introduction

- Risk Factors
- Psychological Factors
- Individual Expectations

Anatomy

- Bony Anatomy
- Musculature: The Core
- Musculature: Anterior Wall
- Musculature: Posterior Wall
- Musculature: Posterior Wall
- Ligaments
- Nerves

Differential

- Diagnosing LBP
- Scoliosis
- Lumbar Disc Disease
- Levels of Disc Injury
- Spondylosis
- Spinal Stenosis
- Systemic Conditions
- Oncologic
- Bowel or Bladder Dysfunction

Imaging

- Imaging Overview
- X-ray
- MRI
- Electromyography

Assessment

- History
- History: Red Flags
- Assessments
- Special Tests

Medical treatment

- General Guidelines
- Non-Recommended Treatments
- Pharmacologic Interventions
- Surgery
- Referrals to Physical Therapy

Interventions

- Recommendations
- Education

Summary

Medical Emergencies in the Long-Term Care Setting

Copyright August 2023

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Apply three (3) responses to an emergency situation.
2. Identify two (2) responsibilities of the Certified Nursing Assistant (CNA) during a medical emergency.
3. Choose three (3) responsibilities of the nurse during a medical emergency.

Keywords: N/A

Introduction

Condition Change

- Change in Condition: Notify Physician
- Change in Condition: Informing Nursing
- Change in Condition: Healthcare Workers Responsibility
- Reporting a Change in Condition
- Behavior Changes

Emergencies

- Definition
- Types of Emergencies
- The Role of the CNA
- Role of the Nurse
- Advanced Directives
- Cardiopulmonary Resuscitation (CPR)
- Cardiopulmonary Resuscitation (CPR): Guidelines
- Cardiopulmonary Resuscitation (CPR): Steps
- Cardiopulmonary Resuscitation (CPR): EMS System
- Chest Pain
- Chest Pain: Symptoms
- Roles of the Response Team: Chest Pain
- Roles of the Response Team: Difficulty Breathing
- Choking
- Choking: Response
- Stroke: Signs and Symptoms

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- Stroke: Response
- Falls
- Falls: Post-Fall Assessment
- Bleeding
- Nosebleed
- Seizures: Symptoms
- Seizures: Assessment
- Syncope
- Syncope: Responses
- Burns
- Burns: Emergency Care
- Documentation
- Documentation Guidelines

Scenarios

- Mrs. Miller
- Mr. Jackson

Summary

MDS 3.0 Certificate Program: Assessments for the Resident Assessment Instrument (RAI)

SME Reviewed 10.2018

2.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement.

Objectives:

1. List the responsibilities of nursing homes for completing assessments.
2. Describe OBRA.
3. Describe the different types of assessments.
4. Describe how the nursing process relates to the RAI.
5. Define a CAA.
6. Define terms related to the PPS schedule.
7. Compare and contrast Medicare scheduled and unscheduled assessments.
8. Describe how to combine Medicare assessments and OBRA assessments.
9. Describe the different Medicare and OBRA combinations.
10. Discuss other factors that relate to the resident assessment.

Introduction

- Introduction to Assessments for the Resident Assessment Instrument (RAI)

Overview

- Introduction to the Requirements for the RAI
- State Designation of the RAI for Nursing Homes
- Responsibilities of Nursing Homes for Completing Assessments
- Skilled Nursing Facility Quality Reporting Program
- Responsibilities of Nursing Homes for Completing Assessments

Types/Definitions

- Responsibilities of Nursing Homes for Reproducing and Maintaining Assessments
- Assessment Types and Definitions

OBRA

- Required OBRA Assessments for the MDS

Assessments

- Comprehensive Assessments
- Admission Assessment (A0310A=01)
- Annual Assessment (A0310A=03)
- Significant Change in Status Assessment (SCSA) (A0310A=04)
- Examples of SCSA
- Guidelines for Determining the Need for a SCSA for Residents with Terminal Conditions
- Examples of SCSA
- Guidelines for Determining When A Significant Change Should Result in Referral for A Preadmission Screening and Resident Review (PASRR) Level II Evaluation
- Examples of (PASRR and SCSAs)
- Significant Correction to Prior Comprehensive Assessment (SCPA) (A0310A=05)

Non-Comp

- Non-Comprehensive Assessments and Entry and Discharge Reporting
- Quarterly Assessment (A0310A=02)
- Significant Correction to Prior Quarterly Assessment (SCQA) (A0310A=06)
- Tracking Records and Discharge Assessments (A0310F)
- More on Entry and Discharge Reporting
- Entry Tracking Record (A0310F=01)
- Admission (A1700=1)
- Reentry (Item A1700=2)
- Death in Facility Tracking Record (A0310F=12)
- Discharge Reporting
- OBRA Discharge Assessments (A0310F)
- OBRA Discharge Assessment – Return Anticipated (A0310F=11)
- Assessment Management Requirements and Tips for OBRA Discharge Assessments

CAA & Care Plan

- The Care Area Assessment (CAA) Process and Care Plan Completion
- CAA(s) Completion

Medicare PPS

- The Skilled Nursing Medicare Prospective Payment System Assessment Schedule

PPS Assessments

- MDS Medicare Assessments for SNFs
- PPS Scheduled Assessments for a Medicare Part A Stay
- PPS Unscheduled Assessments for a Medicare Part A Stay

Sched. & Unsched.

- Introduction to Combining Medicare Scheduled and Unscheduled Assessments

Medicare & OBRA

- Introduction to Combining Medicare Assessments and OBRA Assessments⁷

Scheduling

- Medicare and OBRA Assessment Combinations
- Introduction to Medicare and OBRA Assessment

Other Factors

- Introduction to Factors Impacting the SNF Medicare Assessment Schedule⁸
- Expected Order of MDS Records
- Determining the Item Set for an MDS Record
- Additional Item Set
- Swing Bed Records

Scenarios

- Case Scenario 1
- Case Scenario 2
- Case Scenario 3
- Case Scenario 4
- Case Scenario 5
- Case Scenario 6
- Case Scenario 7
- Case Scenario 8
- Case Scenario 9
- Case Scenario 10
- Case Scenario 11
- Case Scenario 12

MDS 3.0 Certificate Program: Introduction to the Resident Assessment Instrument (RAI)

SME Reviewed 10.2017

1.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

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Objectives:

1. Define the Resident Assessment Instrument (RAI).
2. List the four components of the RAI.
3. Describe how data from the MDS becomes public knowledge.
4. Discuss how the RAI relates to the nursing process.
5. Discuss the key finding of the MDS 3.0.

Introduction

- RAI Lesson Resources

Overview of RAI

- Introduction to the RAI
- RAI
- Purpose of RAI
- Quality of Care

Content of RAI

- Introduction to the Components of the RAI
- Minimum Data Set (MDS)
- Care Area Assessment (CAA) Process
- Utilization Guidelines

Completion of RAI

- Completion of RAI
- Medicare and Medicaid Payment Systems
- Monitoring the Quality of Care
- Consumer Access to Nursing Home Information
- Federal Regulations 42 CFR 483.20 (b)(1)(xviii), (g) and (h)
- Interdisciplinary Team (IDT)
- Accurate Assessments
- CMS and Documentation

Identification

- Problem Identification Using The RAI
- Problem Identification Flow
- The Key to Understanding the RAI Process
- Purpose of the RAI

MDS 3.0

- Introduction to MDS 3.0
- Goals
- Goals and You
- Methods
- Key Findings of MDS 3.0
- Changes Across the Tool
- Components of MDS 3.0
- Protecting the Privacy of the MDS Data
- Contractual Agreements

MDS 3.0 Certificate Program: Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS)

SME Reviewed 10.2017

2.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

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Objectives:

1. Describe the background of the Medicare skilled nursing facility prospective payment system.
2. Define resource utilization groups version IV (RUG-IV) identity.
3. Define the relationship between the assessment and the claim.
4. Discuss SNF PPS eligibility criteria.
5. Utilize RUG-IV 66-Group model calculation worksheet for SNFs.
6. Describe SNF PPS policies.
7. Identify non-compliance with the SNF PPS assessment schedule.

Introduction

Background

- Implementation of Medicare PPS
- Background
- Current Focus
- Case Mix Reimbursement
- Using the MDS in the Medicare Prospective Payment System
- Centers for Medicare & Medicaid Services
- Using the MDS in the Medicare PPS
- Medicaid Programs

RUG-IV

Assessment

- RUG-IV Classification System
- Relationship Between the Assessment and the Claim
- MDS Assessment
- RUG-IV Group Code
- Medicare HIPPS Code
- RUG Codes
- Medicare Assessments
- AI Code
- Rehabilitation Therapy
- Unscheduled Start of Therapy Assessment
- End of Therapy OMRA
- Scheduled PPS Assessment
- End of Therapy OMRA
- Change in Therapy OMRA
- Change of Therapy OMRA
- Change of Therapy OMRA is Not Required
- COT OMRA evaluation
- Types of Unscheduled Assessments
- Additional AI Codes
- Medicare Short Stay Assessment
- Medicare Short Stay Assessment Algorithm
- Impacts

Eligibility

- SNF PPS Eligibility Criteria
- Physician Certification

Calculation WS.

- RUG-IV 66-Group Model Calculation Worksheet for SNFs
- Approaches to RUG-IV Classification
- Calculation of Total "ADL" Score RUG-IV, 66-Group Hierarchical Classification
- Calculation of Total Rehabilitation Therapy Minutes RUG-IV, 66-Group Hierarchical Classification
- Medicare Short Stay Assessment RUG-IV, 66-Group Hierarchical Classification
- Category I: Rehabilitation Plus Extensive Services RUG-IV, 66-Group Hierarchical Classification
- Category II: Rehabilitation RUG-IV, 66-Group Hierarchical Classification
- Category III: Extensive Services RUG-IV, 66-Group Hierarchical Classification
- Category IV: Special Care High RUG-IV, 66-Group Hierarchical Classification
- Category V: Special Care Low RUG-IV, 66-Group Hierarchical Classification
- Category VI: Clinically Complex RUG-IV, 66-Group Hierarchical Classification
- Category VII: Behavioral Symptoms and Cognitive Performance RUG-IV, 66-Group Hierarchical Classification
- Category VIII: Reduced Physical Function RUG-IV, 66-Group Hierarchical Classification
- Adjustment for Start of Therapy OMRA RUG-IV, 66-Group Hierarchical Classification

- Medicare Adjustments
 - Other Payer Adjustment
- Policies
- SNF PPS Policies
 - Delay in Requiring and Receiving Skilled Services (30-Day Transfer)
 - Medical Appropriateness Exception (Defend Treatment)
 - Resident Discharged from Part A Skilled Services and Returns to SNF Part A Skilled Level Services
- Non-compliance
- Non-compliance with the SNF PPS Assessment Schedule
 - Early Assessment
 - Late Assessment
 - Missed Assessment
 - ARD Outside the Medicare Part A SNF Benefit

MDS 3.0 Certificate Program: Section A: Identification Information

SME Reviewed 10.2017

3.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Describe how to properly code provider information.
2. Describe an appropriate assessment type for a resident.
3. Describe how to accurately code resident information.
4. Define a state Preadmission Screening and Resident Review (PASRR).
5. Describe Mental Illness and/or Mental Retardation (MR/DD) status.
6. Describe how to code entry information.
7. Describe how to code discharge information.
8. Describe how to code assessment information.
9. Define Medicare stay.

Introduction

- Coding Instructions
- Section A: Identification of Information

Provider Info

- A0050: Type of Record
- A0100: Facility Provider Numbers
- A0200: Type of Provider

Assessment Type

- A0310: Type of Assessment Coding Instructions
- A0310A: Federal OBRA Reason for Assessment Coding Instructions

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- A0310B: PPS Assessment Coding Instructions
- A0310C: PPS Other Medicare Required Assessment (OMRA) Coding instructions
- A0310D: Is This a Swing Bed Clinical Change Assessment? Coding Instructions
- A0310E: Is This Assessment the First Assessment (OBRA, PPS, or Discharge) Since the Most Recent Admission/Entry or reentry?
- A0310F: Federal OBRA & PPS Entry/Discharge Reporting
- A0310G: Type of Discharge
- A0310H: Is this a Part A PPS Discharge Assessment?
- Review Question 3

Resident Info

- A0410: Unit Certification or Licensure Designation
- A0500: Legal Name of Resident
- A0600: Social Security and Medicare Numbers
- A0700: Medicaid Number
- A0800: Gender
- A0900: Birth Date
- A1000: Race/Ethnicity
- A1100: Language
- A1200: Marital Status
- A1300: Optional Resident Items

PASRR

- A1500: PASRR
- A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions

ID/DD Status

- A1550: Conditions Related to Intellectual Disability/Developmental Delay (ID/DD) Status

Entry Information

- A1600: Entry Date
- A1700: Type of Entry
- A1800: Entered From
- A1900 Admission Date (Date this episode of care in this facility began)
- A1900 Admission Date (Date this episode of care in this facility began) Examples

Discharge

- A2000: OBRA Discharge Date
- A2100: OBRA Discharge Status

Assessment

- A2200: Previous Assessment Reference Date for Significant Correction
- A2300: Assessment Reference Date
- A2300: Coding Tips and Special Populations

Medicare Stay

- A2400: Medicare Stay
- Coding Instructions for A2400A, Has the Resident Had a Medicare-covered Stay since the Most Recent Entry? Coding Instructions

MDS 3.0 Certificate Program: Section B: Hearing, Speech, and Vision

SME Reviewed 10.2017

1.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Demonstrate accurate coding for the category comatose.
2. Discuss the elements of a care plan for a hearing-impaired resident.
3. Discuss the elements of a care plan to maximize the use of hearing aids.
4. Demonstrate accurate coding for speech clarity.
5. Demonstrate accurate coding for resident comprehension and understanding.
6. Discuss the elements of a vision care plan.
7. Discuss the elements of a care plan for residents with corrective lenses.

Introduction

- Coding Instructions
- Overview of Hearing, Speech, and Vision

Comatose

- B0100: Comatose

Hearing

- B0200: Hearing

Hearing Aid

- B0300: Hearing Aid

Speech Clarity

- B0600: Speech Clarity

Communication

- B0700: Makes Self Understood

Understands

- B0800: Ability to Understand Others
- Case Scenario 1
- Case Scenario 2

Vision

- B1000: Vision

Lenses

- B1200: Corrective Lenses
- Case Scenario 3

MDS 3.0 Certificate Program: Section C: Cognitive Patterns

SME Reviewed 10.2017

1.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Author: Mary Braun, RN

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Objectives:

1. List the elements of a resident interview.
2. Define Brief Interview for Mental Status (BIMS).
3. List the reasons why a staff assessment will be conducted rather than the resident interview.
4. Define status items.
5. Define delirium.
6. Define acute mental changes.

Introduction

- Coding Instructions
- Overview of Cognitive Patterns

Interview

- C0100: Should Brief Interview for Mental Status Be Conducted?

BIMS

- C0200-C0500: Brief Interview for Mental Status (BIMS)
- Case Scenario 1
- Planning for Care
- Coding Tips
- Examples of Incorrect and Nonsensical Responses
- C0200: Repetition of Three Words
- C0200: Repetition of Three Words Planning for Care

304 (Rev. 02.08.2024)

- C0200: Repetition of Three Words Steps for Assessment
- C0200: Repetition of Three Words Coding Instructions
- C0200: Repetition of Three Words Examples
- C0300: Temporal Orientation (Orientation to Year, Month and Day) Coding Instructions
- C0300A: Orientation to Year Coding Examples
- C0300B: Able to Report Correct Month Coding Instructions
- C0300B: Temporal Orientation Examples
- C0300C: Able to Report Correct Day of the Week Coding and Examples
- C0400: Recall
- C0400: Recall Steps for Assessment
- C0400: Recall for Each of The Three Words the Resident is Asked to Remember Coding Instructions and Coding Tips
- C0400: Recall Examples
- C0500: Summary Score
- C0500: Summary Score Planning for Care
- C0500: Summary Score Steps for Assessment

Status Item

- C0600: Should the Staff Assessment for Mental (C0700-C1000) Be Conducted?
- C0600: Care Planning
- C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted? Coding Instructions
- C0700-C1000: Staff Assessment of Mental Status Item
- C0700-C1000: Staff Assessment of Mental Status Item Planning for Care
- C0700: Short-term Memory OK
- C0800: Long-term Memory OK
- C0800: Long-term Memory OK Coding Instructions
- C0900: Memory/Recall Ability
- C0900: Memory/Recall Ability Coding Instructions
- C1000: Cognitive Skills for Daily Decision Making
- C1000: Cognitive Skills for Daily Decision-Making Coding Instructions
- C1000: Cognitive Skills for Daily Decision-Making Examples
- Case Scenario 2
- Case Scenario 3
- Case Scenario 4

Delirium

- C1310: Signs and Symptoms of Delirium
- Coding Instructions for C1310A: Acute Onset Mental Status Change
- Case Scenario 5
- C1310B: Inattention Steps for Assessment
- C1310B: Inattention Coding Instructions
- C1310C: Disorganized Thinking Coding Instructions
- C1310D: Altered Level of Consciousness
- Case Scenario 6

MDS 3.0 Certificate Program: Section D: Mood

SME Reviewed 10.2017

2.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Discuss the attributes of a resident mood interview.
2. Describe the PHQ-9.
3. Discuss how to complete a resident severity score.
4. Discuss the importance of follow up.
5. Discuss how to complete a staff severity score.
6. Describe the follow up necessary after completing a staff severity score.

Introduction

- Coding Instructions
- Mood

Interview

- D0100: Should Resident Mood Interview Be Conducted?

PHQ-9[®]

- D0200: Resident Mood Interview (PHQ-9[®])
- Column 1: Symptom Presence Coding Instructions
- Column 2: Symptom Frequency Coding Instructions
- D0200I: Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way Coding Tips and Special Populations
- D0200: Resident Mood Interview (PHQ-9[®]) Coding Tips and Special Populations

- D0200: Resident Mood Interview (PHQ-9®) Interviewing Tips and Techniques
- Severity Score
- D0300: Total Severity Score
 - D0300: Total Severity Score Planning for Care and Steps for Assessment
 - D0300: Total Severity Score Coding Instructions
 - D0300: Total Severity Score Coding Tips and Special Populations
- Follow-up to D0200I
- D0350: Follow-up to D0200I
 - D0350: Follow-up to D0200I: Planning for Care and Steps for Assessment
- PHQ-9-OV®
- D0500: Staff Assessment of Resident Mood (PHQ-9-OV®)
 - D0500: Staff Assessment of Resident Mood (PHQ-9-OV®) Planning for Care and Steps for Assessment
 - Examples of Staff Responses
 - Column 1: Symptom Presence Coding Instructions
 - Column 2: Symptom Frequency Coding Instructions
 - D0500: Staff Assessment of Resident Mood (PHQ-9-OV®) Coding Tips and Special Populations
 - Review Question 11
 - Review Question 12
- Severity Score
- D0600: Total Severity Score
 - D0600: Total Severity Score Steps for Assessment
 - D0600: Total Severity Score Coding Instructions
 - D0600: Total Severity Score Coding Tips and Special Populations
 - Review Question 13
 - Review Question 14
- Follow-up D0500I
- D0650: Follow-up to D0500I

MDS 3.0 Certificate Program: Section E: Behavior

SME Reviewed 10.2017

1.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Author: Mary Braun, RN

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Objectives:

1. Discuss the attributes of a resident mood interview.
2. Describe the PHQ-9.
3. Discuss how to complete a resident severity score.
4. Discuss the importance of follow up.
5. Discuss how to complete a staff severity score.
6. Describe the follow up necessary after completing a staff severity score.

Introduction

- Coding Instructions
- Introduction to Behavior
- Behavior

Psychosis

- E0100: Potential Indicators of Psychosis
- E0100: Potential Indicators of Psychosis Planning for Care and Steps for Assessment
- E0100: Potential Indicators of Psychosis Coding Instructions
- E0100: Potential Indicators of Psychosis Coding Examples

Presence & Freq.

- E0200: Behavioral Symptom Presence and Frequency
- E0200: Behavioral Symptom Presence and Frequency Planning for Care and Steps for Assessment

- E0200: Behavioral Symptom - Presence and Frequency Coding Instructions
- E0200: Behavioral Symptom - Presence and Frequency Coding Tips and Special Populations
- E0200: Behavioral Symptom - Presence and Frequency Examples

Symptom Presence

- E0300: Overall Presence of Behavioral Symptoms Coding Instructions

Resident Impact

- E0500: Impact on Resident
- E0500: Impact on Resident Steps for Assessment
- E0500A: Did Any of the Identified Symptom(s) Put the Resident at Significant Risk for Physical Illness or Injury? Coding Instructions
- E0500B: Did Any of the Identified Symptom(s) Significantly Interfere with the Resident's Care? Coding Instructions
- E0500C: Did Any of the Identified Symptom(s) Significantly Interfere with the Resident's Participation in Activities or Social Interactions? Coding Instructions
- Coding Tips and Special Populations
- Coding Examples

Impact Others

- E0600: Impact on Others
- E0600: Impact on Others Steps for Assessment
- E0600A: Did Any of the Identified Symptom(s) Put Others at Significant Risk for Physical Injury? Coding Instructions
- E0600B: Did Any of the Identified Symptom(s) Significantly Intrude on the Privacy or Activity of Others? Coding Instructions
- E0600C: Did Any of the Identified Symptom(s) Significantly Disrupt Care or the Living Environment? Coding Instructions
- Coding Tips and Special Populations
- Examples

Care Rejection

- E0800: Rejection of Care - Presence & Frequency
- E0800: Rejection of Care - Presence & Frequency Planning for Care
- E0800: Rejection of Care - Presence & Frequency Steps for Assessment
- E0800: Rejection of Care - Presence & Frequency Coding Instructions
- E0800: Rejection of Care - Presence & Frequency Coding Tips and Special Populations
- Examples

Wandering

- E0900: Wandering - Presence & Frequency.
- E0900: Wandering - Presence & Frequency Planning for Care
- E0900: Wandering - Presence & Frequency Steps for Assessment
- E0900: Wandering - Presence & Frequency Coding Instructions
- E0900: Wandering - Presence & Frequency Coding Tips and Special Populations

Impact

- E1000: Wandering – Impact
- E1000: Wandering - Impact Steps for Assessment

- E1000A: Does the Wandering Place the Resident at Significant Risk of Getting to a Potentially Dangerous Place?
- E1000B: Does the Wandering Significantly Intrude on the Privacy or Activities of Others? Coding Instructions
- Examples
- Case Scenario 4

Symptom Change

- E1100: Change in Behavioral or Other Symptoms
- E1100: Change in Behavioral or Other Symptoms Steps for Assessment
- E1100: Change in Behavioral or Other Symptoms Coding Instructions
- Examples

MDS 3.0 Certificate Program: Section F: Preferences for Customary Routine and Activities

SME Reviewed 10.2017

1.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

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Objectives:

1. Discuss whether an interview for daily and activity preferences should be conducted.
2. Discuss the elements of the individualized care plan based on the resident's preferences.
3. Code activities correctly as demonstrated in the form of a case study competency.
4. Compare and contrast the benefits of resident interview versus staff interviews.
5. Discuss the importance of meaningful activities.

Introduction

- Coding Instructions
- Overview of Preferences for Customary Routine & Activities

Interview

- F0300: Should Interview for Daily and Activity Preferences Be Conducted?
- F0300: Should Interview for Daily and Activity Preferences Be Conducted? Steps for Assessment
- F0300: Should Interview for Daily and Activity Preferences Be Conducted? Coding Instructions

Daily

- F0400: Interview for Daily Preferences
- F0400: Interview for Daily Preferences Steps for Assessment Interview Instructions
- F0400: Interview for Daily Preferences Coding Instructions
- F0400: Interview for Daily Preferences Coding Tips, Special Population and Interviewing Tips and Techniques
- F0400A: How Important Is It to You to Choose What Clothes to Wear (Including Hospital Gowns or Other Garments Provided by The Facility)? Examples

- F0400B: How Important Is It to You to Take Care of Your Personal Belonging or Things? Examples
- F0400C: How Important Is It to You to Choose Between A Tub Bath, Shower, Bed Bath or Sponge Bath? Examples
- F0400D: How Important Is It to You to Have Snacks Available Between Meals? Example
- F0400E: How Important Is It to You to Choose Your Own Bedtime? Example
- F0400F: How Important Is It to You to Have Your Family or A Close Friend Involved in Discussions About Your Care? Example
- F0400G: How Important Is It to You to Be Able to Use the Phone in Private? Example
- F0400H: How Important Is It to You to Have A Place to Lock Your Things to Keep Them Safe? Example

Activity

- F0500: Interview for Activity Preferences
- F0500: Interview for Activity Preferences Planning for Care
- F0500: Interview for Activity Preferences Coding Instructions
- Case Scenario 1
- F0500A: How Important Is It to You to Have Books (Including Braille and Audio-Recorded Format), Newspapers and Magazines to Read? Example
- F0500B: How Important Is It to You to Listen to Music You Like? Example
- F0500C: How Important Is It to You to Be Around Animals Such as Pets? Examples
- F0500D: How Important Is It to You to Keep Up with The News? Example
- F0500E: How Important Is It to You to Do Things with Groups of People? Example
- F0500F: How Important Is It to You to Do Your Favorite Activities? Examples
- F0500G: How Important Is It to You to Go Outside to Get Fresh Air When the Weather Is Good (Includes Less Temperate Weather If Resident Has Appropriate Clothing)? Examples
- F0500H: How Important Is It to You to Participate in Religious Services or Practices? Examples

Primary Respond

- F0600: Daily and Activity Preferences Primary Respondent

Assessment-Staff

- F0700: Should the Staff Assessment of Daily and Activity Preferences Be Conducted?

Assessment

- Introduction to F0800: Staff Assessment of Daily and Activity Preferences
- Case Scenario 2
- Case Scenario 3

MDS 3.0 Certificate Program: Section G: Functional Status

SME Reviewed 10.2017

3.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

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Objectives:

1. Discuss whether an interview for daily and activity preferences should be conducted.
2. Discuss the elements of the individualized care plan based on the resident's preferences.
3. Code activities correctly as demonstrated in the form of a case study competency.
4. Compare and contrast the benefits of resident interview versus staff interviews.
5. Discuss the importance of meaningful activities.

Introduction

- Coding Instructions
- Overview of Functional Status

ADL Assist

- G0110: Activities of Daily Living (ADL) Assistance
- G0110: Care Planning
- Coding Instructions
- Coding Instructions for G0110, Column 1, ADL-Self Performance
- The Rule of 3
- Coding Instructions for G0110, Column 2, ADL Support
- Coding Tips and Special Populations
- Example of a Probing Conversation with Staff
- G0110A: Bed Mobility Examples

- G0110B: Transfer Examples
- G0110C: Walk in Room Examples
- G0110D: Walk in Corridor Examples
- G0110E: Locomotion on Unit Examples
- G0110F: Locomotion off Unit Examples
- G0110G: Dressing Examples
- G0110H: Eating Examples
- G0110I: Toilet Use Examples
- G0110J: Personal Hygiene Examples
- Scenario Examples

Bathing

- G0120: Bathing
- G0120A: Self-Performance Coding Instructions
- G0120B: Support Provided Coding Instructions
- G0120: Bathing Examples

Balance

- G0300: Balance During Transitions and Walking
- G0300A: Moving from Seated to Standing Positions Coding Instructions
- G0300A: Moving from Seated to Standing Positions Examples
- G0300B: Walking (With Assistive Device if Used) Coding Instructions
- G0300B: Walking with Assistive Device if Used Examples
- G0300C: Turning Around and Facing the Opposite Direction while Walking Coding Instructions
- G0300C: Turning Around and Facing the Opposite Direction while Walking Examples
- G0300D: Moving on and off Toilet Coding Instructions
- G0300D: Moving on and off Toilet Examples
- G0300E: Surface-to-Surface Transfer (Transfer between Bed and Chair or Wheelchair) Coding Instructions
- G0300E: Surface-to-Surface Transfer (Transfer Between Bed and Chair or Wheelchair) Examples

ROM

- G0400: Functional Limitation in Range of Motion
- G0400: Functional Limitation in Range of Motion Planning for Care
- Examples of G0400: Functional Limitation in Range of Motion

Devices

- G0600: Mobility Devices
- G0600: Mobility Devices Coding Instructions
- G0400A: Upper Extremity (Shoulder, Elbow, Wrist, Hand) - G0400B, Lower Extremity (Hip, Knee, Ankle, Foot) Coding Instructions
- Examples for G0400A, Upper Extremity (Shoulder, Elbow, Wrist, Hand); G0400B, Lower Extremity (Hip, Knee, Ankle, Foot)

Devices

- G0600: Mobility Devices
- G0600: Mobility Devices Coding Instructions
- G0600: Mobility Devices Examples

Rehab Potential

- G0900: Functional Rehabilitation Potential
- G0900A: Resident Believes He or She Is Capable of Increased Independence in at Least Some ADLs
Coding Instructions
- G0900B: Direct Care Staff Believe Resident is Capable of Increased Independence in at Least Some
ADLs Steps for Assessment

MDS 3.0 Certificate Program: Section GG: CMS Videos

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Introduction

- CMS Training Videos
 - Part 1: MDS 3.0 Section GG, Functional Abilities and Goals: GG0130 Self Care
 - Part 2: MDS 3.0 Section GG, Functional Abilities and Goals: GG0130 Sections A-C
 - Part 3: MDS 3.0 Section GG, Functional Abilities and Goals: GG0130 Mobility Sections B-C
 - Part 4: MDS 3.0 Section GG, Functional Abilities and Goals: GG0130 Mobility Sections D-S

MDS 3.0 Certificate Program: Section GG: Functional Abilities and Goals

SME Reviewed 10.2017

2.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Describe how to code and assess the residents need for assistance with self-care.
2. Discuss how to code the resident's mobility activities.

Introduction

- Coding Instructions
- Section GG: Functional Abilities and Goals

Self-Care

- GG0100: Prior Functioning: Everyday Activities
- GG0100: Prior Functioning: Everyday Activities Coding Instructions
- GG0100: Prior Functioning: Everyday Activities
- GG0110: Prior Device Use
- GG0130: Self-Care (3-day assessment period) Admission (Start of Medicare Part A Stay)
- GG0130: Self-Care (3-day assessment period) Discharge (End of Medicare Part A Stay)
- Item Rationale
- GG0130: Self-Care (3-day assessment period) Admission/Discharge (Start/End of Medicare Part A Stay)
- Coding Tips for GG0130A: Eating
- Examples for GG0130A: Eating
- Examples for GG0130B: Oral Hygiene
- Examples for GG0130C: Toileting Hygiene

- Examples for GG0130E: Shower/Bathe Self
- Examples for GG0130F: Upper Body Dressing
- Examples for GG0130G: Lower Body Dressing
- Examples for GG0130H: Putting On/Taking Off Footwear
- Probing Conversations with Staff: Eating
- Probing Conversations with Staff: Oral Hygiene
- Discharge Goal: Coding Examples

Mobility

- GG0170: Mobility (3-day assessment period) Admission (Start of Medicare Part A Stay)
- GG0170: Mobility (3-day assessment period) Discharge (End of Medicare Part A Stay)
- GG0170: Mobility
- GG0170: Admission or Discharge Performance Coding Tips
- GG0170: Admission or Discharge Performance Coding Instructions
- Examples for GG0170A: Roll Left and Right
- Examples for GG0170B: Sit to Lying
- Examples for GG0170C: Lying to Sitting on Side of Bed
- Examples for GG0170D: Sit to Stand
- Examples for GG0170E: Chair/Bed-To-Chair Transfer
- Examples for GG0170F: Toilet Transfer
- Examples for GG0170G: Car Transfer
- Examples for GG0170I: Walk 10 Feet
- Examples for GG0170J: Walk 50 Feet with Two Turns
- Examples for GG0170K: Walk 150 Feet
- Examples for GG0170L: Walking 10 Feet on Uneven Surfaces
- Examples for GG0170M: 1 Step (Curb)
- Examples for GG0170N: 4 Steps
- Examples for GG0170O: 12 Steps
- Examples for GG0170OP: Picking Up Object
- Examples for GG0170Q1, Does the Resident Use a Wheelchair/Scooter?
- Examples for GG0170R: Wheel 50 Feet with Two Turns, and GG0170RR, Indicate the Type of Wheelchair/Scooter Used
- Examples for GG0170S, Wheel 150 Feet and GG0170SS, Indicate the Type of Wheelchair/Scooter Used
- Probing Conversations with Staff: Sit to Lying
- Probing Conversations with Staff: Lying to Sitting on Side of Bed
- Probing Conversations with Staff: Sit to Stand
- Probing Conversations with Staff: Chair/Bed-to-Chair Transfer
- Probing Conversations with Staff: Toilet Transfer
- Probing Conversations with Staff: Walk 50 Feet with Two Turns
- Probing Conversations with Staff: Walk 150 Feet
- Probing Conversations with Staff: Wheel 50 Feet with Two Turns
- Probing Conversations with Staff: Wheel 150 Feet
- Discharge Goal

MDS 3.0 Certificate Program: Section H: Bladder and Bowel

SME Reviewed 10.2017

1.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Code appliances appropriately in the RAI.
2. Develop a plan for urinary toileting.
3. Develop a care plan with the interdisciplinary team for urinary incontinence.
4. Develop a plan of care for bowel continence.
5. Identify the elements of a bowel toileting program.
6. List potential adverse symptoms of bowel incontinence.
7. List potential adverse symptoms of fecal impaction.

Introduction

- Coding Instructions
- Overview of Bladder and Bowel

Appliances

- H0100: Appliances
- H0100: Appliances Planning for Care
- Coding Instructions
- Case Scenario 1

Urinary Toileting

- H0200: Urinary Toileting Program Planning for Care
- H0200A: Trial of a Toileting Program Steps for Assessment

- Case Scenario 2
- H0200B: Response to Trial Toileting Program Steps for Assessment
- H0200C: Current Toileting Program or Trial Steps for Assessment
- H0200A: Toileting Program Trial Coding Instructions
- H0200B: Toileting Program Trial Response Coding Instructions
- H0200C: Current Toileting Program Coding Instructions
- Case Scenario 3
- Examples

Urinary Cont.

- H0300: Urinary Continence
- H0300: Urinary Continence Steps of Assessment and Planning for Care
- H0300: Urinary Continence Coding Tips and Special Populations and Coding Instructions
- H0300: Urinary Continence Examples

Bowel Continence

- H0400: Bowel Continence Steps for Assessment and Planning for Care
- H0400: Bowel Continence Coding Instructions

Bowel Toileting

- H0500: Bowel Toileting Program Planning for Care
- H0500: Bowel Toileting Program Steps for Assessment and Coding Instructions

Bowel Patterns

- H0600: Bowel Patterns Planning for Care
- Case Scenario 4
- H0600: Bowel Patterns Steps for Assessment and Coding Instructions

MDS 3.0 Certificate Program: Section I: Active Diagnoses

SME Reviewed 10.2017

1.0 Contact Hour(s)

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Objectives:

1. Identify sources of information for identifying active diagnosis.
2. Discuss how to code active diagnosis.

Introduction

- Coding Instructions
- Overview to Active Diagnoses

Dx: Last 7d

- I0020: Indicate the Resident's Primary Medical Condition Category
- I0020: Steps for Assessment and Coding Instructions
- Examples of Primary Medical Condition
- Active Diagnoses in the Last 7 Days Steps for Assessment
- Active Diagnoses in the Last 7 Days Coding Instructions
- I0100: Cancer Code
- Heart and Circulation Codes
- Gastrointestinal Codes
- Genitourinary Codes
- Infections Codes
- Metabolic Codes
- Musculoskeletal Codes

- Neurological Codes
- Nutritional Codes
- Psychiatric/Mood Disorder Codes
- Pulmonary Codes
- Vision, None of Above and Other Codes
- Coding Tips
- Examples of Active Disease
- Examples of Inactive Diagnoses (do not code)
- Case Scenario 1
- Case Scenario 2
- Case Scenario 3

MDS 3.0 Certificate Program: Section J: Health Conditions

SME Reviewed 10.2017

2.5 Contact Hour(s)

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Objectives:

1. List the elements of a pain management care plan.
2. List the elements of a pain assessment interview.
3. Describe the steps for interviewing residents and facilitating their description of pain.
4. Describe the steps for interviewing residents and facilitation their description of pain frequency.
5. Describe how to adequately code for shortness of breath.
6. Describe how to adequately code for tobacco use.
7. Describe how to code for prognosis.
8. Describe how to code for a variety of conditions.
9. Discuss the elements of planning for care for falls.

Introduction

- Coding Instructions
- Overview of Health Conditions

Pain Mgmt. (5d)

- J0100: Pain Management (5-Day Look Back)
- J0100: Pain Management (5-Day Look Back) Steps for Assessment
- J0100A: Been on a Scheduled Pain Medication Regimen Coding Instructions
- J0100B: Received PRN Pain Medication Coding Instructions
- J0100C: Received Non-Medication Intervention for Pain Coding Instructions

- J0100: Pain Management Examples
- Pain Interview
 - J0200: Should Pain Assessment Interview Be Conducted?
 - J0200: Should Pain Assessment Interview Be Conducted? Coding Instructions
 - Case Scenario 1
- Description of Pain
 - J0300-J0600: Pain Assessment Interview
 - J0300-J0600: Pain Assessment Interview Steps for Assessment
 - J0300: Pain Presence Coding Instructions
 - J0300: Pain Presence Examples
 - J0400: Pain Frequency (5-Day Look Back) Coding Instructions
 - J0400: Pain Frequency Examples
 - J0500: Pain Effect on Function (5-Day Look Back) Steps for Assessment
 - J0500A: Over the Past 5 Days, Has Pain Made It Hard for You to Sleep at Night? Coding Instructions
 - J0500A: Over the Past 5 Days, Has Pain Made It Hard for You to Sleep at Night? Examples
 - J0500B: Over the Past 5 Days, Have You Limited Your Day-to-Day Activities Because of Pain? Coding Instructions
 - J0500B: Over the Past 5 Days, Have you Limited Your Day-to-day Activities because of Pain? Examples
 - J0600: Pain Intensity (5-Day Look Back)
 - J0600A: Numeric Rating Scale (00-10) Coding Instructions
 - J0600A: Numeric Rating Scale (00-10) Examples
 - J0600B: Verbal Descriptor Scale Coding Instructions
 - J0600B: Verbal Descriptor Scale Examples
- Pain Assessment
 - J0700: Should the Staff Assessment for Pain Be Conducted? (5-Day Look Back)
 - J0700: Should the Staff Assessment for Pain be Conducted? This item is to be coded at the completion of items J0400-J0600. Coding Instructions
 - Introduction to J0800: Indicators of Pain (5-Day Look Back)
 - J0800: Indicators of Pain Steps for Assessment
 - J0800: Indicators of Pain Coding Instructions
 - J0800: Indicators of Pain (5-Day Look Back) Examples
- Frequency
 - J0850: Frequency of Indicator of Pain or Possible Pain (5-Day Look Back)
 - J0850: Frequency of Indicator of Pain or Possible Pain (5-Day Look Back) Coding Instructions
 - J0850: Frequency of Indicator of Pain or Possible Pain Examples
- SOB
 - Introduction to J1100: Shortness of Breath (dyspnea)
 - J1100: Shortness of Breath (dyspnea) Coding Instructions
 - J1100: Shortness of Breath (dyspnea) Examples
 - Case Scenario 2
- Tobacco Use
 - J1300: Current Tobacco Use

- J1300: Current Tobacco Use Coding Instructions
 - Case Scenario 3
- Prognosis
- J1400: Prognosis
 - J1400: Prognosis Coding Instructions
 - J1400: Prognosis Examples
- Conditions
- J1550: Problem Conditions
 - J1550: Problem Conditions Coding Instructions
- Falls
- J1700: Fall History on Admission/Entry or Reentry
 - J1700: Fall History on Admission/Entry or Reentry Steps for Assessment
 - J1700A: Coding Instructions
 - J1700B: Coding Instructions
 - J1700C: Coding Instructions
 - J1700: Fall History on Admission/Entry or Reentry Examples
 - J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or PPS)
 - J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent Coding Instructions
 - J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent
 - J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent Planning for Care and Steps for Assessment
 - J1900A: No Injury Coding Instructions
 - J1900B: Injury (Except Major) Coding instructions
 - J1900C: Major Injury Coding Instructions
 - J1900A - J1900C Examples
 - Case Scenario 4

MDS 3.0 Certificate Program: Section K: Swallowing/Nutritional Status

SME Reviewed 10.2017

1.5 Contact Hour(s)

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Objectives:

1. Discuss health related quality of life issues related to swallowing disorders.
2. Discuss health related quality of life issues for height and weight.
3. Discuss planning for care for weight loss.
4. Describe a plan of care for nutritional approaches.
5. Describe how nutritional approaches diminish an individual's sense of dignity and self-worth.

Introduction

- Coding Instructions
- Swallowing/Nutritional Status

Swallowing

- Swallowing Disorder
- K0100: Swallowing/Nutritional Status Coding Instructions
- Case Scenario 1

Height & Weight

- K0200: Height and Weight
- K0200A: Height Steps for Assessment
- K0200B: Weight Steps for Assessment
- Case Scenario 2

Weight Loss

- K0300: Weight Loss
- Case Scenario 3
- K0300: Weight Loss Steps for Assessment
- K0300: Weight Loss Coding Instructions
- K0300: Weight Loss Examples
- K0310: Weight Gain
- K0310: Weight Gain Coding Instructions

Nutrition

- K0510: Nutritional Approaches
- K0510: Nutritional Approaches Coding Instructions
- K0510: Nutritional Approaches Examples
- Case Scenario 4

Intake

- K0710: Percent Intake by Artificial Route
- K0710A: Proportion of Total Calories the Resident Received through Parenteral or Tube Feeding
- K0710B: Average Fluid Intake per Day by IV or Tube Feeding
- Case Scenario 5

MDS 3.0 Certificate Program: Section L: Oral/Dental Status

SME Reviewed 10.2017

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Discuss health-related quality of life issues associated with poor oral health.
2. List the steps for assessment of dental care.
3. Discuss the elements of planning for dental care.

Introduction

- Coding Instructions
- Overview of Oral/Dental Status

Dental

- L0200: Dental
- L0200: Dental Coding Tips
- L0200: Dental Coding Instructions
- Case Scenario 1
- Case Scenario

MDS 3.0 Certificate Program: Section M: Skin Conditions

SME Reviewed 10.2017

2.0 Contact Hour(s)

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Objectives:

1. Discuss health-related quality of life issues associated with poor oral health.
2. List the steps for assessment of dental care.
3. Discuss the elements of planning for dental care.

Introduction

- Coding Instructions
- Overview of Skin Conditions

Risk

- M0100: Determination of Pressure Ulcer/Injury Risk
- M0100: Coding Instructions
- Introduction to M0150: Risk of Pressure Ulcers/Injuries

Unhealed Ulcers

- M0210: Unhealed Pressure Ulcers/Injuries
- M0210: Unhealed Pressure Ulcers/Injuries Coding Instructions

Stages

- M0300: Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
- M0300: Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage Examples
- M0300A: Number of Stage 1 Pressure Injuries Coding Instructions
- M0300B: Stage 2 Pressure Ulcers

- M0300C: Stage 3 Pressure Ulcers
- M0300C: Stage 3 Pressure Ulcers Coding Instructions
- M0300C: Stage 3 Pressure Ulcers Examples
- M0300D: Stage 4 Pressure Ulcers
- M0300E: Unstageable Pressure Ulcers/Injuries Related to Non-removable Dressing/Device
- M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar
- M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar Examples
- M0300G: Unstageable Pressure Injuries Related to Deep Tissue Injury
- M0300G: Unstageable Pressure Injuries Related to Deep Tissue Injury Coding Instructions
- Case Scenario 1
- Case Scenario 2
- Case Scenario 3

Venous/Arterial

- M1030: Number of Venous and Arterial Ulcers
- M1030: Number of Venous and Arterial Ulcers Coding Instructions

Other

- M1040: Other Ulcers, Wounds and Skin Problems
- M1040: Other Ulcers, Wounds and Skin Problems Coding Instructions
- M1040: Other Ulcers, Wounds and Skin Problems Coding Tips
- M10400: Other Ulcers, Wounds and Skin Problems Examples

Treatment

- M1200: Skin and Ulcer/Injury Treatments
- M1200: Skin and Ulcer/Injury Treatments Coding Instructions
- Coding Tips
- M1200: Skin and Ulcer/Injury Treatments Examples
- Scenarios for Pressure Ulcer Coding

MDS 3.0 Certificate Program: Section N: Medications

SME Reviewed 10.2017

1.5 Contact Hour(s)

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Objectives:

1. Discuss health-related quality of life issues associated with poor oral health.
2. List the steps for assessment of dental care.
3. Discuss the elements of planning for dental care.

Introduction

- Coding Instructions
- Overview of Medications

Injections

- N0300: Injections
- N0300: Injections: Steps for Assessment
- N0300: Injections: Coding Instructions
- N0300: Injections Coding Tips and Special Populations
- N0300: Injections: Coding Examples

Insulin

- N0350: Insulin
- N0350: Insulin: Planning for Care
- N0350: Insulin Steps for Assessment
- N0350A: Insulin: Coding Instructions
- N0350B: Insulin: Coding Instructions

Medications

- N0410: Medications Received
- N0410: Medications Received: Planning for Care
- N0410: Medications Received Planning of Care
- N0410: Medications Received: Steps for Assessment
- N0410: Medications Received: Coding Instructions
- N0410: Medications Received: Example

Antipsychotic Med

- N0450: Antipsychotic Medication Review
- Case Scenario 1
- Case Scenario 2
- Case Scenario 3
- Case Scenario 4
- N0450A: Antipsychotic Medication Review Coding Instructions and Coding Tips and Special Populations
- N0410B: Medications Received Coding Instructions
- N0450B: Antipsychotic Medication Review Coding Instructions
- N0450C: Antipsychotic Medication Review Coding Instructions
- N0450D: Antipsychotic Medication Review Coding Instructions
- N0450E: Antipsychotic Medication Review Coding Instructions and Coding Tips and Special Populations
- N2001: Drug Regimen Review - Complete only if A0310B=01
- N2001: Drug Regimen Review - Complete only if A0310B=01 Coding Instructions
- N2003: Medication Follow-up
- N2003: Medication Follow-up Coding Instructions
- N2005: Medication Intervention - Complete only if A0310H=1
- N2005: Medication Intervention - Complete only if A0310H=1
- Case Scenario 5
- Case Scenario 6

MDS 3.0 Certificate Program: Section O: Special Treatments, Procedures, and Programs

SME Reviewed 10.2017

3.0 Contact Hour(s)

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Objectives:

1. Discuss the risk of exposure to influenza on the elderly resident.
2. List the elements that need to be in planning for care of the resident exposed to the pneumococcal virus.
3. Code accurately for O0400: Therapies as demonstrated by coding a case study.
4. Describe the elements of restorative nursing programs.
5. Code accurately O0600: physician examination as demonstrated by coding a case study.
6. Code accurately O0700: physician orders as demonstrated by coding a case study.

Introduction

- Coding Instructions

Overview

- Introduction O0100: Special Treatments and Procedures and Programs
- Introduction O0100: Special Treatments and Procedures and Programs Steps for Assessment
- O0100: Special Treatments, Programs and Procedures Column 1 Coding Instructions
- O0100: Special Treatments, Programs and Procedures Column 2 Coding Instructions
- Case Scenario 1
- Case Scenario 2

Influenza

- O0250: Influenza Vaccine
- O0250A: Did the Resident Receive the Influenza Vaccine in This Facility for This Year's Influenza Vaccination Season? Coding Instructions

- O0250B: Date Vaccine Received Coding Instructions
 - O0250C: If Influenza Vaccine Not Received, State Reason Coding Instructions
 - O0250: Influenza Vaccine Examples
- Pneumococcal
- O0300: Pneumococcal Vaccine
 - O0300A: Is the Resident's Pneumococcal Vaccination Up to Date? Coding Instructions
 - Case Scenario 3
 - O0300B, If Pneumococcal Vaccine Not Received, State Reason Coding Instructions
 - O0300: Pneumococcal Vaccine Examples
- Therapies
- O0400: Therapies
 - Case Scenario 2
 - Case Scenario 3
 - Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies: Coding Instructions
 - Respiratory, Psychological and Recreational Therapies: Coding Instructions
 - O0400: Therapies Coding Tips and Special Populations
 - Non-Skilled Services
 - Therapy Aides and Students
 - O0400: Therapies Example
 - Case Scenario 4
 - Case Scenario 5
 - O0420: Distinct Calendar Days of Therapy
 - Case Scenario 6
 - O0450: Resumption of Therapy
 - O0400: Therapies Coding Instructions
- Restorative
- O0500: Restorative Nursing Programs
 - O0500: Restorative Nursing Care Coding Instructions
 - Technique
 - Training and Skill Practice
 - O0500: Restorative Nursing Care Examples
 - Case Scenario 7
- MD Exams
- O0600: Physician Examinations
- Orders
- O0700: Physician Orders

MDS 3.0 Certificate Program: Section P: Restraints and Alarms

SME Reviewed 10.2017

1.5 Contact Hour(s)

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Objectives:

1. Define physical restraints.
2. Code the use of restraints as demonstrated by the use of a case study.
3. List strategies for restraint reduction and/or elimination.

Introduction

- Coding Instructions
- Restraints
- Are Restraints Prohibited by CMS?

Px Restraints

- P0100: Physical Restraints
- P0100: Physical Restraints: Clarifications
- P0100: Physical Restraints: Coding Instructions
- P0100: Physical Restraints Coding Tips and Special Populations
- Case Scenario 1
- Case Scenario 2
- Case Scenario 3
- Case Scenario 4

Alarms

- P0200: Alarms
- P0200: Alarms Planning for Care and Steps for Assessment
- P0200: Alarms Coding Instructions
- Case Scenario 5
- Case Scenario 6

MDS 3.0 Certificate Program: Section Q: Participation in Assessment and Goal Setting

1.0 Contact Hour(s)

SME Reviewed 10.2017

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Discuss the importance of resident participation in assessment and goal setting.
2. List the steps for assessment for resident overall expectation.
3. Code resident discharge plan correctly as demonstrated by the use of a case study.
4. Code return to community correctly as demonstrated by a case study.
5. Code referral correctly as demonstrated by a case study.

Introduction

- Coding Instructions
- Overview of Participation in Assessment and Goal Setting

Participation

- Q0100: Participation in Assessment
- Q0100A: Resident Participation in Assessment Coding Instructions
- Q0100B: Family or Significant Other Participated in Assessment Coding Instructions
- Q0100C: Guardian or Legally Authorized Representative Participated in Assessment Coding Instructions

Expectation

- Q0300: Resident's Overall Expectation
- Q0300A: Resident's Overall Goals Established During Assessment Process Coding Instructions
- Q0300B: Indicate Information Source for Q0300A

- Examples
 - Case Scenario 1
- D/C Plan
- Q0400: Discharge Plan
 - Q0400A: Is Active Discharge planning already occurring for the Resident to Return to the Community? Coding Instructions
 - Q0490: Resident's Preference to Avoid Being Asked Question Q0500B
 - Q0400: Examples
- Community
- Introduction to Q0500
 - Steps for Assessment: Interview Instructions
 - Q0500B: Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) Coding Instructions
 - Examples
 - Coding Instructions for Q0550A
 - Coding Instructions for Q0550B: Indicate information source for Q0550A
- Referral
- Q0600: Referral
 - Q0400: Examples

MDS 3.0 Certificate Program: Section V: Care Area Assessment (CAA) Summary

SME Reviewed 10.2017

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Code Items correctly from the most recent OBRA or PPS assessment utilizing a case study.
2. Code items correctly for CAAs and Care Planning utilizing a case study.

Introduction

- Coding Instructions
- Overview of Section V: Care Area Assessment (CAA) Summary

OBRA/PPS

- V0100: Items from the Most Recent Prior OBRA or PPS Assessment
- V0100A: Prior Assessment Federal OBRA Reason for Assessment/Tracking (A0310A: Value from Prior Assessment) Coding Instructions
- V0100B: Prior Assessment PPS Reason for Assessment (A0310B: Value from Prior Assessment) Coding Instructions
- V0100C: Prior Assessment Reference Date (A2300: Value from Prior Assessment) Coding Instructions
- V0100D: Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500: Value from Prior Assessment) Coding Instructions
- V0100E: Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300: Value from Prior Assessment) Coding Instructions

- V0100F: Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV©) Total Severity Score (D0600: Value from Prior Assessment) Coding Instructions

CAA & Care Plan

- Introduction to V0200: CAAs and Care Planning
- V0200A: CAA Results Coding Instructions
- V0200B: Signature of RN Coordinator for CAA Process and Date Signed Coding Instructions
- V0200C: Signature of Person Completing Care Plan Decision and Date Signed Coding Instructions

MDS 3.0 Certificate Program: Section X: Correction Request

SME Reviewed 10.2017

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Author: Mary Braun, RN

Mary is a nurse consultant for KB Post-Acute Strategic Specialist. Mary has over 30 years of experience in the long-term care industry. She has held a variety of positions but has focused most of her time on assisting facilities with survey, all aspects of the RAI process (MDS) including reimbursement, quality assurance, and performance improvement

Objectives:

1. Code corrections correctly utilizing a case study.

Introduction

- Coding Instructions
- Introduction to Correction Request

Record

- X0150: Type of Provider (A0200 on existing record to be modified/inactivated) Coding Instructions

Name

- X0200: Name of Resident (A0500 on existing record to be modified/inactivated) Coding Instructions

Gender

- X0300: Gender (A0800 on existing record to be modified/inactivated)

DOB

- X0400: Birth Date (A0900 on existing record to be modified/inactivated)
- X0400: Birth Date

SSN

- X0500: Social Security Number (A0600A on existing record to be modified/inactivated)

Type

- X0600: Type of Assessment/Tracking (A0310 on existing record to be modified/inactivated)

- X0600A: Federal OBRA Reason for Assessment Coding Instructions
- X0600B: PPS Assessment Coding Instructions
- X0600C: PPS Other Medicare Required Assessment – OMRA Coding Instructions
- X0600D: Is this a Swing Bed Clinical Change Assessment? (Complete only if X0150=2) Coding Instructions
- X0600F: Entry/discharge reporting Coding Instructions
- X0600H, Is this a Part A PPS Discharge Assessment?

Existing Date

- X0700: Date on Existing Record to be Modified/Inactivated - Complete One Only
- X0700A: Assessment Reference Date (A2300 on existing record to be modified/inactivated) – Complete Only if X0600F = 99 Coding Instructions
- X0700B: Discharge Date— (A2000 on existing record to be modified/inactivated) – Complete Only If X0600F = 10, 11, or 12 Coding Instructions
- X0700C: Entry Date— (A1600 on existing record to be modified/inactivated) – Complete Only If X0600F = 01 Coding Instructions

Correction

- X0800: Correct Attestation Section

Modification

- X0900: Reasons for Modification
- X0900A: Transcription Error Coding Instructions
- X0900B: Data Entry Error Coding Instructions
- X0900C: Software Product Error Coding Instructions
- X0900D: Item Coding Error Coding Instructions
- X0900E: End of Therapy-Resumption (EOT-R) date Coding Instructions
- X0900Z: Other Error Requiring Modification Coding Instructions

Inactivation

- X1050: Reasons for Inactivation
- X1050A: Event Did Not Occur Coding Instructions
- X1050Z: Other Reason Requiring Inactivation Coding Instructions

Attestation

- X1100: RN Assessment Coordinator Attestation of Completion
- X1100A: Attesting Individual's First Name Coding Instructions
- X1100B: Attesting Individual's Last Name Coding Instructions
- X1100C: Attesting Individual's Title Coding Instructions
- X1100D: Signature Coding Instructions
- X1100E: Attestation Date Coding Instructions

MDS 3.0 Certificate Program: Section Z: Assessment Administration

SME Reviewed 10.2017

0.5 Contact Hour(s)

Co-authors: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards. Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy has recently completed her PhD in psychology at Capella University. Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. Judy has attended numerous MDS courses sponsored by Centers for Medicare and Medicaid.

Author: Mary Braun, RN

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Objectives:

1. Define Medicare covered stay.
2. Code Medicare Non-therapy Part A HIPPS Code as demonstrated by the use of a case study.
3. Code Medicaid Billing as demonstrated by the use of a case study.
4. Describe the state Medicaid Billing alternative.
5. Describe the purpose of insurance billing (Z0300).
6. Describe the implications of professional signatures in MDS.
7. Describe the implications of Signature of RN assessment coordinator.

Introduction

- Coding Instructions
- Overview of Section Z: Assessment Administration

Part A Billing

- Z0100: Medicare Part A Billing
- Z0100A: Medicare Part A HIPPS Code Coding Instructions
- Z0100B: Rug Version Code Coding Instructions
- Z0100C: Is This a Medicare Short Stay Assessment? Coding Instructions

Non-Therapy

- Z0150: Medicare Part A Non-Therapy Billing
- Z0150A: Medicare Part A Non-therapy HIPPS Code Coding Instructions

- Medicaid
 - Z0150B: RUG Version Code Coding Instructions
 - Z0200: State Medicaid Billing (if required by the state)
 - Z0200A: RUG Case-Mix Group Coding Instructions
 - Z0200B: RUG Version Code Coding Instructions
- Alternate
 - Z0250: Alternate State Medicaid Billing (if required by state)
 - Z0250A: RUG Case Mix Group Coding Instructions
 - Z0250B: RUG Version Code Coding Instructions
- Insurance
 - Z0300: Insurance Billing
 - Z0300A: RUG Billing Code Coding Instructions
 - Z0300B: RUG Billing Code Coding Instructions
- Signatures
 - Z0400: Signatures of Persons Completing the Assessment or Entry/Death Reporting
 - Z0400: Signatures of Persons Completing the Assessment
- RN Signature
 - Z0500: Signature of RN Assessment Coordinator Verifying Assessment

Medical Errors: Prevention of Resident-Harm Events in LTC

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2.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska

Objectives:

1. Select two (2) causes of errors in the long-term care setting.
2. Choose two (2) common types of safety events in the long-term care setting.
3. Identify two (2) strategies used to prevent errors in the long-term care setting.

Keywords: Person-centered care, Abuse, Safety, Falls, Infections, SBAR, Cultural diversity

Introduction

- Medical Error Defined
- Types of Error

Overview

- Financial Impact of Errors

Errors in LTC

- Common Medical Errors in Nursing Homes
- Latent Errors
- Severity of Errors or Events
- Never Events
- Safety Culture

EBP

- Enhancing Safety Using Evidence-Based Practice (EBP)
- Five Core Competencies
- Implementation of EBP
- Types of Resources

QAPI and CQI

- QAPI
- Enhancing Safety using QAPI and CQI
- Steps of the QAPI and CQI Process
- Root Cause Analysis
- Institute of Healthcare Improvement Video

Resources

- Impacting Errors in Nursing Homes
- Institute for Healthcare Improvement
- Joint Commission

Medication Events

- Medication-Related Adverse Drug Events
- High Alert Medications
- Best Practices

Falls

- Impact of Falls
- Latent Errors for Falls
- Resources
- Facility-Specific Programs
- Falls Prevention Management Program

Infections

- Background of HAIs
- Common Infections in LTC
- Antimicrobial-Resistant Organisms
- Work Practice Controls

Care Events

- Care-Related Adverse Events
- Communication
- SBAR: Improving Communication
- SBAR Tool
- Causes of Care Related Events

Mistreatment

- Types: Mistreatment
- The Stigma and the Reality
- Cultural Diversity
- Approaches
- Culture and Leadership

Summary

Medication Administration

1.0 Contact Hour(s)(s)

Author: Jocelyn Smith, MSN, RN

Jocelyn has over 15 years' experience in long term care, home health, and hospice. Her experience also includes case management and utilization management. She has worked at bedside in staff nurse positions and as an educator. Jocelyn has educated nursing students in a classroom and clinical setting. Jocelyn has taught Medical Surgical nursing, Geriatric nursing, and Fundamentals of Nursing. Jocelyn first found her passion for education when she was educating patients in her case management role. Jocelyn's passion is education and enjoys educating patients, clinical staff, and nursing students. Jocelyn holds a Master of Science in nursing degree from Jacksonville University in Jacksonville, Florida.

Objectives:

1. Identify the four (4) components of a medication order.
2. Identify three (3) guidelines for medication administration.
3. Identify three (3) medication administration rights.

Key Words: Safety, prevention of medical errors

Introduction

- Medication Administration
- Medication Errors
- Medication Administration Process

Changes

- Pharmacokinetic Changes in the Elderly

Effects

- Signs of Adverse Drug Reactions
- Cognitive Changes from Medications
- Complications of Medication
- Guidelines for Administration

Policies

- Federal Regulations
- Facility Policies

Orders

- Complete and Clearly Written Orders
- Telephone Orders
- Medical Abbreviations
- Do Not Use List
- Practice Exercise

Medication Rights

- Rights of Medication Administration

Administration

- Guidelines for Medication Administration

Errors

Summary

- Avoiding Medication Error

Medication Administration: Antibiotics

Copyright: May 2022

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Select three (3) common types of infections that occur in long-term care facilities.
2. List three (3) potential adverse effects of commonly used antibiotics.
3. Identify the three (3) core elements of antibiotic stewardship.

Keywords: N/A

Introduction

- Disclaimer
- Introduction

Overview

- Overview
- Goal of Therapy

Infections

- Infections
- COVID-19
- Urinary Tract Infections
- Gastrointestinal Infections
- Norovirus
- Skin and Soft Tissue Infections

Antibiotics

- Antibiotics: Drug Classes

Side Effects

- Side Effects

Adverse Effects

- Adverse Drug Effects
- Severe Allergic Reactions
- Superinfections

Outcomes

- Outcomes

Interactions

- Food and Drug Interactions

Stewardship

- Antibiotic Resistance
- Antibiotic Stewardship Program
- Antibiotic Stewardship: Core Elements

Summary

Medication Administration: Basics

April 2022

0.5 Contact Hour(s)

Author: Lia Morlan, RN, CDONA, WCC, IP-BC, LNC

Over the last 30 years, Lia has served adults and geriatrics in long term care facilities, as an adult education coordinator/instructor, nursing administrator, and consultant. She currently acts as a nursing consultant and interim director of nursing in facilities requiring guidance with quality improvement/regulatory initiatives. She also acts as an expert witness and performs case reviews for various attorneys. Lia is passionate about mentoring healthcare professionals in the post-acute facilities.

Objectives:

1. Identify five (5) basic rights of medication administration.
2. Select three (3) courses of action for medication refusal.
3. Identify three (3) standards of practice for a medication pass.

Keywords: Safety

Introduction

Background

- Medications
- Stay Focused
- Steps

Rights

- Med Pass
- Responsibilities

Errors

- Medication Error
- Occurrence

Refusals

- Refusals
- Impaired Cognition

Summary

Medication Administration: Controlled Substances

April 2022

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify the five (5) classes of controlled substances.
2. List three (3) of the possible adverse effects of opioid medications.
3. Select three (3) possible adverse effects of the sedative-hypnotic medications.

Keywords: Safety

Introduction

Schedules

- Schedule I Drugs
- Schedule II Drugs
- Schedule III Drugs
- Schedule IV
- Schedule V Drugs

Regulations

- CMS Guidelines
- Government Guidelines
- Regulations

Classes

- Classes

Opioids

- Opioids: Use
- Opioids: Adverse Effects
- Opioids: Doses
- Opioids: Treatment Goals
- Opioids: Considerations
- Opioids: Fentanyl
- Opioids: Interactions
- Opioids: Treatment for Overdose
- Opioids: Symptoms of Overdose

Stimulants

- Stimulants
- Stimulants: Adverse Effects
- Depressants
 - Depressants: Use
 - Benzodiazepines: Medications
 - Benzodiazepines: Adverse Effects
 - Sedative-Hypnotic Medications
 - Sedative-Hypnotic Medications: Adverse Effects
- Anabolic Steroids
 - Anabolic Steroids
 - Testosterone: Adverse Effects
 - Testosterone: Adverse Effects
- Summary

Medication Administration Pass

Copyright: September 2023

1.0 Contact Hour(s)

Author: Jenell Camara, MSN, RN

Jenell Camara is a Master's prepared Registered Nurse and CEO of Jenell Camara Consulting, LLC. She has over 25 years of experience in skilled nursing and long-term care. Her roles have included Manager of rehab and long-term care, MDS, Regional Clinical Director for a SNF community, state surveyor and is a Medication Administration Instructor. Quality Assurance and Compliance is her passion, and she continues to work with facilities as a Nurse Consultant for a pharmacy that services long-term care organizations.

Objectives:

1. Apply three (3) strategies to reduce medication errors.
2. Identify the five (5) rights of medication administration.
3. Select three (3) infection control practices during medication administration.

Key Words: Errors, Safety, Needle Safety, Sharps, High Alert Medications

Introduction

- Medication Administration
- Requirements for the Script

Rights

- The 5 Rights of Medication Administration

Medication Pass

- Medication Safety
- Medication Safety: Statistics
- The Three Medication Checks
- High Risk Medications

Infection Control

- Standard Precautions
- Hand Hygiene and Medication Pass
- Personal Protective Equipment
- Personal Protective Equipment
- Standard Precautions: Sharp Safety

Best Practices

- Do's and Don'ts
- Maintaining Privacy

Errors

- Medication Error: Defined
- Types of Medication Errors
- Avoiding Errors
- Communication Post Medication Error

Application

- Case Study

Medication Assistance for Medication Aides

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0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify three (3) safety checks that need to be completed before administering a medication.
2. List three (3) rights of medication administration.
3. Select three (3) side effects of medications that should be reported to the nurse.

Introduction

Scope

- Scope of Practice

Safety

- Safety Checks
- Rights of Medication Administration
- Approved Abbreviations
- Documentation

Medications

- Common Medications
- Types of Insulin

Allergies

- Symptoms of Drug Allergies
- Sign of Anaphylactic Reaction

Interactions

- Drug Interactions

Errors

- Medication Errors
- Preventing Errors
- Reporting Errors

Narcotics

- Narcotics
- Narcotics

Documentation

- Documentation

Refusals

- Medication Refusals

Summary

- Resources

Mental Health: Caring for the Older Adult in LTC

R2_12.23.2022_SME

1.0 Contact Hour(s)

Author: Amy Makris RN, BSN

Amy has over 15 years of nursing experience with a strong background in nurse administration and education. She has successfully managed specialty nursing units in both acute and long-term care settings. She provided administration and consulting oversight in the long-term care setting, establishing interdisciplinary programs and education for quality assurance measures. Over the past five years, she has worked as an advanced illness manager for a home health and hospice agency, navigating the care of some of the most vulnerable and high-risk individuals within a community. During this time, she worked on developing multiple community support programs and initiatives, including medication management and safety in the home. She is a Certified Hospice Palliative Care Nurse (CHPN) and a Certified Dementia Practitioner (CDP). As a dedicated healthcare professional, Amy is dedicated to contributing her expertise through nursing education and patient advocacy.

Objectives

1. State two (2) specific differences between delirium and dementia.
2. Select three (3) major mental illnesses seen among older adults.
3. Identify two (2) symptoms of mental illness that should be reported to the healthcare provider

Keywords: N/A

Introduction

- Competence
- Up-To-Date Focus on Mental Health in Nursing Homes

Overview

- Mental Health: Defined
- Team Approach
- Preadmission Screening and Resident Review
- Care Planning
- Directive for Staff
- Environment

Communication

- Communication
- Effective and Therapeutic Communication
- Non-Verbal Communication
- Communication Techniques with the Older Adult
- Survey Ready

Disorders

- Geriatric Suicide
- Suicidal Ideation
- Substance Abuse
- Medications and Depression
- Schizophrenia
- Symptoms of Schizophrenia

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- Delusions
- Types of Delusions
- Medication Management
- Extrapyrarnidal Symptoms
- Substance Abuse
- Challenges
- Administering Medications
- Dementia
- Dementia Versus Mental Illness
- Dementia Versus Delirium
- Safety

Grief and Loss

- Grief and Mourning
- Sources of Grief
- The Five Stages of Grief
- Assisting Bereavement

Summary

Mental Health in Older Adults: Pharmacological Treatment

1.0 Contact Hour(s)

Author: Nancy Slattery, RN, BSN

Nancy Slattery is a Registered Nurse with a Bachelor of Science degree in Nursing from George Mason University. She has over 35 years of Behavioral Health experience in nursing. Nancy has been serving in roles in Case Management, Clinical Nurse Supervisor and developing training programs related to mental illness for staff. Nancy is a subject matter expert for Behavioral Health workflows and policies. Nancy has played key roles in educating staff in identifying, supporting, and closing gaps in care for members with mental health challenges.

Objectives:

1. Identify four (4) mental illnesses affecting older adults.
2. Identify three (3) medication classifications used to treat mental illness in older adults.
3. List three (3) common side effects of psychotherapeutic medications.

Introduction

Overview

Mental Disorders

- Mental Health Conditions
- Depression
- Psychosis
- Bipolar
- Anxiety

Medications

- Prescription Medications
- Medications to Treat Depression
- Side Effects of Antidepressants
- Psychotherapeutic Medications

Mental Illness: Non-Drug Alternative Interventions

1.0 Contact Hour(s)

Author: Nancy Slattery, BSN, RN

Nancy has over 32 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool and then delivered the finalized workflow to all clinical teams. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as subject matter expert for all teams regarding behavioral health workflows and clinical content.

Objectives:

1. Identify two (2) rationales for use of alternative therapy with mental illness.
2. Identify four (4) positive outcomes of exercise on a person's mental health.
3. Identify three (3) therapeutic communication techniques when working with an individual with mental illness.

Introduction

Background

- Definition of Mental Illness
- Occurrence
- Statistics of Mental Illness
- Review of Mental Health Conditions and Clinical Manifestations
- Mood Disorder
- Anxiety Disorder
- Schizophrenia
- Paranoia
- Personality Disorder
- Personality Disorder DSM-5
- Personality Disorder DSM-5: Symptoms
- Managing the Condition: Personality Disorder
- Psychosis
- History of Conventional Treatment of Mental Health Conditions
- Review

Alternative Therapy

- Alternative Therapy: Definition
- Most Common Alternative Therapies
- Complementary Alternative Therapy
- Rationale for Alternative Therapies in Older Adults
- Advantages of Alternative Therapies
- Statistical Evidence Regarding Alternative Treatments
- Safety of CAM
- Review

Cognitive

- Psychotherapy
- Cognitive Behavioral Therapy
- Group Therapy
- Family Therapy
- Self-Help Groups and Support Groups
- Biofeedback
- Biofeedback Techniques
- Integrative or Holistic Therapy
- Review

Spiritual

- Types of Spiritual Interventions
- Meditation
- Prayer
- Relaxation and Breathing Exercises
- Guided Imagery
- Mindfulness
- Reminiscence Therapy
- Benefits of Meditation
- Review

Sensory Therapy

- Sensory Therapy
- Music Therapy
- Art Therapy
- Dance Movement Therapy
- Drama Therapy
- Aromatherapy
- Acupressure and Acupuncture
- Horticultural Therapy
- Culinary Therapy
- Light Therapy
- Animal Assisted Therapy
- Review

Oral Medications

- Herbal Medicine
- Vitamins
- Homeopathy
- Supplements
- Contraindications for Alternative Treatment with Medications
- Review

Communication

- Motivational Interviewing
- Open Probes

- Reflective Listening
- Affirmations
- Ask Permission
- Therapeutic Communication Review

Summary

Monkeypox: The Basics

Copyright: September 2022

0.25 Contact Hour(s)

Author: William Phillips, APRN, MSN, CCRN, MA, MBA

William Phillips has been practicing in healthcare for many years. He started his career in clinical research, working on multiple National Institute of Health sponsored clinical trials in ophthalmology. From there, he went on to participate in educational research with the University of North Florida. Mr. Phillips worked as a nurse in the neurology intensive care unit before going on to receive his nurse practitioners in adult critical care. He currently works as a nurse practitioner in the medical ICU at Duke University Hospital.

Objectives:

1. Identify two (2) common symptoms of Monkeypox.
2. Select two (2) CDC recommended infection control precautions when working with an individual with Monkeypox.
3. Identify six (6) ways that Monkeypox can be spread.

Keywords: Emerging disease, infection control

Monkeypox

- What is Monkeypox?
- Zoonotic Virus
- Cases

The Virus

- How is it Transmitted?
- Spread Through Droplets
- How Long from Infection to Onset of Symptoms?
- Initial Symptoms
- Symptoms: Skin Lesions
- Delay in Diagnosis

Safety

- Reducing Risk
- Infection Control Measures
- CDC Guidelines
- CDC Guidelines on PPE

Summary

Moral Distress

Copyright: R2_9.08.2023

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Don has authored several books in the fields of church history, spiritual formation and children's religious education. He has served on the Board of Trustees for Campbell University in North Carolina and currently serves on the Board of Directors for Good Faith Media in Oklahoma. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Comment on three (3) of the top root causes of medical distress.
2. Compare the difference in impact that moral distress of caregivers has on the individual versus the caregivers.
3. Rate, in order of importance, the following resources in dealing with moral distress: personal moral resilience, self-care, and healthcare team support.

Key Words: ethical conflict, COVID-19

Introduction

Definition

- Classic Definition
- Moral Distress is Not
- Definition
- Communicating Beliefs

Prevalence

- Moral Distress on the Rise
- MDS-R
- MMD-HP

Sources

- Constraints
- Top Root Causes
- Case Study

Impact

- Symptoms
- Resident Outcomes
- HCWs Leaving Position
- Moral Residue

Moral Resilience

- Moral Resilience
- Personal Morals
- Building Trust

- The Four A's
- Team Debriefing Sessions
- Case Study
 - Case Study: Gina
 - Case Study: The Four A's at Work
 - Case Study: Gina (Moral Agency)
- Support
 - Self-Care
 - Support for HCWs
 - Support for Administrators
 - Resources
- Summary

Multi-Drug Resistant Organisms (MDROs)

Copyright: R4_08.11.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify four (4) common multidrug resistant organisms (MDROs).
2. Identify three (3) risk factors for residents of long-term care facilities (LTCFs) that may contribute to the development of infection from an MDRO.
3. State three (3) infection control precautions used by long-term care staff when caring for a resident with a MDRO infection.

Key Words: Infection prevention, infection control

Introduction

- MDROs
- Multidrug Resistance
- MDRO Infection Control

Strategies

- Enhanced Barrier Precautions
- EBP: High Contact Care Activities
- EBP: Indwelling Medical Devices

MRSA

- MRSA
- Risk
- Contracting MRSA Infections
- Signs and Symptoms
- Testing
- Treatment

VRE

- VRE
- Risk Factors
- Types of VRE Infections
- Tests and Treatment
- Prevention and Control

- Infection Control Precautions
- Definition

Clostridioides difficile

- C. diff Definition
- Risk Factors
- Transmission and Prevention
- Tests and Treatment
- Suspected C. diff.

Candida auris

- Candida Auris
- Treatment
- Symptoms and Treatment
- Precautions

Summary

- Prevention of Transmission

Multidrug Resistant Organisms (MDROs): Emerging Pathogens

Copyright: August 2023

0.5 Contact hour(s)

Author: Lois Platt, MSN, RN

Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) multidrug resistant organisms (MDROs) of global concern.
2. Select three (3) strategies to help prevent the spread of multidrug resistant organisms (MDROs) in a healthcare setting.
3. List three (3) measures to help prevent the spread of multidrug resistant organisms (MDROs) in a healthcare setting.

Keywords: Enhanced barrier precautions, Carbapenem-resistant Acinetobacter, Candida auris, Carbapenem-resistant Enterobacteriaceae, Drug-resistant Neisseria gonorrhoeae

Introduction

- Antimicrobials
- Antimicrobial Resistance (AMR)
- Resistant Pathogens
- Antimicrobial Increase
- Bacteria
- Antibiotic Resistant: Food

Urgent Threats

- Organisms: Urgent Threats
- Drug-Resistant Neisseria gonorrhoeae

Serious Threats

- Serious Threats

Prevention

- Prevention
- Precautions
- Improve Antibiotic and Antifungal Prescribing
- Be Alert and Take Action
- Precautions
- Indwelling Medical Devices

Research

- Research

Summary

Nursing Assessment and Care: Heart Failure

Copyright April 2022

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) risk factors that increase the probability of developing heart failure (HF).
2. List two (2) components of assessment data that may indicate worsening of HF.
3. Identify two (2) treatment interventions appropriate for the person with HF.2

Keywords: N/A

Introduction

- HF: Hospitalizations

Overview

- HF Statistics

Normal Heart

- The Heart's Primary Function
- Flow of Blood
- Valves
- Conduction System
- Coronary Arteries

Pathophysiology

- Pathophysiology of HF
- Causes of HF
- Systolic and Diastolic HF
- End Result of HF

Risk Factors

- Risk Factors
- COVID-19

Signs and Symptoms

- Clinical Signs and Symptoms

Treatment

- Management of HF
- Medication Management

- Nursing Interventions
- Desired Outcomes

Education

- Education
- Controlling and Reporting Symptoms
- Dietary Changes
- Lifestyle Changes

Assessment

- Monitoring HF
- Abnormal Lung Sounds in HF
- Crackles
- Wheezes
- Edema

Scenario

- Mrs. Sonns: Scenario
- Mrs. Sonns: CNA Report
- SBAR
- Information for a Physician Call
- Physician Orders
- Documentation

Summary

Nursing Assessment of the Older Adult

Copyright: R2_12.15.2023_SME

1.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) abnormal findings associated with an assessment of each of the major body systems.
2. Identify three (3) specific symptom presentations in which targeted physical assessment is appropriate.
3. Apply two (2) communication considerations related to physical assessment findings to a scenario.

Keywords: Chest Pain, Falls, SBAR, Documentation, Stroke, Pain

Introduction

- Assessment

Overview

- Scope of Practice
- CMS Regulations
- Course Overview

Head-to-Toe

- Head-to-Toe Assessment
- General Appearance
- Vital Signs
- Pain Assessment
- Documenting Pain
- Skin Assessment
- Changes in Skin
- Documenting Skin Findings
- Head Assessment
- Changes with Aging: Eyes
- Changes with Aging: Ears
- Assessment of the Chest
- Lung Sounds
- Lung Sounds
- Changes with Aging: Respiratory System
- Documenting Respiratory Findings
- Heart Rate and Rhythm

- Heart Rate
- Changes with Aging: Heart
- Nursing Considerations
- Documenting Cardiac Findings
- Peripheral Vascular Assessment
- Peripheral Vascular System: Changes with Aging
- Anatomy of the Abdomen
- Abdominal Assessment
- Musculoskeletal Assessment
- Musculoskeletal System: Changes with Aging
- Neurological Assessment
- Nervous System: Changes with Aging

Targeted

- Targeted Assessment
- Chest Pain
- Chest Pain
- Difficulty Breathing
- Resuscitation Status
- New Onset of Confusion: Causes
- New Onset of Confusion: Medical History
- New Onset of Confusion: General Appearance
- New Onset of Confusion: Neurological Assessment
- New Onset of Confusion: Elevated Temperature
- New Onset of Confusion: Medications
- New Onset of Confusion: Pain
- New Onset of Confusion: Report
- Falls: Assessment
- Falls: Assessment

Functional

- Components of a Functional Assessment

Communication

- Communication
- SBAR
- Documentation

Summary

Nursing Care of the Individual with Advanced Alzheimer's Disease

Copyright: R3_10.06.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify the three (3) stages of Alzheimer's disease.
2. Identify two (2) strategies used to minimize behaviors associated with advanced Alzheimer's disease.
3. Identify two (2) medication classes used in the treatment of Alzheimer's disease.

Key Words: Person-centered care

Introduction

- Alzheimer's Disease

Overview

- Stages of AD

Behaviors

- Progression of Alzheimer's Disease
- Behaviors
- Quick Tips
- Assessment of Behaviors
- Behavioral and Environmental Therapy
- Bathing
- Bathing Modifications
- Mealtime Considerations
- Mentally Challenging Activities
- Interactions
- Neuropsychiatric
- Indications

Treatment

- Pharmacologic Intervention for Alzheimer's Disease
- Acetylcholine
- Medications
- Cholinesterase Inhibitors
- Antiglutamatergic Therapy
- Combination Therapy

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- Vitamin E
- Communication
- Communication
- Late-Stage Care
- Late-Stage Care
- Advance Directives
- Quality of Life
- PAINAD
- Reporting Pain
- Goals of Palliative Care
- Hospice Care
- Summary

Nursing Documentation for the LTC Setting

R1_08.31.2021_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for accurate documentation as she has had the dubious honor of being deposed.

Objectives:

1. Identify four (4) documentation practices that validate safe, effective, and high-quality person-centered care.
2. List two (2) documentation practices that create legal and professional risks.
3. State four (4) nursing documentation requirements specific to long-term care.

Introduction

Background

- History
- Terminology

Principles

- Outcomes Associated with Good Documentation
- Purposes of Documentation
- Documentation Essentials
- Principles for Nursing Documentation
- Expectations
- Purpose of Documentation
- Characteristics of Good Documentation
- Reasons for Poor Documentation
- Documentation Dos and Don'ts
- Best Practices Corrections
- Types of Documentation Issues
- EHR: Documentation Issues
- EHR: Precautions
- Reflecting the Actual Situation

Regulatory Compliance

- Documentation Standards
- Documentation Timelines

Legal

- Documenting Special Situations
- Documenting Defensively

Types

- Charting Systems

Documentation

- CMS Documentation Expectations for SNFs
- Types of Documentation in LTC Setting
- Documentation Tools
- Documenting Resident Data
- Documenting Response to Care
- Assessment: Document for Medicare
- Documenting Risk Assessments
- Documentation of Care
- Critical Documentation

Practice

- Nursing Statements
- Improve This Documentation

Summary

Nursing Home Alzheimer's Disease and Related Disorders 1-Hour Curriculum

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia.

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates.

Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers

Objectives:

1. Define three (3) terms associated with dementia.
2. State two (2) causes and diagnosis of Alzheimer's Disease/Related Disorders (ADRD).
3. Identify three (3) characteristics associated with ADRD.
4. Select two (2) communication strategies for use with residents experiencing AD/ ADRD.

Introduction

What's in a Name?

- Introduction to Alzheimer's Disease
- Definition
- Memory Loss
- Aging Process
- Definition of Dementia
- Diagnosis of Dementia
- Risk Factors
- Reversible Dementias
- Signs

Etiology

- Brain Changes: AD
- New Diagnostic Criteria

What Can I Expect

- Brain Changes
- AD Cognitive Changes
- Orientation Loss
- Language Losses in AD
- Stages of Dementia
- Mid or Early Stage
- Moderate or Middle Stage
- Severe or Late Stage

Talk to Me

- ADRD Challenges
- Communication Strategies
- Elderspeak
- Being Present
- Setting the Tone

Summary

Nursing Home Alzheimer's Disease and Related Disorders 3-Hour Curriculum

3.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is an approved FL DOEA trainer (#6095) for Nursing Home Alzheimer's Disease Curriculum. She has over 15 years of experience working with residents experiencing dementia.

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates.

Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. State causes and diagnosis of Alzheimer's Disease/Related Disorders (ADRD)
2. Identify common behaviors associated with residents with ADRD.
3. Recognize causes of common behaviors and strategies for managing challenging behaviors.
4. Select strategies for promoting ADLs for residents with AD or ADRD.
5. Determine appropriate group and individual activities for residents with ADRD.
6. Discuss benefits of building a therapeutic environment through modification of the physical environment, schedules and routines and staff approaches.
7. Relate causes of stress for caregivers.
8. Recommend techniques for managing stress.
9. List family Concerns when caring for a loved one with AD/ADRD.
10. Ethical Issues in ADRD Care.
11. State the ethical principles and approaches to care: autonomy, beneficence, and justice.

Introduction

Definitions

- Definitions
- Similar Symptoms but not ADRD
- Signs of Delirium
- Brain Changes: What Causes AD?
- Diagnosing Alzheimer's
- Stages of Dementia

Common Behaviors

- Behaviors
- Common Behaviors: Hoarding
- Caregiver Interventions to Address Hoarding
- Hoarding Interventions
- Common Behaviors: Rummaging
- Caregiver Interventions to Address Rummaging

- Rummaging Interventions
- Common Behaviors: Wandering
- Wandering Interventions
- Common Behaviors: Paranoia
- Caregiver Interventions to Address Paranoia
- Paranoia Interventions
- Care Interventions to Manage Agitation
- Agitation Interventions
- Restraints
- Case Study
- Behavioral Changes: All behavior has Meaning
- Physical and Verbal Outbursts
- Medication
- Triggers
- Reframe the Issue
- Residents Rights: Systematic Care Approach
- Gather Information for Resident-Centered Care
- Recognizing Behavior
- Problem Solving Approach
- “ABC” Framework
- Resident-Centered Strategies

Bed Bath Beyond

- Bed, Bath, and Beyond
- Interventions
- Problem Solving Approach: Quick Tips
- Communication: Avoid Elderspeak
- Communication Techniques
- It’s All in the Approach
- Bathing Strategies
- Individualized Interventions
- Grooming Strategies
- Dressing Strategies
- Feeding Strategies
- Toileting and Incontinence
- Toileting and Incontinence Care Strategies
- Personal Care Strategies
- Communication Strategies

Engage Me

- Activities Promote
- Benefits of Engaging
- Principles of Engaging Residents
- Person-Appropriate Activities
- Activities for Individuals or Groups

Therapeutic

- Therapeutic Environment
- Meeting the Resident's Needs
- Impacts on Mood
- Physical Environment
- Make Environment Predictable and Constant
- Staff Interactions
- Interpretive Guidelines

Caregiver Stress

- Caregiver Stress
- Causes of Stress for Facility-based Caregivers
- Common Caregiver Problems
- Effects of Uncontrolled Stress
- Mental Expressions of Grief
- Grief
- Kubler-Ross Stages of Grief
- Responses to a Resident's Death
- Dealing with Caregiver Grief
- Caregiver Stress

Family Issues

- Special Concerns of Families: Mild Stage
- Special Concerns of Families: Moderate Stage
- Special Concerns of Families: Late Stage
- Grief: Related to Changes in Family Relationships
- Losses at Each Stage
- Offering Resources for Families
- Resources

Ethical Issue

- Principles
- Ethical Dilemmas
- Ethical Issues in Dementia Care
- Ethical Approach to Dementia Care
- Resident's Rights
- Case Study: Mrs. Smith
- Case Study: Mrs. Setzer
- Case Study: Mr. Roberts

Summary

Nutritional Promotion in the Older Adult

Copyright: R5_10.06.2023_SME

0.5 Contact Hour(s)

Author: Kendall Kennedy, MS, RDN, LDN, RYT

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed. Kendall received her master's and bachelor's degrees in nutrition from the University of North Florida

Objectives:

1. Identify three (3) physiological changes that affect the nutritional status of the older adult.
2. Identify two (2) effects of malnutrition.
3. Identify three (3) warning signs indicating the potential for weight loss.

Key Words: Person-centered care

Introduction

- Benefits of Nutritional Promotion

Factors

- Nutrients
- Factors Affecting Nutrition

Malnutrition

- Malnutrition and Overnutrition

Assessment

- Assessment
- Nurse's Role in Nutrition Care
- Nutrition Care Plan
- Disciplines Involved in Nutrition

Hydration

- Dehydration
- Risks Associated with Dehydration
- Dehydration Prevention

Dysphagia

- Dysphagia
- Feeding the Individual with Dysphagia

Dementia

- Promoting Nutrition in Persons with Dementia
- Possible Causes of Poor Appetite
- Promoting Nutrition at Mealtimes

Interventions

- Interventions
- Person-Centered Approaches

Feeding Tips

- Best Practices

Summary

Oral Health: Basics

Copyright: December 2023

0.5 Contact Hour(s)

Author: Lois A. Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Reviewer: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has over 15 years of experience working with residents experiencing dementia. Linda has worked with older adults across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, Director of Education, consultant, instructor, and clinical professor. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Objectives:

1. Identify three (3) ways to gain cooperation when performing oral care.
2. Identify three (3) examples of a normal, healthy mouth.
3. Identify three (3) signs/symptoms of oral issues that require reporting for follow up.

Key Words:

Introduction

Normal

- Healthy Mouth

Abnormal

- Abnormal Findings

Oral Care

- Oral Care Basics
- Basics Oral Care Considerations
- Oral Health Adaptive Equipment

Dentures

- Reportable
- Importance of Dental Care

Best Practices

- Oral Care: Best Practices

Regulatory

- Regulatory Requirement

Summary

Oral Health: Best Practices

Copyright: R2_12.22.23_SME

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska

Objectives:

1. Identify three (3) interventions to assist with oral care when an individual has dementia.
2. Identify three (3) examples of a normal, healthy mouth.
3. Identify three (3) signs or symptoms of oral issues that require reporting for follow-up.

Keywords: Person-Centered Care, Person-Centered Strategies, COVID-19 Considerations, Dementia Considerations

Introduction

- Oral Health Overview

Caregiver Role

- Gaining Cooperation
- Oral Health Adaptive Equipment
- Brushing
- Adapting the Toothbrush
- Importance of Professional Dental Care
- Observation

Normal Mouth

- Healthy Mouth
- High-Risk Oral Issues

Gum Disease

- Gingivitis
- Periodontal Disease

Tooth Decay

- Tooth Decay
- Tooth Decay (Cavities or Caries)
- Tooth Decay Process

Dentures

- Denture Users
- Problems with Dentures
- Importance of Denture Care

Dry Mouth

- Dry Mouth Side Effects and Photos
- Dry Mouth: Management

Oral Cancer

- Oral Cancer Facts
- Unidentified Lesions or Sores
- Tongue Lesion
- Report Symptoms and Refer for Evaluation

Oral Care

- Non-Verbal Signs of Oral Problems

Considerations

- At-Risk for Aspiration
- Oral Care: Best Practices
- Oral Care Approaches: Dementia

Infection Control

- COVID-19 Considerations

Summary

Orthopedic Care: Nursing Considerations

Copyright R1_04.21.2021_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Select two (2) positioning precautions to prevent dislocation following a total hip arthroplasty.
2. Identify three (3) complications that may occur following total joint replacement.
3. List three (3) complications that may occur in the elderly population following limb amputation.

Introduction

Anatomy of a Joint

- Anatomy of a Joint

Specific Joints

- Specific Joints
- The Hip
- Normal Hip Anatomy
- The Knee
- The Shoulder
- The Rotator Cuff
- The Neck and Spine
- Spinal Curvatures

Surgical Intervention

- Surgical Intervention

Specific Surgeries

- Hip Arthroplasty
- Hip Resurfacing
- Total Hip Arthroplasty
- Surgical Approaches
- Fall Precautions
- Hip Dislocation Risk
- Hip Dislocation Precautions
- Complications
- Scenario
- Knee Arthroplasty
- Complications

- Scenario
- Apply Your Knowledge
- Shoulder Arthroplasty
- Shoulder Surgeries
- Complications
- Specific Surgeries
- Nursing Care for Shoulder Procedures
- Positioning a Sling

Pain

- Pain Management Postoperative
- Pain Scales
- Pain Medications
- Non-pharmacologic Measures
- Joint Infections
- Postoperative Exercises

Anticoagulation

- Thromboembolism Prevention
- Anticoagulants Complications
- Anticoagulants Signs and Symptoms

Amputation

- Amputation
- Geriatric Population
- Postoperative Nursing Care
- Proper Limb Bandaging
- Psychological Aspects
- Mobility
- Prosthesis Fitting

Summary

Oxygen Use Basics

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) delivery methods of oxygen in a healthcare setting.
2. Select two (2) responsibilities when caring for an individual receiving oxygen therapy.
3. Choose three (3) safety measures needed when caring for an individual receiving oxygen therapy.

Keywords:

Introduction

What is Oxygen

- Oxygen

Importance

- Alveoli
- Oxygen for Energy
- COPD
- Emphysema
- Chronic Bronchitis

Delivery

- Supplemental Oxygen
- Delivering Oxygen
- Nasal Cannula
- Facemasks

Responsibilities

- Responsibilities
- Flow Meter
- Pulse Oximetry
- Humidifier Bottle
- Responsibilities of CNA

Safety

- Oxygen Safety
- Liquid Oxygen Safety
- Medical Gases
- Common Medical Gas-Related Incidents

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- Storage Safety
- Expanded Best Practices and Guidelines
- Oxygen Cylinders

Best Practices

- Best Practices
- Reporting
- General Care

Summary

Pain Recognition for Non-Nursing Staff

Copyright R2_04.07.2023_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Objectives:

1. List two (2) effects of unrelieved pain.
2. Identify three (3) common signs and symptoms of pain.
3. Select two (2) actions a member of the multidisciplinary team can do to assist in the management of pain.

Keywords:

Introduction

Definition

- Definition
- Federal Mandates for Pain Recognition
- Effects of Unrelieved Pain
- Non-Verbal Descriptors

Barriers

- Barriers
- Key Points to Overcoming Barriers
- Under-Detected and Under-Treated Pain

Observation of Pain

- Observation of Pain
- The Healthcare Team
- Signs and Symptoms
- Indications of Pain
- Reporting Pain

Care

- Administering Pain Medications
- Pain Control

Summary

Parkinson's Disease

Copyright R4_04.07.2023_SME

1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips is an Orthopedic Clinical Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic conditions, sports rehabilitation, as well as neurologic conditions and oncology. She has a particular interest in Parkinson's disease (PD) and holds a certification as a LSVT Big physical therapist for the treatment of patients with Parkinson's disease. Dr. Phillips has authored many continuing education courses on Parkinson's disease and participated in community outreach programs for individuals with PD.

Objectives:

1. List five (5) classic signs of Parkinson's disease.
2. List four (4) factors that are felt to play a role in the development of Parkinson's disease.
3. Identify three (3) care considerations for individuals with Parkinson's disease.

Keywords: N/A

Introduction

Definition

- Introduction to Parkinson's disease
- Changes in the Brain
- Lewy Bodies

Causes

- Factors
- Risk Factors

Signs and Symptoms

- Signs and Symptoms of PD
- Signs and Symptoms
- Symptoms of PD

Diagnosis

- Diagnosis of PD
- Symptom Recognition
- Diagnostic Tests

Care Guidelines

- Medication Management
- Medication Therapy
- Non-Medical Care Considerations
- Surgery

Safety

- Safety Pearls
- When to Notify the Physician

Summary

Parkinson's Disease: The Basics

Copyright: June 2023

0.25 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips is an Orthopedic Clinical Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse population, including individuals with orthopedic conditions, sports rehabilitation, as well as neurologic conditions and oncology. She has a particular interest in Parkinson's disease (PD) and holds a certification as a LSVT Big physical therapist for the treatment of persons with Parkinson's disease. Dr. Phillips has authored many continuing education courses on Parkinson's disease and participated in community outreach programs for individuals with PD.

Objectives:

1. Select three (3) characteristics of an individual with Parkinson's disease that may impact care.
2. Identify three (3) safety modifications to lessen the risk of falls for individuals with Parkinson's disease.
3. Apply two (2) methods of communication strategies for improved individual interactions.

Keywords: None

Introduction

- What is Parkinson's Disease?
- Statistics
- Parkinson's Disease: Associated Problems

Safety

- Safety
- Freezing
- Safety Equipment
- Promoting Safety: Guidelines
- Bathroom Safety
- Lighting
- Dressing
- Eating
- Restrictions

Communication

- Communication
- Emergency Situations

Summary

Pathophysiology with a Focus on Coronary Artery Disease

Author: Lois Platt, MS, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Prior to that, she worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) risk factors associated with coronary artery disease (CAD).
2. List three (3) steps in the development of a lesion within the coronary arteries.
3. State three (3) signs and symptoms of an acute myocardial infarction.

Introduction

Background CVD

- Incidence of Coronary Artery Disease
- Structures of the Blood Vessels
- Endothelium
- Risk Factors
- Risk Factor Challenge

Lesion Development

- Lesion Progression
- Introduction to Atherosclerosis
- Plaque Composition
- Plaque and Atherosclerosis
- Development of Atherosclerosis
- Development of Complications
- Test Your Knowledge
- Test Your Knowledge
- Thrombus and Embolus
- Angina
- Atherosclerosis Complications

Disease Progression

- Terms

Summary

Patient's Rights

Copyright: R3_04.17.2023_SME

0.5 Contact Hour(s)

Author: Mary DaCorta, MSW, LCSW

Ms. DaCorta has provided medical social services in a variety of treatment settings for more than 25 years. For the last 14 years she has provided social service support in a highly rated skilled nursing facility committed to excellence. She has provided ongoing supervision and education of social workers and social service interns on advocating for resident rights.

Reviewer: Marcia C. Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College and Jersey College.

Objectives:

1. List two (2) purposes of the Patient's Bill of Rights.
2. List three (3) rights outlined in the Patient's Bill of Rights.
3. Identify two (2) responses to legal situations involving the Patient's Bill of Rights.

Keywords:

Introduction

Freedom

- Democracy and Freedom
- Federal Bill of Rights
- Patient's Bill of Rights

Care Center

- Information
- Chain of Command

Rights

- American Hospital Association
- Rights
- Patient's Bill of Rights
- Patient Care Partnership
- Patient's Responsibilities
- Personal Rights
- Patient-Centered Care

Put Into Practice

- The Golden Rule
- Orientation
- Communication
- Patient Activity
- Personal Possessions
- Personal Privacy

Protecting

- Vulnerable Populations
- Responsibility

Performance Management

8.3.2018

1.0 Contact Hour(s)

Author: Dr. Diane Hinds

Diane helps individuals and organizations define their goals and achieve them. She has more than 30 years' experience in organization development, human resources, and executive level management. She provides consulting and management training to organizations across industries, including for profit, not for profit, communities of faith, membership associations, educational institutions, and governments. She has worked with several hospitals, clinics, healthcare providers and medical manufacturing organizations. She works with organizations of all sizes, from single proprietors to large, international enterprises.

Diane is recognized for her creativity and flexibility to meet clients' specific needs. She works with them to clarify what they want to accomplish and can set them on a path to realize their visions. Her areas of expertise include strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management.

She recently published her first book, Think it. Do it. Lessons from Visionaries Who Brought Their Ideas to Life. She has presented at numerous professional conferences and has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Diane received her BA in Psychology and Communications from the University of MN and her MA in Human Resources Development and Doctorate in Organization Development from The University of St. Thomas.

Reviewer: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and competency-based programming, using it to advance topics of concern to the older adult such as disease-base care and assessment.

Objectives:

1. Recognize one (1) difference between directing and delegating.
2. Select two (2) important components of providing performance feedback.
3. Identify one (1) necessary component of performance documentation.

Keywords

Introduction

Definition

- Performance Management
- The Use of the Word Management
- Optimize Employees Performance
- Performance Management Definitions
- Performance Management Goals

- An Effective Performance Management System
- Engaged and Motivated Workforce
- Rewards for Managers
- Performance Management Practices of High-Performance Organizations

PM Cycle

- Performance Management Cycle
- Time Spent on Performance Management Activities
- Setting the Stage
- Setting Expectations and Performance Measures
- Sources of Information on Performance Expectations
- Position Descriptions
- Managers Assessment
- Methods of Evaluation
- Quantitative Measures
- Qualitative Measures

Delegate or Direct

- Determine Whether to Delegate or Direct
- Delegation
- Directing

Goals

- Performance Goals
- SMARTER Goals
- Case Study
- Performance Coaching and Feedback
- On-Going Coaching
- Confront with Compassion
- Know Your Employees
- Achieving Performance Management Goals
- Coach as Motivator
- Coach Provides Guidance

Feedback

- Awkward Performance Review
- The Sandwich Approach
- Performance Feedback
- Case Study
- Outline of Discussion
- Preparing for Performance Appraisal

Documentation

- Documentation of Performance
- Check Documentation
- Case Study
- Transfer to the Real World

Summary

Personal Protective Equipment (PPE)

Copyright R9_05.05.2023

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP®

Linda has worked with geriatric patients across the continuum of eldercare as a rehab nurse, geriatric nurse case manager, Director of Nursing, consultant, instructor, and clinical professor. Most recently, she served as the Director of Education at a 180-bed long-term care facility. In this role, she developed, implemented, and evaluated competency-based staff education to comply with regulatory training mandates. Serving as an educator for 150 employees and a clinical nurse resource for 58 nurses and 110 CNAs. She enjoys developing creative learning that engages the learners and motivates them to be competent and resident-centered caregivers.

Author: Kim Hipkiss, RN, BSN

Kim is a Registered Nurse with thirty-seven years combined experience. She worked as a rehabilitation nurse and in management while also providing staff education as a preceptor for new nurses and as a skills trainer for new nurse aides. Kim assisted in developing policies and procedures for East Carolina University Medical Center in Greenville, NC and served on the Nursing Leadership committee analyzing industry trends and solutions. In her home health experience, she worked as a field nurse providing care to a diverse patient population and as a Patient Care Manager supervising the healthcare team. Promoting competent and compassionate patient care in the clinical setting and student mastery of concepts and skills, Kim worked as an educator and nurse aide instructor for 26 years.

Objectives:

1. State three (3) types of personal protective equipment (PPE) used in the healthcare setting.
2. Identify two (2) considerations when selecting PPE.
3. Apply two (2) strategies for correct use of PPE.

Key Words: N/A

Introduction

- PPE
- Types

Purpose

- Regulatory Protection

Gloves

- Glove Selection
- Principles
- Glove Use: Do's and Don'ts

Face Mask

- Transmission
- Masks
- Type of Masks
- N95 Specifications
- Best Practices
- Fit Testing

- OSHA Respiratory Standards
- Donning a N95 Mask
- Donning and Doffing a Surgical Mask
- N95 Respirator Precautions
- N95 Respirator Disposal

Gown

- Gown Selection
- Gown: Donning and Doffin

Eye and Face

- Protect Eyes and Face from Exposure

Application

- PPE Selection
- Sequence for Donning PPE
- Sequence for Doffing PPE
- Where to remove PPE
- PPE for Standard Precautions
- Choose the appropriate PPC

Resources

- Resources

Summary

Person-Centered Admission to the Long-Term Care Setting

Copyright: October 2019

0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as a Senior Pastor of First Baptist Church of Hickory, NC. Additionally, he serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for the Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lives for five years in such an environment.

Objectives:

1. Identify three (3) factors which contribute to a healthier transition into a long-term care facility by an aging adult.
2. Identify the three (3) conditions which have a positive or a negative impact on a resident's transition into a long-term care facility.
3. Identify four (4) ways staff members can help new residents who feel a loss of independence.

Introduction

- Objectives and Learning Outcomes
- Navigation
- Introduction
- Alternative Residence
- The Fears of Older Adults

Factors

- Primary Factors
- Factors Affecting Newly Admitted Residents
- Challenges

Staff

- Resident's Expectations of Staff
- What Staff Should Not Do
- Tell Me Your Story
- Preparing for New Residents

Adjusting

- Personal, Community, and Social Conditions
- Personal Conditions
- Community Conditions
- Community Conditions: Space
- Social Conditions
- Time to Adjust
- Transition Period
- Interactions

- Considerations
- Responding
- Loss of Independence
 - Loss and Grief
- Summary
- Families Are Key

Person-Centered Care Plans or Service Plans

Copyright: September 2022

0.5 Contact Hour(s)

Author: Wendy Mohlman, MS-RN, C-AL, CNE

Wendy Mohlman has dedicated her nursing career to serving older adults in long-term care and hospice, as well as spending over ten years in assisted living and memory care as a wellness director, corporate regional clinical director, and compliance nurse. While working in compliance, Wendy conducted investigations related to clinical concerns, developed state-specific mock-survey tools and performed audits to prepare ALFs for their annual surveys. She spent much providing education related to best practices for ALF leadership and staff. Passionate about education, Wendy published an article related to end-of-life education and training for ALF caregivers. She holds a master's degree in Gerontology from the University of Utah College of Nursing and is currently pursuing a doctorate in nursing education. She has taught prelicensure nursing students at a local nursing college and obtained a certification as a nurse educator. She is serving as the Assisted Living Clinical Manager for Healthcare Academy.

Objectives:

1. Select two (2) benefits of person-centered care.
2. Identify one (1) reason why service plans (care plans, plan of care, ISP, NSA) are used for individuals receiving care.
3. Identify three (3) person-centered strategies that staff can use to deliver person-centered care.

Keywords: Person-centered care, service plan, care plan, individual service plan, ISP, negotiated service agreement, NSA, Resident's Rights

Introduction

Background

- Person-Centered Care in a LTCF

Definition

- What is Person-Centered Care?

Rights

- Resident's Rights in Long-term Care

Regulations

- Regulations in LTCF
- The Service Plan Guides Person-Centered Care

Service Plan

- A Service/Care Plan for Mrs. Jones

Teams

- Delivering Person-Centered Care

Dementia

- Person-Centered Care and Dementia
- Self-Check Exercise: Person-Centered Care for Those Living With Dementia

Culture

- Culture and Person-Centered Care

Summary

- Making the Difference
- Summary of Person-Centered Care

Person-Centered Communication

Copyright: R1_12_22_2023_SME

1.0 Contact Hour(s)

Author: Jocelyn Smith, MSN, RN

Jocelyn has over 15 years' experience in long term care, home health, and hospice. Her experience also includes case management and utilization management. She has worked at bedside in staff nurse positions and as an educator. Jocelyn has worked with nursing students in both the classroom and clinical setting teaching medical surgical nursing, geriatric nursing, and fundamentals of nursing. Jocelyn first found her passion for education when she was educating patients in her case management role. Jocelyn's passion is education and enjoys educating residents, clinical staff, and nursing students.

Objectives:

1. Identify two (2) barriers that impact person-centered communication.
2. Identify three (3) characteristics of person-centered communication.
3. Select three (3) strategies that promote effective communication.

Keywords: Cultural Competence, Hearing Loss, Dementia, Vision Loss, Trauma Informed

Introduction

- Effective Communication

Person-Centered

- Regulations to Address Communication
- Communicating with the Resident
- Communication Strategies
- Non-Verbal Communication

Barriers

- Potential Barriers to Communication

Strategies

- Communication Strategies for Persons with a Stroke
- Communication Strategies: Dementia
- Cultural Competence Considerations
- Cultural Competence
- Hearing Loss
- Vision Impairment
- Strategies: Language Barriers
- Language Barriers

Staff

- Communication Among Staff
- Boundaries
- Boundaries: Examples

Trauma-Informed

- Trauma-Informed Communication

Quality of Life

- Bullying
- Characteristics of a Bully
- Bullying Behavior
- Environment

Summary

Pneumonia

Copyright R1_01.27.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Name the three (3) predisposing factors to pneumonia.
2. List four (4) clinical symptoms of pneumonia.
3. Identify four (4) complications associated with pneumonia.

Keywords: Respiratory Conditions

Introduction

Definition

- Definition
- Impact

Classification

- Classification of Pneumonia
- Clinical Setting: CAP
- Clinical Setting: HCAP
- Clinical Setting: Aspiration
- Causative Agents
- Causative Agents: Bacterial Pneumonia
- Causative Agents: Streptococcus Pneumonia
- Causative Agents: Other Bacteria
- Causative Agent: Viral
- Causative Agent: Fungus
- Other Pneumonia-Causing Agents

Pathophysiology

- Background
- Introduction of Pneumonia
- Development of Pneumonia
- Risk Factors
- Predisposition
- Predisposition

Clinical Findings

- Classical Symptoms

- Bacterial and Viral Symptoms
- Diagnosis

Treatment

- Hospitalization
- Medications
- Treatment for the Critically Ill
- Other Interventions
- Goals of Nursing Care

Complications

- Complications

Preventions

- General Prevention
- VAP Prevention

Concepts

- Care Concepts
- Physical Notification

Summary

Pressure Injury Assessment, Prevention, and Management

R1_12.02.2021_SME

1.5 Contact Hour(s)

Author: Karen Miller, BSN, RN

Mrs. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long-Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Objectives:

1. List two (2) factors that place the older adult at risk for pressure injury.
2. State three (3) preventative measures to promote skin integrity.
3. Identify three (3) resident skin areas at risk for pressure injury.

Introduction

- Pressure Injuries
- Key Role of the Caregiver
- Skin
- Introduction to The National Pressure Ulcer Advisory Panel

Overview

- Classification of Pressure Injuries

Risk Factors

- Risk Factors
- Risk Factor for Pressure Injury Development
- Risk Factor Assessment
- The Braden Scale
- Medical Devices
- Disease Processes

Prevention

- Prevention in the Key
- Interventions That Can Prevent PIs
- Pressure Injury Prevention Points

Assessment

- Skin Assessment
- Pressure Injury
- DTPI
- Stage 1 Pressure Injury
- Stage 2 Pressure Injury
- Stage 3 Pressure Injury
- Stage 4 Pressure Injury

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- Unstageable Pressure Injury
- Components of Pressure Injury Assessment
- Complications
 - Non-Healing Pressure Injury
 - Infection
- Management
 - Pressure Injury Treatment
 - Residents Rights
 - Case Studies
 - Dressing Change
- Federal Regulation
 - F Tag 686
 - Facility Accountability
 - The Facility Survey
 - Surveyor Evaluation of Staff Knowledge Base
- Summary

Prevention of Medical Errors for Nursing Assistants

Copyright: R2_08.25.2923_SME

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda is a certified healthcare simulation educator working as Director of Clinical Education for a 180-bed Gold Seal long term care facility. She has 30 years of experience in nursing working in rehabilitation, geriatric case management, workers comp and long-term care. Linda has held a variety of clinical and administrative and teaching positions, including Director of Nursing, clinical professor of nursing, and Simulation and Skills Lab Director. Linda is an advocate for engaged learning and has written and presented continuation programs on Transition to Practice, Competency-Based Learning, and use of simulation to foster learning. When not in the classroom or resident care areas, you will find Linda on her bicycle or gardening- take advantage of the wonderful Florida weather!

Objectives:

1. Identify three (3) factors that may contribute to medical errors in long-term care settings.
2. Choose three (3) examples of medical errors common in the long-term care setting.
3. Apply three (3) actions that reduce the risk of medical errors to scenarios.

Key Words: Safety, Communication, Sepsis

Introduction

Definition

- Definitions: Error Related Occurrences

Goals

- Medical Error Prevention Goals
- National Patient Safety Goals

Types

- Types of Medical Errors
- Common Medical Errors in LTC
- Test Your Knowledge

Scenarios

- Mrs. Andrews

Risks

- At-Risk Individuals
- Review the Care Plan
- Best Practices for Communication

Reporting

- When to Report
- Confusion
- Pacing
- Sepsis
- Sepsis: Signs
- Reporting

Prevention

- Quick Tips
- Reducing Medical Errors

Summary

Principles of Menu Planning

Copyright: September 2022

0.5 Contact Hour(s)

Author: Kendall Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Objectives:

1. Identify two (2) nutrients of concern for older adults.
2. List two (2) food groups that appear on a meal ticket.
3. Identify one (1) type of food that is also counted as a fluid.

Keywords: N/A

Introduction

- Why Nutrition and Food Safety are Important

Food Groups

- Nutritional Changes
- Foodborne Germs
- Dietary Reference Intakes

Nutrients of Concern

- Nutrients to Consider When Planning Menus

Preferences

- Preferences for Creating Individual Menus

Variety

- Using Shapes, Textures, and Colors to Enhance Dining Experience

Diets

- Therapeutic and Modified Diets

Recipes and Portions Standardized Recipes Used in Food Prep and Safety During Food Service

Hydration

- Drink Enough Fluids to Stay Healthy

Food Safety

- Employee Health and Hygiene, Temperature Danger Zone (Potentially Hazardous Foods)

Summary

- Resources
- Menu Planning

Problem Solving for the Interdisciplinary Team

Copyright: R5_12.29.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div., from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Reviewer: Laurie Walther, MS, CCC-SLP, PAC Certified Independent Trainer

Laurie is an ASHA certified, Texas licensed Speech Language Pathologist with over 26 years of experience primarily in the Skilled Nursing setting. Laurie has been in managerial and leadership roles for 22-plus years. Most recently, Laurie worked as a traveling director of rehab position which entailed training current directors and new directors helping them to grow in their roles and as leaders. Laurie's management skills and passions included providing the utmost customer service, training and mentoring, a collaborative approach by building effective teams, professionalism, resident, and customer relationships while maximizing staff engagement, and process optimization and improvements. She loves teaching, mentoring, and leading individuals to maximize their best to support those we serve.

Objectives:

1. Select three (3) steps of problem solving.
2. Identify the five (5) terms associated with the SMART technique of creating solutions.
3. Apply three (3) considerations when evaluating a plan for the team to utilize.

Keywords: IDT

Introduction

- Interdisciplinary Teams
- Problems to Solutions
- Problem-Solving Process

Define

- Defining the Problem
- Problem Questions
- Common Errors
- Case Study
- Ground Rules

Collect

- Accurate Data
- Good Questions

- Cause and Effect
- Brainstorming Causes
- Brainstorming for Introverts
- Solutions
 - Discerning the Possible
 - Brainstorming Solutions
 - Researching Possible Solutions
- Evaluate
 - SMART
 - Cost Benefit Analysis
- Commitment
 - Value of Collaboration
 - Memorandum of Agreement
- Implement
 - Selling the Plan
 - Executing the Plan
 - Evaluating the Plan
 - Summary

Professional Development Certificate Program

Copyright: R4_11.30.2023

1.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Lesson I:

1. Identify three (3) responsibilities of the Professional Development Practitioner in the long-term care setting.
2. Identify three (3) focus areas of the Professional Development Practitioner as it relates to mandated training programs.

Lesson II:

1. Identify two (2) principles of andragogy for the adult learner.
2. Identify two (2) techniques used to enhance learning.
3. Select three (3) methods used to obtain information during a needs assessment.

Lesson III:

1. Choose three (3) steps in the process of developing an educational offering.
2. Identify three (3) elements of an objective goal.
3. Construct two (2) behavioral objectives that are measurable and observable.

Lesson IV:

1. Choose two (2) types of feedback in education.
2. Identify one (1) purpose of testing in education.
3. Select one (1) purpose of a post-course evaluation.

Key words: Staff development

Lesson I: Introduction to Professional Development

Introduction

Practitioner

- Curriculum Overview
- Nurse Development Practitioner
- Mandated Trainings

Lesson II: Adult Learning Principles and Assessment

Introduction

- The Process of Professional Development

Adult Learning

- How Adults Learn
- The Physiological Process
- The Neurological Level
- Be Creative

Pedagogy/Andragogy

- Pedagogy
- Definitions

What Adults Want

- Characteristics
- Adult Learning

Motivating Learners

- Motivation
- The Value of Learning

Needs Assessment

- Establishing the Need
- Needs Assessment Hierarchy
- Needs Assessment Steps
- Basic Do's for Needs Assessment
- Methods for Determining Training Needs
- Summary

Lesson III: Effective Teaching and Learning Strategies for Adults

Introduction

Planning

- Planning and Developing a Curriculum

Development

- Introductions
- Ice Breakers
- Objectives
- Elements of Useful Instructional Objectives
- ANA Requirements
- Practice
- Content Review Outlines and Agenda

Methods

- Determining the Methods of Training
- Instructor Recommendation: Create Interest
- Summary

Lesson IV: Feedback, Evaluations, and Testing

Introduction

Feedback

- Self-Awareness
- Principles
- Types of Feedback
- Positive Reinforcement

Student Evaluation

- Evaluation: Gathering Information
- Evaluation: Formative

Testing

- Testing in Education
- Testing and Outcomes

Course Evaluation

- Course Evaluation: Student
- Course Evaluation: Instructor

Psychological Impact of COVID-19

1.0 Contact Hour(s)

Author: Melissa Nelson, MS, M.Ed., LCAS, ABD

Melissa has over 15 years of therapeutic and clinical experience working with a range of persons from adolescence to geriatric across settings that include in-home care, hospitals, prisons and jails, inpatient units, and outpatient intensive care. She had held positions including assistant teacher in a master's level program, community crisis therapist, inpatient therapist, intake coordinator, discharge coordinator, intensive outpatient lead therapist, and outpatient therapist. In the past 15 years of experience, the treatment of depression has been one of the most treated mental health diagnoses in all settings that Melissa has worked. The treatment of patients who also experience isolation has been very common in the past 15 years of her work experience.

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. for Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Objectives:

1. Identify two (2) challenges facing caregivers of older adults during the COVID-19 public health emergency.
2. List three (3) practical tips for addressing the specific needs of residents experiencing social isolation and stress-related conditions.
3. Select three (3) strategies for addressing caregivers' emotional health.

Key Words: Person-Centered Care

Introduction

Background

- Background
- Anticipatory Preparation

Impact

- Social Isolation
- Impact of Events: Lessons Learned
- What is Different Now

Risk Factors

- Recognizing Those At-Risk
- Risk Factors
- Screening for Psychological Distress
- Screening Tools

Staff

- Implications of COVID-19 for Staff

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Implications

- Secondary Trauma
- Risk Communication
- Person-Centered Strategies to Combat Social Isolation
- Engage Residents Virtually
- Interventions
- Emotional Support for HCWs
- Crisis Support for Caregivers and Older Adults

Summary

Psychosocial Needs of the Older Adult

Copyright R4_03.17.23_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Senior Pastor of First Baptist Church of Hickory, NC, and Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. List three (3) myths about aging.
2. Identify three (3) adjustments common to the aging population.
3. Select three (3) elements of communicating well with older adults.

Keywords: Person-centered care, communication

Introduction

- Regulatory
- Statistics on Aging

Stages

- Successful Aging
- Erik Erikson: Stages of Psychosocial Development
- Integrity Versus Despair
- Successful Aging
- Strategies to Nurture Successful Aging

Myths or Facts

- Myths of Aging

Adjustments

- Adjustments Common to Aging

Sensory Changes

- Sensory Changes in the Older Adult

Social Time and Solitude

- Social Time and Solitude
- Questions to Determine Appropriate Activities
- Activities

Assessment

- Psychosocial Assessment
- Depression
- Geriatric Depression

Caregiver Strategies

- Caregiver Strategies
- Tips for Communicating

Summary

Pulmonary Assessment

R3_06.14.2021_SME

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) primary outcomes of gas exchange in the lungs.
2. Select three (3) abnormal lung sounds.
3. Choose three (3) elements included in a respiratory assessment.

Introduction

Pulmonary AP

- The Pulmonary System
- Breathing
- The Airways
- The Upper Airway
- The Upper Airway
- The Lower Airways
- Alveoli
- The Lungs
- Bony Thorax
- Anatomy and Physiology: Anatomical Lines
- Diaphragm
- Accessory Muscles
- Pulmonary Circuit
- Oxygen Diffusion
- Oxygenation

Medical History

- History of Present Illness
- Chief Complaints
- Medical History
- Family History
- Social History
- Medications

Assessment

- Physical Assessment
- Normal Sounds
- Sound Classification
- Abnormal Lung Sounds
- Key Pulmonary Symptoms

Pneumonia

- Pneumonia
- Cause of Infectious Pneumonia
- Pneumonia Signs and Symptoms
- Pneumonia: Assessment

Signs and Symptoms

- Sputum
- Cyanosis

Oximetry

- Pulse Oximetry

Scenarios

- Mr. Galanis
- Mr. Galanis
- SBAR
- Mr. Galanis Vital Signs
- SBAR Mr. Galanis
- Mrs. Auger
- Mrs. Auger Vital Signs
- SBAR Mrs. Auger

Diagnostics

- Sputum Analysis
- Guidelines for Sputum Specimens
- Bronchoscopy
- Chest X-rays
- Magnetic Resonance Imaging (MRI)
- Positron Emission Tomography (PET)
- CT Scan: Nursing Considerations
- Ventilation Perfusion (V/Q)
- Thoracentesis
- Pulmonary Function Test (PFTs)

Summary

QAPI for Healthcare Staff

Copyright: R2_12.31.2023_SME

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) ways healthcare staff can participate in quality assurance and performance (QAPI) efforts.
2. List two (2) common tools used by performance improvement project (PIP) teams.
3. Select two (2) benefits of a quality assurance and performance improvement (QAPI) program.

Keywords: Person-Centered Care, Performance Improvement, Plan-Do-Study-Act, Fish Bone, Root Cause Analysis

Introduction

- Focus on Quality
- Regulations

Background

- Value of Care
- The Power of QAPI
- Traditional Method
- Combining QA and PI
- Combining QA and PI

How It Works

- The QAPI Approach
- Five Elements
- QAPI Process Video
- Processes and Systems
- Tools and Techniques
- Plan-Do-Study-Act (PDSA/PDCA)
- Brainstorming
- Root Cause Analysis (RCA)
- Fishbone Diagrams (Ishikawa Diagrams)
- Actions and Outcomes

Why It Matters

- Quality of Care
- Goal of QAPI
- Teamwork

How Staff Can Help

- Get Involved
- PIP Teams

Summary

QAPI for Management in LTCFs

Copyright: R3_10.20.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List two (2) areas of focus when developing a quality assurance and performance improvement (QAPI) plan.
2. Describe two (2) strategic elements used in the framework for QAPI development.
3. Identify three (3) action steps of a QAPI program to a scenario.

Introduction

- QAPI

Regulations

- Requirements
- Regulations
- QAPI Priorities
- Intent

Overview

- QAPI Defined
- QAPI Features

Elements

- Five Strategic Elements
- Element 1: Design and Scope
- Element 2: Governance and Leadership
- Element 3: Feedback, Data System, and Monitoring
- Element 4: Performance Improvement Projects
- Element 5: Systematic Analysis and Systemic Action

Actions

- Action Steps
- Step 1: Leadership Responsibility and Accountability
- Step 2: Develop a Deliberate Approach to Teamwork
- Step 3: Take your QAPI Pulse with a Self-Assessment
- Step 4: Identify Your Organization's Guiding Principles
- Step 5: Develop a QAPI Plan
- Step 6: Conduct a QAPI Awareness Campaign
- Step 7: Develop a Strategy for Collecting and Using a QAPI Data

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- Step 8: Identify Gaps and Opportunities
- Step 9: Prioritize Quality Opportunities and Charter PIP Teams
- Step 10: Plan, Conduct, and Document PIP Teams
- Plan-Do-Study-Act
- Step 11: Getting to the Root of the Problem
- Implement Changes
- Step 12: Take Systemic Action

Principles

- QAPI Principles
- QAPI at a Glance

Summary

Recognizing and Reporting Changes in Resident Condition: CNA

Copyright: R1_08.25.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt is retired from a Staff Development Coordinator position in a Long-Term Care facility in Arizona. She worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. She has also worked in both staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) responsibilities of the certified nursing assistant (CNA) related to observation of an individual.
2. Apply three (3) changes in a person's condition that should be reported to the nurse.
3. Choose three (3) emergency situations that require immediate communication of a person's condition to the nurse.

Key Words: N/A

Introduction

- Elements

Regulations

- Regulations
- F-Tag 580

Nursing Team

- Nursing Team
- Nursing Practice Act

Responsibility

- Scope of Practice
- Accountability
- CNA Responsibility

Observation

- Reporting
- Observation
- Observation

Changes

- Behavioral Changes
- Document Fluid Intake
- Physical Changes
- Rash
- Change in Vital Signs
- Change in Weight

- Pain
- Pain Observation
- Emergencies
 - Living Wills, DNR, AND
 - Emergencies
 - Emergencies
 - Persons with Dementia
 - Chest Pain
 - Difficulty Breathing
 - Choking
 - Stroke
 - Falls
 - Sepsis
- Reporting to Nurse
 - Significant Bleeding
 - Nosebleeds
 - Suspicion of Abuse
- Documentation
 - Early Warning Tool
- Summary

Recognizing and Reporting Changes in a Person's Condition: Nurses

Copyright: R1_12.22.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) responsibilities of the nurse related to the assessment of the person living in the long-term care (LTC) setting.
2. Choose three (3) changes in a person's condition that should be reported to the healthcare provider (HCP) as soon as possible.
3. Apply three (3) responses to emergency scenarios.

Key Words: Documentation, Assessment, Regulatory, Emergencies, SBAR, Sepsis

Introduction

Regulations

- F-Tag 580
- Goal of Federal and State Regulations

Nursing Team

- Nursing Team
- Nursing Team
- Early Warning Tool
- Communication Barriers
- Communication

Responsibility

- Recognizing Change
- Assessment
- Reporting Change in Condition

Assessment

- Subjective Versus Objective
- Communication Styles

Change in Condition

- Monitor Changes
- Assessment
- Significant Bleeding

- Internal Bleeding
- Bowel Function
- Urinary Tract Infections
- Dysphagia
- Dysphagia
- Rash
- Change in Vital Signs
- Change in Weight

Emergencies

- Emergency Situations
- Delegation
- Person with Dementia
- Emergency Communication
- Chest Pain
- Cardiac Arrest
- Difficulty Breathing
- Difficulty Breathing: Assessment
- Air Embolism
- Air Embolism: Emergency Interventions
- Tracheostomy Dislodgement
- Stroke: Signs and Symptoms
- Stroke: Important Information
- Significant Bleeding
- Epistaxis
- Sepsis
- Parameters of Sepsis
- Signs and Symptoms of Sepsis
- Sepsis: Mental Status
- Septic Shock
- Loss of Consciousness
- Suspicion of Abuse

Documentation

- Documentation
- Documentation: High-Risk Areas
- The Nurse's Documentation
- Summary

Rehabilitative Care

R3_11.20.2021_SME

1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify three (3) members of an interdisciplinary team who may be included in an individual's rehabilitation program.
2. Select four (4) conditions that may require admission to a rehabilitation specific unit.
3. Identify three (3) safety considerations for the individual in rehabilitative care.

Introduction

- Disclaimer
- Objectives Outcomes Disclosure
- Navigation
- Definitions
- Goal of Rehabilitation
- Restorative Services

Concepts

- Characteristics

Interventions

- Interventions
- Reducing Demands
- Interdisciplinary Care Team

Conditions

- Conditions
- Stroke: Rehabilitation
- Post Stroke: Interventions
- Stroke: Team Focus
- Services
- Hip Fracture and Total Joint Replacement
- Frailty and Multimorbidity
- Musculoskeletal Weakness
- Cardiac Rehabilitation

Success

- Successful Rehabilitation

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- Nursing: Post-Acute Rehab
- Nursing: Long-Term Care
- Regulations
 - Regulations
- Documentation
 - Documentation Guidelines
 - Documentation Safety
 - Documentation Physical Limitations
 - MDS
- Safety
 - Safety Considerations
 - Falls
 - Equipment
 - Ambulation with Gait Belt
 - Ambulation with a Cane: Guidelines
 - Ambulation with a Cane
 - Ambulating with a Walker: Guidelines
 - Ambulating with a Walker
 - Transfers
 - Stand and Pivot Transfers from Bed to Chair Using Gait Belt and Walker
 - Swallowing
 - Swallowing: Signs and Symptoms
 - Thickened Liquids
 - International Standards
- Discharge
 - Discharge
 - Resource
- Summary

Rehabilitation: Parkinson's and Related Diseases

1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. She has a passion for treating patients with Parkinson's disease and has focused much of her clinical career on treating individuals with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives

1. Identify five (5) signs and symptoms of Parkinson's disease.
2. Select two (2) functional outcome tests to assess a patient with Parkinson's disease.
3. Choose three (3) interventions appropriate for a patient with Parkinson's disease.

Introduction

- Statistics
- History
- Risk Factors
- Environmental Factors
- Head Injuries
- Etiology
- Prognosis

Pathology

- Pathology of PD
- Diagnoses
- Development of Lewy Bodies

Presentation

- Physical
- Non-Motor Symptoms
- Cognition
- Mouth Movements

Assessment

- Five Stages of PD
- Misdiagnosed
- Posture
- Outcome Measures
- Risk Factors
- Mini-BESTest

Treatment

- Medications
- Medications: Side Effects
- Medications: Treatment

- Deep Brain Stimulators
- Physical Therapy Interventions
- Physical Therapy Interventions: Strength Training
- Physical Therapy Interventions: Aerobic Exercises
- Physical Therapy Interventions: Cueing
- Physical Therapy Interventions: Balance Training
- Physical Therapy Interventions: Alternative Treatments
- Physical Therapy Interventions: Tai Chi
- Impact on Non-Motor Symptoms

Parkinsonism

- Parkinsonism
- Vascular Parkinsonism

Summary

Rehabilitation Considerations for People with Neurodegenerative Diseases

1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. She has a passion for treating patients with Parkinson's disease and other neurodegenerative conditions and has focused much of her clinical career on treating individuals with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives

1. Identify two (2) risk factors for the development of Alzheimer's disease.
2. Choose three (3) interventions for individuals with Parkinson's disease.
3. Select two (2) environmental modifications for an individual with amyotrophic lateral sclerosis (ALS).

Key words: Alzheimer's disease, Parkinson's disease, ALS

Introduction

- Types

Alzheimer's

- AD: Defined
- AD: Risk Factors
- AD: Prognosis
- AD: Pathophysiology
- Assessment: Gait and Balance
- Assessment: Fall History
- Assessment: Medical History
- Assessment: Motor and Cognitive
- Pharmacotherapy
- Reliance on Caregivers
- Family Education: ADLs
- Aerobic Exercise
- Safety Awareness
- Safety Concerns

Parkinson's

- PD: Defined
- PD: Risk Factors
- PD: Prognosis
- PD: Pathophysiology
- PD: Gait Patterns
- Research
- Medications
- Treatment: Gait Training
- Treatment: Dual-Task training

- Exercise
- Interdisciplinary Approach

ALS

- ALS: Defined
- ALS: Risk Factors
- ALS: Prognosis
- ALS: Pathophysiology
- Symptoms
- Assessment
- Medications
- Treatment
- Stretching
- Education
- Exercise

Summary

Resident and Family Education

0.5 Contact Hour(s)

Author: Debbie Flippin, RN, MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. List two (2) goals of education when teaching older adults and their families about chronic diseases.
2. State two (2) principles of adult learning styles.
3. Name three (3) teaching topics to include when teaching the older adult.

Introduction

Overview

- Background
- Residents
- Families
- Process

Adult Learning

- Definition
- Learning
- Neurological Level
- Energy
- Malcom Knowles

Elderly

- After Hospitalization
- Myths and Learning
- Effects of Aging
- Considerations

Barriers

- Vision Changes
- Hearing Changes/Loss
- Intellectual Ability
- Teaching Implications
- Short-Term Memory Loss
- Motivation and Anxiety

Residents' Rights

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1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify three (3) rights of those living in nursing facilities
2. Choose three (3) interventions to ensure the rights of persons in long-term care facilities.
3. Select two (2) characteristics of a vulnerable population.

Keywords: Vulnerable Populations

Introduction

OBRA

- Omnibus Budget Reconciliation Act of 1987 (OBRA)
- OBRA: Education

Facility

- The Ombudsman
- Employee Orientation
- Operational Guidelines
- Chain of Command

Rights

- Individual Resident's Rights
- Rights
- Representative
- Individual Rights in a Facility
- Individual Rights in a Facility
- Individual Rights in a Facility
- The Right for Information
- Refusing Treatment
- Privacy and Confidentiality: Personal Care
- Privacy and Confidentiality
- Privacy and Confidentiality: Personal Information
- Personal Choice
- Grievances
- Work for Care
- Taking Part in Resident's Groups

- Personal Items
- Personal Items
- Freedom from Physical Restraint
- Freedom from Chemical Restraint
- Freedom from Abuse, Mistreatment and Neglect
- Nevada-Specific Definitions
- Freedom from Abuse, Mistreatment and Neglect
- Freedom from Abuse, Mistreatment and Neglect from Staff
- Quality of Life
- Activities
- Physical Environment

Put into Practice

- The Golden Rule
- Orientation for Confused Residents
- Communication
- Assistance
- Personal Possessions
- Personal Privacy

Protecting

- Vulnerable Populations
- The Needs of Vulnerable Populations
- Common Types of Elder Abuse
- Reporting Elder Abuse
- Protecting Resident's Rights

Summary

Restorative Care

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1.0 Contact Hour(s)

Author: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List two (2) goals of a restorative nursing program.
2. Identify three (3) requirements of a restorative nursing program.
3. Select three (3) activities that may be provided by the restorative nursing staff.

Key Words: N/A

Introduction

Purpose

- Quality of Life
- CMS Requirement
- Identify Those in Need

Requirements

- Requirements
- Levels of Restorative Nursing Services
- Restorative Nursing Program

Activities

- Bladder Retraining
- Bowel Training
- Active or Passive ROM
- Assistance with a Splint or Brace
- Bed Mobility
- Walking
- Transfers
- Dressing or Grooming
- Eating or Swallowing
- Amputation and Prosthesis Care
- Communication Training

Roles

- Team Support

Goals

- Setting Goals
- Mr. Sonski
- Mrs. Christie

Documentation

- Documentation

Evaluation

- Evaluation: Requirements
- Evaluation: Questions
- Evaluation: Process
- Evaluation: Refusal

Interventions

- Interventions
- Range of Motion (ROM)
- ROM: Exercises
- ROM: Demonstration
- Braces and Splints
- Braces and Splints: Guidelines
- Braces and Splints: Complications
- Bed Mobility
- Bed Mobility: Considerations
- Ambulation: Considerations
- Gait Belts: Demonstration
- Canes: Guidelines
- Canes: Demonstration
- Standard Walker
- Wheeled Walker
- Transfers
- Transfers: Demonstration
- Eating and Swallowing
- Eating and Swallowing: Guidelines
- Aspiration: Signs and Symptoms
- Thickened Liquids
- International Standards: Thickened Liquids

Summary

Risk Management

Copyright R3_02.28.2023_SME

1.0 Contact Hour(s)

Author: Marcia C. Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College, and Jersey College.

Objectives

1. Describe two (2) ways risk management and quality improvement work together to improve the delivery of safe and high-quality care.
2. Identify one (1) strategy used in root cause analysis (RCA).
3. List two (2) resources for information on quality, safety, and risk.

Key words: Quality improvement, just culture, occurrence

Introduction

- What is Risk Management?
- History

Risk Management

- Strategies
- Domains
- Who is Involved in Risk Management?
- Key Benefits
- Safe Practices
- Organizations
- Risk Officer
- Quality Improvement (QI) Program
- Quality Improvement
- Risk Management versus QI and QAPI
- Risk Management and QAPI Functions
- What is Your Role in Risk Management?
- Team Approach
- Just Culture
- Resident Safety
- TeamSTEPPS
- How Does Risk Management Work?
- Resources

Incidents

- What is an Occurrence?
- Facts about Occurrences

- Significant Reportable Events (SRE)
- Root Cause Analysis
 - Using Root Cause Analysis
 - Steps in Root Cause Analysis
 - Case Study for Risk Management
 - The 5 Whys and Applying RCA
 - Common Key Concepts
- Summary

Rituals at End of Life

Copyright R1_02.28.2023_SME

1.0 Contact Hour(s)

Author: Debbie Flippin, RN MBA

Debbie has over 40 years of nursing experience specializing in end-of-life care, and chronic diseases. She has developed and implemented disease management programs for patients with chronic and life limiting conditions. Debbie has attained advanced education in hospice, palliative and end of life care through ELNEC (End of Life Nursing Education Consortium). Debbie has served in various positions within Home Health and Hospice, including case manager, team leader, Director of Professional Services, VP of Compliance and Regulation and Director of Accreditation. Debbie has worked in a variety of healthcare settings, including acute care, homecare and hospice offices, hospice inpatient unit, accreditation program and pediatric oncology. Debbie is currently a member of the NHPCO Education Committee. Debbie is committed to educating clinicians in chronic and end-of-life care and patient advocacy.

Objectives:

1. Identify the two (2) roles of rituals at end-of-life (EOL).
2. Describe three (3) examples of rituals used.
3. List three (3) examples of cultural influence on rituals.

Key words: N/A

Introduction

Overview

- Overview of Rituals in EOL Care
- EOL Traditions
- Factors that Impact Rituals at EOL
- Factors that Impact Rituals at EOL

Ritual Roles

- Definition, Role and Benefits
- Ritual Roles
- Purpose of Rituals
- Benefits of Rituals

Ritual Activities

- Ritual Elements Used During Phases of the Dying Process
- Common Ritualistic Activities and Elements

Cultural Aspects

- Cultural Implications of Rituals
- Cultural Implications of Rituals
- Cultural Implications of Rituals
- Cultural Competency and Coordination of Ritual Events
- Cultural Competency
- Cultural Resources for Healthcare Professionals
- Cultural and Religious Groups
- Rituals Among Common Cultural and Religious Groups

Ritual Planning

- The Healthcare Professional's Role in Ritual Planning
- Ritual Planning
- Ritual Planning
- Phases of Planning

Case Study

- Case Study 1
- Case Study 2

Summary

Rules and Regulations for Nursing Homes: Overview

Copyright: R1_06.01.2022

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Reviewer: Crystal Stivers, LPN, RAC-CT

Motivated by her dedication to the well-being of the geriatric population, Crystal received her LPN license from Arkansas State University in 2012. After the first few years working as a Charge Nurse in Skilled Nursing Facilities (SNF), she was promoted to MDS coordinator. As the facility MDS coordinator her focus was learning all aspects of the RAI process (MDS) including attending the PDPM training presented by the American Health Care Association. Among her many responsibilities, she actively contributed to the facility's QA and infection control programs. Within four years, Crystal was promoted to assistant director of nursing where she has expanded her experience in the long-term care setting by ensuring facility compliance to federal and state regulations. A member of the Arkansas Nursing Home Nurses Association, Crystal is a resident assessment coordinator certified as well as a Dementia Well-being Specialist.

Keywords: State Survey Process

Objectives

1. Identify two (2) federal regulations governing nursing homes.
2. Select two (2) way in which employees can meet federal nursing home regulations.
3. Identify three (3) elements of the annual survey process.

Keywords: State Survey Process

Introduction

Definition

- Definitions

Federal Rules and Regulations

- Quality of Care
- OBRA '87
- Resident Bill of Rights
- Required Resident Services Under the Nursing Home Reform Act
- Quality Measures
- Agency for Healthcare Administration
- Divisions Within the Agency for Healthcare Administration
- Medicare and Medicaid Payments

State Survey Process

- In the Survey Window
- Survey Inspections Areas

- Top Nursing Home Deficiencies by State
- Regulated Training Topics for All Staff
- Staff Role During Survey Process
- Regulatory Standards
- Survey Report

Summary

Safe Food Handling

Copyright: R2_05.22.2022_SME

1.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Reviewer: Kendal Kennedy, MS, RDN

Kendall Kennedy's experience includes working as a clinical dietitian in a long-term care facility in Jacksonville, Florida. She helped create a 3-week cycle menu following kosher guidelines, while ensuring residents received high-quality, tasteful, and nutritious meals and snacks. She conducted monthly kitchen audits to identify any areas of concern regarding food storage, preparation, distribution, and service. Also, she tested trays weekly for temperature, taste, texture, and overall appearance. In addition to her work in the food service department, Kendall also provided timely and appropriate nutrition assessments and interventions, updating the resident's care plan as needed.

Objectives

1. List four (4) ways to minimize the danger of food contamination with food handling.
2. Identify four (4) ways to minimize the danger of food contamination with food preparation.
3. Select four (4) ways to minimize the danger of food contamination with food service.

Keywords: None

Introduction

Overview

- Highly Susceptible Persons
- Definition of a Food Handler
- Safe Food Handling Processes
- Competency
- Knowledge of Food Safety

Prevention

- Employee Health
- Handwashing
- Hand Wash or Hand Gel
- Personal Protective Equipment (PPE) in Foodservice
- Types of Contamination
- Biological Contamination
- Biological Contamination: Pathogenic Bacteria
- Pathogenic Bacteria: Viruses
- Pathogenic Bacteria: Toxins
- Pathogenic Bacteria: Spores

- Pathogenic Bacteria: Parasites
- Rodent and Insect Infestation
- Chemical Contamination
- Guidelines for Chemical Storage
- Physical Contamination
- Garbage Disposal

Receiving

- Approved Sources
- Farm to Table
- Outside Food Sources

Storage

- Food Storage
- Dry Food Storage Temperature
- Goals of Dry Food Storage
- Refrigerating Foods
- Safe Practices for Refrigerated Storage

Preparation

- Safe Food Preparation
- Factors Contributing to Foodborne Illness
- Rules for Preparation
- Tips to Avoid Cross-Contamination
- Thawing
- Temperature Control
- Final Cooking Temperatures
- Thermometers
- Accuracy of Thermometers
- Reheated Cooked Foods
- Heating Ready-to-Eat Foods
- Proper Cooling
- Modified Consistency
- Preventing Contamination with Eggs

Service

- Food Service and Distribution
- Ice and water Handling Practices
- Special Events

Transporting

- Food Distribution
- Snacks
- Transported Foods

Cleaning

- Equipment and Utensil Cleaning and Sanitization
- Food-Contact Surfaces
- Before Sanitizing
- Environmental Cleaning of Dining Areas

- Dishwashing Machines
- Washing Dishes Manually
- Cleaning Fixed Equipment

Inspection

- Dining Inspection
- Dining Inspection Focus
- Food Service Competencies

Summary

- Additional Resources

Safe Food Handling for Clinical Staff

Copyright: December 2023

0.5 Contact Hour(s)

Author: Linda Shubert, MSN, RN, NPD-BC, CDP

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing and Staff Development Coordinator which introduced her to the regulatory climate of the long-term care industry. Linda is an advocate for competency-based training for all employees to promote quality outcomes for the older adult in the long-term care setting.

Objectives

1. List four (4) ways to minimize the danger of food contamination with food handling.
2. Identify four (4) ways to minimize the danger of food contamination with food preparation.
3. Select four (4) ways to minimize the danger of food contamination with food service.

Keywords: N/A

Overview

- Highly Susceptible Populations
- Definition of a Food Handler
- Definition of a Food Handler
- Safe Food Handling Process

Prevention

- Employee Health
- Hand Hygiene
- PPE in Food Service
- Ice and Water Handling Practices

Safety

- Safe Practices for Refrigerated Storage
- Chemical Contamination

Serving

- Outside Food Services
- Special Events
- Food Distribution
- Snacks
- Food Handling Risks

Regulatory

- Transported Foods
- Dining Inspection

Summary

Safe Resident Handling for Caregivers: Ergonomics for the Prevention of Musculoskeletal Disorders (MSDs)

SME Reviewed 10.20.18

1.0 Contact Hour(s)

Author: Cynthia Smith, MSN, RN-BC, CNE

Cindy is currently a Clinical Nurse Educator at Cheyenne Regional Medical Center. In her role as a Clinical Nurse Educator, she develops learning programs for nursing staff on the following units: Medical, Surgical, Ortho/Neuro, Oncology, Resource, and Ambulatory Infusion Clinic. Cindy is the primary nurse planner for nursing Contact Hour(s) through the Western Multi-State Division for Nursing Continuing Education. In addition, she is an assistant lecturer/clinical instructor at Fay W. Whitney School of Nursing. Cindy is a lesson developer and nurse consultant for Healthcare Academy. In this role, she develops web-based education modules and consults regarding current issues in long term care nursing. Cindy graduated from the Clemson University with a degree in nursing followed by a master's in nursing from Georgia Southern University. She has served in many different roles within varied settings in healthcare. Some of these roles include but are not limited to the following: Long Term Care Administrator, Hospice Coordinator, CICU Nurse Manager, and Education Coordinator.

Objectives:

1. Identify three (3) contributing factors that leads to musculoskeletal disorders (MSDs).
2. Describe two (2) OSHA guidelines that impact MSDs in nursing homes.
3. Identify two (2) assessment tools for determining necessary equipment for resident lifting and repositioning.

Introduction

Overview

- Purpose
- Musculoskeletal Disorders (MSD)
- Facts and Figures
- Required Safe Resident Handling States
- Legislation
- OSHA

Impact

- Impact
- Outlook

MSDs

- Conditions
- Early Signs
- MSDs and the Workplace
- OSHA Guidelines
- Recommendations

Risk

- Risk Factors
- Moving Residents
- Body Mechanics

Lifting/Repositioning

- Resident Assessment

- Transfer Algorithms
 - Providing Care for Bariatric Residents
 - Bariatric Algorithms
- Solutions
- Solutions
 - Equipment
 - Additional Items
 - Examples of Solutions
- Other Activities
- Responsibility
 - Activities Other Than Resident Lifting and Repositioning

Safe Resident Handling for Managers: Ergonomics for the Prevention of Musculoskeletal Disorders (MSDs)

R4_12.09.2021_SME

1.5 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She also holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Objectives:

1. Define OSHA guideline's purpose and impact on musculoskeletal disorders (MSDs) in nursing homes.
2. Identify two (2) assessment tools to guide choices for equipment handling residents.
3. Identify two (2) assessment findings that would guide planning for preventing caregiver injury associated with resident handling.

Introduction

Overview

- Purpose
- Facts and Figures
- Required Safe resident Handling States
- Legislation
- OSHA

Benefits

- Impact
- Safe Resident Handling: The Basics
- Outlook

MSDs

- Musculoskeletal Disorders (MSDs)
- Conditions
- Early Signs
- MSDs and the Workplace
- OSHA Recommendations

Risk

- Risk Factors
- Moving Residents
- Body Mechanics

Lifting Repositioning

- Identifying Problems
- Techniques
- Resident Assessment
- Interdisciplinary Team
- Direct Care Staff

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- Protocols
- Bariatric Algorithms
- Providing Care for Bariatric
- Solutions
 - Solutions
 - Equipment
 - Additional Items
 - Examples of Solutions
- Other Activities
 - Activities Other Than Resident Lifting and Repositioning
 - Risk Determination
 - Observation
 - Resources
- Training
 - Training
 - Guidelines
 - Charge Nurses and Supervisors
 - Planning and Managing
 - State Guidelines
- Summary

Safe Resident Handling: The Basics

Copyright: R8_12.08.2023_SME

0.5 Contact Hour(s)

Author: Brittany Phillips, DPT, PT

Dr. Brittany Phillips works as an orthopedic physical therapist and is an Orthopedic Certified Specialist (OCS) through the American Physical Therapy Association (APTA). She treats a diverse patient population, including patients with orthopedic and post-operative conditions, sports rehabilitation, as well as neurologic conditions and oncology. She holds a certification as a LSVT Big physical therapist, focusing on the treatment of patients with Parkinson's disease. In addition to her role as a clinician, Brittany serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students and was recently a finalist for the Florida Clinical Instructor of the Year.

Reviewer: Samantha Newcomb, MSN, RN

Samantha has 13 years of nursing experience working with older adults in long-term care settings. Samantha has held positions of clinical practice and education including Staff Nurse and Clinical Instructor for Nurse Aide Training Program for North Carolina. As a clinical instructor, Samantha has taught infection control, safety, and care standards for long term care for adults. Samantha is an advocate for staff receiving competency-based training in the long-term care setting.

Objectives:

1. Identify two (2) risk factors that have the potential to create workplace injuries.
2. Select two (2) techniques that can help prevent workplace injuries.
3. Identify one (1) lifting and moving aide for use when assisting residents.

Key Words: Ergonomics, safety, lifting, and moving

Introduction

Overview

- Ergonomics
- Musculoskeletal Disorder (MSDs)
- Signs of MSDs
- Injuries
- Moving and Lifting Heavy Individuals

Risk Factors

- High Risk Tasks
- Body Parts Affected
- Ergonomic Stressors
- Non-Work-Related Factors in MSDs

Statistics

- Statistics

Prevention

- OSHA
- Ten Commandments of Body Mechanics
- Pre-Shift Exercises

Assistance

- Assistive Devices
- Gait and Transfer Belts with Handle
- Sit to Stand and Standing Devices
- Portable Lift Devices – Sling Type

Safety in the Long-Term Care Setting

Copyright: R2_10.06.2023_SME

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) common safety issues in the long-term care setting.
2. Select two (2) staff responsibilities related to accident prevention in the long-term care setting.
3. List two (2) regulatory requirements related to accident prevention in the long-term care setting.

Keywords: N/A

Introduction

- Safe Environment Considerations
- Culture of Safety
- Safety Issues in LTC

Falls

- Falls
- Team Approach to Fall Prevention
- Reason for Falls
- Tips to Prevent Falls

Elopement

- Wandering (Elopement)
- Tips to Prevent Wandering

Security

- Security

Emergency Plans

- Fire Safety
- Effective Emergency Management
- Emergency Preparedness Requirements

Sharps Safety

- Risk for Needlestick Injuries
- Protection from Needlestick Injuries

Safe Temperatures

- Safe Temperatures

Equipment

- Assistive Devices for Mobility

Code Status

- Code Status

Prevention

- Prevention

Summary

Seasonal Influenza

Copyright: R9_09.29.2023_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List two (2) symptoms of influenza.
2. Identify three (3) prevention measures to decrease the incidence of influenza in healthcare settings.
3. State two (2) control measures when influenza is identified in healthcare.

Keywords: None

Introduction

- Current Industry Changes and Updates
- National Impact
- F-Tag 883
- Protection

Influenza

- Human Influenza Viruses
- Type A and B Viruses
- Determining Severity
- Antigenic Drift Versus Antigenic Shift

Prevention

- Prevention Strategies
- Strategies for Prevention and Control
- Recommendations
- Prevention
- The Flu Vaccine Approval
- The Flu Vaccine
- LAIV
- Vaccine Guidelines

Control/Treatment

- Infection Control Measures
- Influenza Testing
- Treatment

- Antiviral Treatment
- CDC Guidelines
- Antiviral Treatment Exposed Individuals
- Additional Control Measures
- Other Considerations
- Outbreak Control
- Outbreak Control Measures
- Everyday Control Measures

Complications

- Complications

Seasonal Influenza Versus COVID-19

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) differences in the speed of transmission between influenza and COVID-19.
2. Determine three (3) similarities in risk factors for influenza and COVID-19.
3. Identify three (3) similarities in symptoms for influenza and COVID-19.

Introduction

Causes

- Causative Agents
- Coronaviruses

Transmission

- Transmission
- Speed of Transmission
- Incubation period
- Contagious
- Infectivity

Risk Factors

- Risk Factors

Symptoms

- Common Clinical Manifestations
- Asymptomatic

Course

- Course of the Diseases

Complications

- COVID-19 Complications

Treatment

- Antiviral Drugs for Influenza
- Treatment for COVID-19
- Supportive Treatment
- Aggressive Treatment

Diagnosis

- Diagnosis

- Prevention
 - CDC Recommendations
 - Guidelines: Prevention of Influenza
 - Guidelines: Prevention of COVID-19
 - Guidelines: COVID-19 Prevention in LTCFs
 - Steps for Suspected COVID-19
 - Guidelines
- Summary
 - Summary: Similarities and Differences

Seating and Positioning: Fundamentals for Rehab

1.5 Contact Hour(s)

Author: Melissa Cohn Bernstein, OTR/L, FAOTA

Melissa Cohn Bernstein is the founder, President, and CEO of Dynamic Group. Since 1993, Dynamic provided healthcare clinical and operational consulting, in 1999, was one of the early adapters and launched Dynamic Learning Online, Inc. one of the first learning management providing online learning (eLearning) for healthcare professionals over the internet.

With over thirty-five years of clinician and consulting experience in geriatric rehabilitation, her focus was provided occupational therapy and rehab management in long term care, home health and outpatient rehab settings.

As a consultant, Melissa specializes in all aspects of “the business” of rehabilitation, operations assessment and development, strategic planning, management training, compliance, coding, and billing issues, as well as merger acquisition assistance.

At the 2006 AOTA conference, Mrs. Bernstein was nominated and received the AOTA honor of a Fellow of Occupational Therapy. Melissa has developed many clinical educational offerings online, published articles and co-authored several books.

Objectives:

1. Describe the three (3) functional benefits of appropriate seating and positioning for a wheelchair user in a long-term care facility.
2. Based on clinical case presented for seating and positioning intervention; interpret and design the best types of seating and positioning plans for a client.
3. List three (3) evaluation components of a client for optimum seating intervention.
4. List the three (3) principles of seating and positioning which are Assessment, Body Alignment, and Comfort.

Seating and Positioning

- Brief History of Seating and Positioning
- Seating and Positioning
- What is Seating and Positioning
- Seating and Positioning Evaluation – What it Can and Cannot Do...

Seating and Positioning – Benefits of Proper Positioning

- Prevent or Reduction of Deformities
- Optimize Skin Integrity
- Improves Cardiovascular Functioning
- Improves Gastrointestinal Functioning
- Improve Pulmonary Functioning
- Increased Pulmonary Functioning
- Functional Benefits
- Personal Benefits
- Other Program Affiliations
- Restraint Reduction Program

- Fall Prevention Program
- Rehab Dining Program
- Wound Care Program
- Commonly Used Objective Measures to Assist in Assessing the Risk of Pressure Sores
- Pain Management Program
- Behavior Management / Cognitive Retraining Program

Seating and Positioning – Benefits of Proper Positioning – The Process

- The Referral Process
- The Physician's Order
- Evaluation and Establishment of the Individualized POC (Plan of Care)
- Documentation
- Suggestions that Put the Medicare Documentation Guidelines into Practice
- Progress Notes
- Document with Photos
- Document Discharge Instructions
- Success of a Wheelchair Seating and Positioning Program is Determined by Outcomes
- You Must State How the Patient Looks Better
- Outcomes are Monitored
- Other Considerations for Success of a Wheelchair Seating and Positioning Program

Seating and Positioning – Principles of Wheelchair Assessment

- Assessment Criteria
- Assessment May Include One or More of the Following
- Criteria for Evaluation
- Determining Goals and Objectives
- Examples of General Topics for Goals for Seating and Positioning
- Determining Goals and Objectives
- Example of a Narrative of a Seating and Positioning Assessment
- Determining Goals and Objectives – Long Term Goals
- Specific Goals
- Short Term Goals
- Summary of Important Documentation Points
- WHY and NOW
- Summary of Important Documentation Points

Seating and Positioning – Principles of Good Body Alignment

- Rule #1 – Start with the Pelvis
- Pelvic Tilt
- Pelvic Obliquity
- Problems Associated with Pelvic Obliquity
- Experiential Activity
- Sacral Sitting
- Rule #2 – Determine What is Fixed and What is Flexible
- Some Possible Causes for Pathological Sitting Posture
- Rule #3 – Observe and Measure Current Seated Posture

- Observe the Client in a Seated Position
- Rule #3 - Observe and Measure Current Seated Posture – Frontal Posture
- Sagittal Plane
- Safety
- Rule #4 – For Upper Extremities, Begin Proximally
- Rule #5 – Determine What the Client Can Do to Correct or Maintain Proper Body Alignment
- Observe the Alignment of the Entire Body as the Following Factors Are Observed
- Cognitive and Behavioral Factors
- Wheelchair Terminology
- Standard Wheelchair Parts
- Other Terms
- Wheelchair Types and Dimensions
- Planar versus Contour Seating
- Wheelchair Seating, Positioning Terms & Accessories

Seating and Positioning – What Have We Learned?

- 3 Basic Principles of WC Seating & Positioning
- Benefits of Seating and Positioning
- Assessment
- Body Alignment
- Cost and Comfort
- Cushions
- Planar Seating versus Contour Seating

Seating and Positioning: Treatment Interventions

2.0 Contact Hour(s)

Author: Melissa Cohn Bernstein, OTR/L, FAOTA

Melissa Cohn Bernstein is the founder, President and CEO of Dynamic Group. Since 1993, Dynamic provided healthcare clinical and operational consulting, in 1999, was one of the early adapters and launched Dynamic Learning Online, Inc. one of the first learning management providing online learning (eLearning) for healthcare professionals over the internet.

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At the 2006 AOTA conference, Mrs. Bernstein was nominated and received the AOTA honor of a Fellow of Occupational Therapy. Melissa has developed many clinical educational offerings online, published articles and co-authored several books.

Objectives:

1. At the end of this lesson the learner will be able to:
2. Identify the two (2) clinical types of candidates appropriate for a seating and positioning intervention within a long-term care facility.
3. List four (4) general goals of a seating and positioning intervention.
4. Select two (2) wheelchair products that are best suited to meet the seating goals for a long-term care resident.
5. List the four (4) key elements of documentation necessary for reimbursement.
6. Identify three (3) potential sources for third-party funding of wheelchair modifications, accessories and components for seating and positioning.

Comfort

- Comfort – The Often-Overlooked Critical Factor
- What Are Things That Constitute Comfort?
- The Sitting Surface – The Major Factor in Comfort
- Wheelchair Seat Cushions
- Sitting Surfaces
- Pressure Mapping
- Seat Backs
- Wheelchair Selection
- The Wheelchair Base
- Manual vs. Power Mobility

Powered Mobility – Advantages vs. Disadvantages

- Comparing WC Components
- Comparison of Brake Types

- Comparison of Brake Locations
- Comparison of Brake Options
- Other Seating & Positioning Components

Problems and Solutions of Seating and Positioning

Problems with the Pelvis

- Flexible Posterior Tilt
- Fixed Posterior Tilt
- Flexible Pelvic Obliquity
- Fixed Pelvic Obliquity

Clinical Manifestations

- Flexible Pelvic Rotation
- Fixed Pelvic Rotation
- Fixed or Flexible Adduction
- External Rotation
- Internal Rotation
- Excessive Hip Flexion
- Flexible Hip Extension
- Fixed Hip Extension

Problems with the Knees

- Flexion Tightness or Contracture (> 90 Degrees)
- Extension Tightness or Contracture

Problems with Feet / Ankles

- Excessive Dorsiflexion and Eversion
- Excessive Plantar Flexion and Inversion

Problems with Spine / Trunk

- To Provide Support Where It's Needed
- Kyphosis
- Poor Trunk Control
- Scoliosis

Problems with Head & Neck

- Poor Trunk Control
- Scoliosis
- Lateral Flexion
- Neck Hyperextension
- Flexion

Problems with Shoulders and Shoulder Girdle

- Elevation of One Side
- Excessive Retraction

Problems with Upper Extremities

- Elbow Extension or Hyperflexion
- Excessive Internal Rotation

Other Problems

- Client Unable to Propel Manual Wheelchair
- Client's Feet Slide Off Footrests

- Amputee - Solution(s) and Options
- Expected Growth or Change
- Leg Length Discrepancy
- Client Requires Intermittent Catheterization

Resources

Putting It All Together: Funding and Other Details

Funding and Other Details

Major Success Factors for A Seating and Positioning Program

- Train and Education
- Define the Process
- Decide on Space and Start-Up Equipment
- Equipment Does Not Have to be Elaborate
- It Would Be Wise to Set-up an Equipment Log
- Select Vendors with Whom You Can Work

Characteristics of a Good Vendor

Generating Referrals

Funding for Intervention

Funding Sources

Documentation

Sample Documentation & Case Study 1

Sample Documentation and Case Studies

What Are the Short and Long-Term Goals For this Patient?

Construct a Progress Report for This Patient (Summary of daily or weekly progress)

Sample Documentation & Case Study 2

Summary and Conclusion

Sepsis in the Older Adult

Copyright: R1_01.31.2024_SME

1.0 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Select three (3) risk factors for sepsis in the older adult.
2. Identify three (3) signs and symptoms of sepsis in the older adult.
3. Apply two (2) strategies to prevent sepsis in the long-term care setting.

Key Words: Re-hospitalization prevention

Introduction

- Introduction
- Incidence
- Sepsis Definition
- Infection, Bacteremia, Systemic

Cause and Risk

- Common Causes in the Older Adult
- Pathogens
- Risk Factors

Pathophysiology

- Pathophysiology
- Cytokines
- Body Temperature
- Capillary Leak
- Clotting
- Hyperglycemia
- ARDS
- Septic Shock
- Complications
- Post-Sepsis Syndrome

Signs and Symptoms

- Guidelines
- Early Stage: Cardiac Symptoms

- Assessing Cardiac Symptoms
- Respiratory Symptoms
- Respiratory Symptoms Observations
- Mental Status Changes
- Temperature
- Pain or Discomfort
- Assessment

Diagnosis

- Diagnosis
- Laboratory Tests
- Blood Cultures

Treatment

- Imaging
- Treatment
- Initial Treatment

Communication

- SBAR
- Communication

Documentation

- Documentation Condition
- Documentation Changes from Baseline
- Documentation Facility Guidelines

Scenario

- Scenario: Mr. Klare
- Documentation: Mr. Klare
- Gathering Information
- SBAR
- Documentation
- Notifying Team Members
- Scenario: Mr. Klare's Vital Signs 4 Hours Later
- SBAR
- Documentation
- Follow Up Documentation

Prevention

- Get Ahead of Sepsis
- Protection from Sepsis
- Community Prevention
- Prevention in LTCF's

Summary

Sexual Harassment Awareness

Copyright:R2_06.09.2022_SME

1.0 Contact Hour(s)

Author: Diane Hinds, Ed.D., MA

Diane has more than 30 years of experience in organization development, human resources, and executive level management. As an Executive Director of Human Resources for several employers, she created sexual harassment policies, responded to sexual harassment and other discrimination complaints, and investigated sexual harassment complaints. As a HR consultant she has advised employers and designed and conducted training about discrimination, retaliation, and sexual harassment prevention. In addition to sexual harassment, her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development.

Reviewer: Karen L Scott, MBA, SPHR

Karen has over 20 years of experience in human resources and executive level management. As a Human Resources Director at an executive level for multiple organizations she has operated in a generalist role for most of her career. The majority of her career has been spent in healthcare and manufacturing. She has created sexual harassment policies, conducted investigations, responded to sexual harassment and other discrimination complaints, and advised on action steps to creating effective policies. As a generalist, her areas of expertise extend to strategic planning, human relations, benefits, policy creation, leadership development, compensation and change management.

Objectives

1. Identify two (2) forms of sexual harassment.
2. List three (3) reasons why victims are reluctant to report sexual harassment.
3. Identify three (3) effects that sexual harassment has on the work environment.

Keywords: N/A

Introduction

Definition

- Definition of Sexual Harassment
- Adverse Effects of Sexual Harassment
- Unwanted or Threatening Conduct
- The Victim and the Harasser

Forms

- Categories of Sexual Harassment
- Scenario 1
- Scenario 2
- Scenario 3
- Forms of Sexual Harassment

Effects

- Effects of Sexual Harassment
- Look-Back Scenario
- Effects of Sexual Harassment

Preventing

- Preventing Sexual Harassment
- Behaviors in the Workplace
- Physical Contact
- Environment
- Policy in the Workplace
- Components of the Sexual Harassment Policy

Handling

- Sexually Aggressive Behavior Toward Staff
- Inappropriate Behavior
- Guidelines
- Confronting Sexual Harassment
- Submitting a Complaint of Sexual Harassment
- EEOC

Investigating

- Investigation of a Sexual Harassment

Responsibilities

- Title VII of the Civil Rights Act of 1964
- Company Responsibilities

Summary

- Content Transferring Learning

Sexual Harassment Recognition and Prevention (Managers)

Copyright R1_2.28.2023_SME

2.0 Contact Hour(s)

Author: Diane Hinds, Ed.D., MA

Diane has more than 30 years of experience in organization development, human resources, and executive level management. As an Executive Director of Human Resources for several employers, she created sexual harassment policies, responded to sexual harassment and other discrimination complaints, and investigated sexual harassment complaints. As a HR consultant she has advised employers and designed and conducted training about discrimination, retaliation, and sexual harassment prevention. In addition to sexual harassment, her areas of expertise include communications, strategic planning, coaching, team building, human resources, leadership, emotional intelligence, creative problem solving, and change management. She provides coaching, organization development consulting and management training to organizations across industries, including for profit, not for profit, healthcare, communities of faith, membership associations, educational institutions, and governments. She has worked with organizations of all sizes, from single proprietors to large, international enterprises. She has worked with several organizations in the healthcare field, providing coaching and training on communication and leadership development. Dr. Hinds has served as adjunct faculty for the University of St. Thomas, Concordia University, and St. Catherine University.

Objectives:

1. Identify two (2) forms of sexual harassment.
2. Identify three (3) effects that sexual harassment has on the work environment.
3. List two (2) actions managers can take to reduce the likelihood of sexual harassment occurring in their department.

Key words: DEI, gender harassment, resident/patient inappropriate sexual behavior

Introduction

- Introduction

Definition

- Definition of Sexual Harassment
- Unwanted or Threatening Conduct
- The Victim and the Harasser

Forms

- Categories of Sexual Harassment
- Scenario One
- Scenario One Question
- Scenario Two
- Scenario Two Question
- Forms of Sexual Harassment
- Scenario Three
- Scenario Three Question

Effects

- Negative Outcomes
- Look Back Scenario
- Effects of Sexual Harassment

Preventing

- Value of Prevention
- Role Model
- Manager's and Supervisor's Role
- Five Principles
- Demonstrate Support
- Promoting a Respectful Work Environment
- Behaviors in the Workplace
- Physical Contact
- Environment
- Policy in the Workplace
- Components of the Sexual Harassment Policy
- Reporting Incidents
- Expectations
- Potential Problems
- Reviewing the Sexual Harassment Policy
- Examples of Different Approaches
- Alan's Approach
- Terry's Approach
- Best Approach

Handling

- Sexually Aggressive Behavior Toward Staff
- Inappropriate Behavior
- Guidelines
- Offensive Behavior
- Confronting Sexual Harassment
- Submitting a Complaint of Sexual Harassment
- Equal Employment Opportunity Commission
- Observations
- Responsibility to Take Action
- Scenario: Terry's Observation
- Reporting

Investigating

- Initial Responses
- Gathering Information
- Report of Inappropriate Action
- Investigating Scenario
- Report of Inappropriate Action: Situation
- Report of Inappropriate Action: Investigation
- Reporting
- Investigation of Sexual Harassment
- Investigation Interview
- Investigation: Manager's Role
- Preparation for Investigation

Responsibilities

- The Civil Rights Act of 1964

- Company Responsibilities
- New York Sexual Harassment Prevention Policy
- California Sexual Harassment Prevention Policy
- Resources for California
- Resources
- Manager Support
- Summary
- Content Transferring Learning

Skin Care Basics for Nursing Assistants

R3_06.15.2021_SM

0.5 Contact Hour(s)

Author: Karen Miller, RN, BSN

Mrs. Miller received her Bachelor of Science Degree in Nursing from Jacksonville University (JU) in Jacksonville Florida in 1993. She has experience with skin care management in pediatric and adult populations. This experience was acquired while working in the specialized field of Wound Care Nursing in a Long Term Acute Care Facility and in Acute Care Health Systems that served both pediatric and adult patients. As a Certified Wound Care Nurse (CWCN), Mrs. Miller taught skin and wound care in orientation classes in the facilities where she worked. She also served as a Guest Lecturer at her Alma Mater (JU) and at Florida Community College, Jacksonville. Mrs. Miller's personal goal is to help equip medical staff with the knowledge base and practical skills that will enable them to deliver the best care possible to their patients, clients, and residents.

Objectives:

1. Identify four (4) risk factors for the development of skin injuries.
2. List four (4) interventions used in the prevention of skin injuries.
3. Select three (3) skin-related issues that must be documented and reported.

Introduction

Overview

- Skin
- Skin Issues
- Skin Changes in the Elderly
- F Tag 686

Risk Factors

- Risk Factors for Skin Compromise
- Pressure Injury Risk Factors Specific

Common Skin Issues

- Most Common Skin Issues
- Skin Tears
- Skin Tears
- Pressure Injury
- What Happens When Pressure is Not Relieved
- Areas of Risk for Pressure Injuries
- Pressure Reduction Counts
- Rule of 30s
- Residents with Medical Devices
- Handle with Care to Prevent Skin Tears
- Skin Tear Prevention

Other Issues

- Friction and Shearing
- Moisture
- More Moisture

Prevention

- Skin Breakdown Prevention

Documentation

- Documentation
- Report Problems to Nurse

Summary

Sleep Disorders and the Older Adult

May 2022

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Identify two (2) sleep disorders common in older adults.
2. List three (3) causes of sleep disturbances in the older adult
3. Select three (3) interventions to promote sleep.

Introduction

- Opening
- Disclaimer
- Introduction
- Brain Function
- Emotion

Definitions

- Sleep Disorders

Changes with Age

- Amount of Sleep
- Causes

Disorders

- Disorders
- Sleep Disordered Breathing
- Sleep Apnea
- Sleep Apnea: Treatment
- Care and Use: CPAP and BIPAP
- Documentation: CPAP and BIPAP
- Insomnia
- Sleep Related Movement Disorders
- Dementia
- Living in Long-Term Care

Consequences

- Short-Term Effects
- Long-Term Effects

Promoting Sleep

- Promoting Sleep

Summary

478 (Rev. 02.08.2024)

Speech Language Pathologists Role Falls

Copyright R2_04.21.2023_SME

1.0 Contact Hour(s)

Author: Nikki Rothe

Nikki Rothe is a Speech-Language Pathologist who received her Bachelors in Communication Sciences and Disorders and Masters in Speech-Language Pathology from Jacksonville University. Upon graduation, she completed her Clinical Fellowship in an inpatient rehabilitation hospital and was awarded her Certificate of Clinical Competency in 2020. In her time working in inpatient rehab, Nikki was a therapist working with individuals with cognitive impairments. Nikki is currently working as a full time Speech-Language Pathologist at a local acute care hospital. Nikki has trained and provided mentorship to new clinicians. She loves teaching, mentoring and leading individuals to maximize their best to support the patients and residents that we serve.

Objectives:

1. Identify two (2) reasons why residents in the skilled nursing facility fall.
2. Identify two (2) reasons speech therapy is needed to prevent falls.
3. List two (2) treatments to prevent falls.

Keywords: N/A

Introduction

- Falls in Skilled Nursing Facility
- Statistics

Reasons

- Intrinsic Factors Defined
- The Importance of Executive Functioning
- Extrinsic Risk Factors

Risk Factors

- Identifying Risk

Prevention

- Supporting Evidence for Speech Involvement

Skilled Care

- Skilled Therapy
- Skilled Services

Treatments

- Team Approach
- Training the Older Adult and Caregiver(s): Extrinsic Factors
- Training the Older Adult and Caregiver(s): Intrinsic Factors
- Treatment
- Case Study: Mrs. T
- Case Study: Mrs. H
- Case Study: Mr. D
- Sequencing Safe Transfers (Chair or Wheelchair to a Walker)
- Sequencing Safe Transfers (Sitting from Walker to Chair)
- Safety While Walking

- Examples: For High Level Older Adults
- Co-Treatment Sessions
- Visual Cues Examples
- Auditory Comprehension
- Medical and Treatment Diagnosis
- Current Procedural Terminology (CPT) Codes

Documentation

- Goal Writing
- Goal Writing Examples
- Notes

Summary

Spiritual Care

R3_08.23.2021_SME

0.5 Contact Hour(s)

Author: Don Gordon, B.S., M.Div., D.Min

Don has been engaged in pastoral ministry for 33 years in Virginia and North Carolina and currently serves as Senior Pastor of First Baptist Church of Hickory, NC. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University, where he was a four-year letterman and captain of the tennis team. He did further graduate studies in Mathematics at N.C. State University. His first book, *Like Drops of Morning Dew: A Concise History of North Carolina Baptists*, was published by the Baptist State Convention of North Carolina and distributed to its 3800 churches. His second book, *Psalms for Children*, a collection of 25 psalms written for a children's population is now in its second printing in hardcover edition. In 2016 Prospective Press published his third book, *Prayers of a Pastor*, a compilation of prayers from 25 years of ministry. Currently he is serving on the Board of Trustees for Campbell University, the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee, and the Board of Directors for the Jerry Long YMCA in Clemmons, NC. Don has spent many hours extending spiritual care in hospitals, hospice care facilities, nursing homes, and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify three (3) ways to address spiritual needs of individuals.
2. Identify three (3) barriers to providing spiritual care.
3. Identify three (3) benefits to providing spiritual care.

Introduction

Spiritual Connection

- Meaning of Life
- Balance of Mind Body and Soul
- Benefits of Spiritual Care
- Spirituality
- Spiritual Diversity
- Meeting Spiritual Needs
- Spiritual Connection
- Listen to the Individual
- Spiritual Needs

Spiritual Assessment

- Addressing Spiritual Needs
- Barriers to Spiritual Care
- Opening Up About Spirituality
- FICA Spiritual History Tool

Spiritual Responses

- Response Techniques
- Listening
- Coping with Illness
- Anger and Vulnerability

- Choices in Care
 - Answer to Spiritual Questions
 - Chaplains
 - Benefits from Spiritual Care
- Therapy
- Controlled Healing Environment
- Summary

Substance Use Disorder in the Workplace

2.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

She has worked with geriatric patients across the continuum of eldercare throughout her nursing career as rehab nurse, geriatric nurse case manager, consultant, LTC director of nursing, and educator. She also serves as a clinical instructor for student experiences in the hospital, rehabilitation, and long-term care settings. Most recently, she served as the Director of Education at a large long-term care facility. In this role, she developed, taught, and tracked staff education to comply with regulatory training mandates, serving as a clinical nurse resource for all staff. This includes implementing and tracking competency / remediation for staff to meet regulatory compliance.

Objectives:

1. Identify three (3) reasons why colleagues fail to report an impaired coworker.
2. Identify three (3) signs and/or symptoms that may indicate an impaired coworker.
3. List two (2) resources that are used to provide assistance for healthcare workers with substance use disorder (SUD).

Introduction

Recognizing

- The Face of Impairment
- Impaired Worker
- Substance Abuse
- Nursing Organization's Stance
- Consequences of Impaired Care Provision
- Common Terminology
- Impairment
- Impaired Provider
- History of Substance Abuse
- Workplace Statistics
- Most Commonly Diverted/Used Medications
- Janet's Story
- Recognizing the Unobvious: Super Nurse
- Janet's Story
- Impairment
- Challenges
- Janet's Story
- Job Performance Issues
- Personality and Cognition Changes
- Physical Changes
- Janet's Story
- Addiction Behavior Checklist
- Story of Impaired Nurse
- Screening Tools
- Exercise

Responsibility

- Considerations
- Follow Up
- Duty to Report
- Professional Considerations
- Regulatory Considerations
- Complaint Report Form
- Responsibility
- Legal Aspects
- Ethical Responsibility
- ANA Code of Ethics for Nurses
- Implications
- Obligation to Report
- Barriers to Reporting
- Treatment Options
- Intervening with the Impaired Provider
- Janet's Story
- Reporting
- Reporting Options
- Initiatives
- ADPs

Recovery

- ADPs Allow
- ADP Success Factors
- Janet's Story
- Creating a Safety Culture
- Promoting a Culture of Safety
- Key Components of an ADP
- Safe Systems: Being Proactive
- Best Practices
- Resources

Summary

Substance Use Disorder in the Older Adult

Copyright R1_02.28.2023_SME

1.0 Contact Hour(s)

Author: Nancy Slattery BSN, RN

Nancy has over 32 years of nursing experience working in the behavioral health field including inpatient addiction treatment and case management. She has developed continuing education programs for clinical staff related to mental health and addiction. Nancy is an integral member of a multidisciplinary Behavioral Health team. She has revised the Safety plan and Depression assessment tool and then delivered the finalized workflow to all clinical teams. She has participated in a webinar with the Medical Director and Pharmacist for an external audience targeting the opioid epidemic. She acts as subject matter expert for all teams regarding behavioral health workflows and clinical content.

Reviewer: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as staff development coordinator in a long-term care facility. She also worked as a term assistant professor of nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a certified nursing assistant program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and clinical resource manager positions in a small critical access hospital in rural Alaska. Her work experience also includes both medical-surgical and intensive care units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. List five (5) potential indicators of substance abuse.
2. List four (4) triggers for substance abuse in the older adult.
3. Identify three (3) screening tools used to assess the level of risk for drug and alcohol use in the older adult.

Key words: Overdose, polypharmacy

Introduction

Background

- Overview
- Substance Use
- Definition of Substance Use Disorder
- Dependency and Addiction

Scope of Problem

- A Hidden Problem
- Recommended Amount of Alcohol for Older Adults
- Triggers for Substance Use
- Prevalence
- Misdiagnosis
- Attributing Conditions

Substances Abused

- Gender
- Substances Abused in Older Adults
- Alcohol Abuse
- Alcohol and Health Risks in the Older Adult
- Marijuana
- Benzodiazepines
- Opioids
- Risks Associated with Opioid Use
- Higher Risk
- The Misuse of Medications
- Polypharmacy
- Over Prescribed Medications
- OTC Medications
- Tobacco

Risk Factors

- Predictors of Substance Abuse
- Predictors of Substance Abuse
- Psychiatric Risk Factors
- Medication Risk with Substance Use

Warning Signs

- Warning Signs and Symptoms
- Physical Warning Signs
- Psychosocial Signs
- Indicators of Substance Misuse

Tools

- Assessment Interview
- MI and Assessment Techniques
- Assessment Tools
- Assessment Case Example
- Barriers to Screening

Treatment Options

- Treatment
- Treatment Options

Overdose

- Alcohol Overdose
- Alcohol Overdose
- Opioid Overdose
- Opioid Overdose: Reversing Effects
- Overdose of Benzodiazepines
- Overdose of Benzodiazepine: Response

Summary

Suicide Risk

Copyright: R9_09.29.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, Dmin

Don has been engaged in pastoral ministry for 34 years in Virginia and North Carolina and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Define four (4) categories of suicidal behavior.
2. Identify six (6) predisposing risk factors associated with suicide.
3. Identify six (6) precautionary steps to take with someone who is an immediate risk for suicide.

Key Words: Death by suicide, Veterans

Introduction

Definition

- Suicidal Feelings
- Suicide in the US
- Categories of Suicide

Statistics

- Suicide Among Older Adults

Predisposing Factors

- Primary Psychiatric Conditions
- Antisocial Behavior
- Factors
- Veteran Suicide Stats
- Suicide in Veterans of War
- Case Study

Risk Factors

- Environmental Risk Factors
- Depression in the Older Adult
- Health
- Risk Factors in the Older Adult
- Case Study

Suicide Assessment

- Discussing Suicide
- Overt and Covert Clues
- Non-Verbal Clues

- C-SSRS
- Assess Intent and Ideations
- Three Elements
- Focused Questions

Intervention

- Responsibility of the Healthcare Provider
- Immediate Action
- Suicide Precautions
- Follow-up

Treatment

- Treatments
- Substance Abuse
- Treatment for Major Depression
- Psychotherapy
- Electroconvulsive Therapy (ECT)

Prevention

- Protective Factors
- Warning Signs

Summary

Survey Introduction Mandatory Tasks and Critical Element Pathways: Abuse

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy completed her PhD in Psychology from Capella University in 2017.

Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. She has also attended numerous CMS and state association seminars in the area of the new long-term care survey process

Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observation Across Various Shifts
- Interviews
- Alleged Victim or Representative and Witness(es) Interview
- Alleged Perpetrator Interview
- Staff Interviews
- Other Healthcare Professionals (DON, Social Worker, Attending Practitioner) Interviews, as Appropriate
- Facility Investigator Interview
- Administrator Interview
- QAA Responsible Person Interview
- Review the Alleged Victim's Record
- Review the Alleged Perpetrator's Record if a Resident
- Review the Alleged Perpetrator's Personnel File if Staff
- Investigative Report from Other Investigatory Agencies (APS, Professional Licensing Boards, Law Enforcement)
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Accidents

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations for All Areas
- Wandering and Elopement Observations
- Smoking Observations
- Resident-to-Resident Altercation Observations
- Fall Observations
- Entrapment/Safety Observations
- Environmental Hazards Observation
- Resident, Resident Representative, or Family Interview: Smoking
- Wandering and Elopement
- Resident-to-Resident Altercations
- Falls
- Entrapment/Safety
- Environmental Hazards
- Nursing Aide Interviews
- Therapy and/or Restorative Manager Interviews (for falls, restraints)
- Nurse Interviews
- Social Services Interview

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- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Activities

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Activity Staff Interviews
- Nurse Interviews
- Social Service Interviews
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Activities of Daily Living (ADL)

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations Across Shifts
- Resident, Resident Representative, or Family Interview
- PT, OT, SLP, or Restorative Manager Interview
- Nurse or DON Interviews
- Nursing Aide or Restorative Nurse Aide Interviews
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Behavioral and Emotional Status

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations Across Various Shifts
- Resident, Family and/or Resident Representative Interview
- Staff Interviews (Interdisciplinary team (IDT) members) across Various Shifts
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Bladder and Bowel Incontinence

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Nursing Aide Interviews
- Licensed Nurse, DON, or Rehabilitative Staff Interviews
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA) and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Communication and Sensory Problems (Includes Hearing and Vision)

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Rep, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, DON, Social Services)
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA) and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Death

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Record Review
- Family or Resident Representative Interview
- Nurse and DON Interviews
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Dementia Care

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations over Various Shifts
- Resident, Family, and/or Resident Representative Interview
- Staff Interviews (Interdisciplinary team (IDT) members) Across Various Shifts
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Dental Status and Services

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Rep, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, DON, Social Services)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Dialysis

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (As appropriate, Nurse Aides, Nurse, DON, Practitioner, Dietitian, Pharmacist, Nephrologist, Dialysis Staff, Medical Director)
- Staff Interviews (As appropriate, Nurse Aides, Nurse, DON, Practitioner, Dietitian,
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Dining Observation

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Meal Services
- Infection Control
- Dignity
- Homelike Environment
- Resident Self-Determination or Preferences
- Dining Assistance
- Assistive Devices
- Positioning
- Dietary Needs
- Paid Feeding Assistants
- Food and Drink Quality
- Drinks and Other Liquids
- Food Substitutes
- Therapeutic Diets
- Lighting
- Ventilation
- Sound Levels

- Comfortable and Safe Temperatures
- Furnishings
- Space
- Frequency of Meals

Survey Introduction Mandatory Tasks and Critical Element Pathways: Discharge

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews:
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nurses, DON, Social Worker and Attending Practitioner)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Environment Observations

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Accommodation of Needs
- Call Light Functioning
- Sound Levels
- Temperature Levels
- Lighting Levels
- Clean Building
- Building and Equipment Good Condition
- Homelike
- Lack of Hot Water
- Linens
- Pest Control
- Ventilation
- Handrails
- Other Environmental Conditions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Extended Survey

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Purpose of Extended Survey
- Timing
- Extended Survey Procedures
- 483.30 Physician Services
- 483.70 Administration

Survey Introduction Mandatory Tasks and Critical Element Pathways: General

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations Across Various Shifts
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, DON, Therapist, Attending Practitioner)
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Hospice and End of Life Care and Services

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, Hospice Staff, Designated Hospice Coordinator, DON)
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA) and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Hospitalization

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Representative Interview, or Family Interview
- Staff Interviews (Nursing Aides, Nurses, DON, Practitioner)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Hydration

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Dietary Staff, Nurses, DON)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Infection Prevention, Control, and Immunizations

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Coordination
- Hand Hygiene
- Personal Protective Equipment
- Transmission-Based Precautions
- Laundry Services
- Policy Procedures
- Infection Surveillance
- Antibiotic Stewardship Program
- Influenza and Pneumococcal Immunizations

Survey Introduction Mandatory Tasks and Critical Element Pathways: Introduction to the Survey Process

1.0 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Objectives:

1. Compare and contrast the traditional survey, quality indicator survey (QIS) and the revised survey.

Introduction

Background

- Introduction
- Implementation Grid
- Phase 2
- F Tag Crosswalk

New Survey

- Why is CMS Changing the Survey Process?
- Goals of the New Process
- Overarching Goals
- Automation
- Sample Selection
- Offsite
- Information Needed Upon Entrance
- Initial Entry into the Facility
- Survey Structure
- Group Interviews
- New Survey Process
- Development Sources
- Survey Overview
- Offsite Preparation

- Mandatory Tasks
- Facility Entrance
- Matrix: Care Areas
- Facility Matrix Topics
- Initial Pool Process
- Resident Interviews
- Surveyor Observations
- Resident Representative/Family Interviews
- Limited Record Review
- Dining: Observe First Full Meal
- Team Meetings
- Sample Selection
- Sample Selection: Unnecessary Medication Review
- Investigation
- Resident Investigation: General Guidelines
- Investigations
- Close Record Reviews
- Facility Task Investigations
- Dining: Subsequent Meal, if Needed
- Infection Control
- SNF Beneficiary Protection Notification Review
- Kitchen Observation
- Medication Administration
- Medication Storage
- Resident Council Meeting
- Sufficient and Competent Nurse Staffing Review
- Environment
- Potential Citations

Survey Introduction Mandatory Tasks and Critical Element Pathways: Kitchen Observation

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Initial Brief Tour of the Kitchen
- Follow Up Visits to the Kitchen
- Storage Temperatures
- Food Storage
- Food Preparation and Service
- Dinnerware Sanitization and Storage
- Equipment Safe/Clean
- Refuse/Pest Control
- Unit Refrigerators
- Menus
- Dietary Staff

Survey Introduction Mandatory Tasks and Critical Element Pathways: Medication Administration Observation

0.5 Contact Hour(s)

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Objectives:

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2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- General Medication Administration
- Oral or Nasogastric Tube Administration
- Injection Practices and Sharps Safety (Medications and Infusates)
- Topical, Ophthalmic, and Inhalation Medications
- Coordination
- Calculations for Team's Combined Medication Administration Observations
- Critical Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Medication Storage and Labeling

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Medication Storage and Labeling

Survey Introduction Mandatory Tasks and Critical Element Pathways: Neglect

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Review the Following in Advance
- Interviews with Staff Working During the Time the Alleged Assault Occurred
- Supervisory Staff Interviews from Relevant Departments Related to the Alleged Neglect
- Facility Investigator Interview
- Administrator Interview
- Quality Assurance Interview
- Record Review
- Critical Elements Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Nutrition

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews:
- Observations
- Resident, Resident Representative, and Family Interview
- Nursing Aide, Dietary Aide, or Paid Feeding Assistant
- Nurse
- Registered Dietitian or Dietary Manager
- Practitioner or Other Licensed Health Care
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Pain Recognition and Management

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Nursing Aide Interview
- Nurse, DON, Hospice Nurse, Attending Practitioner, Pharmacist, Medical Director Interviews
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA) and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Personal Funds Review

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Access to Funds
- Quarterly Statements
- Costs and Services
- Separate Accounting Maintained
- Accounting Principles
- Charges
- Interest
- Medicaid Eligibility Limit
- Surety Bond

Survey Introduction Mandatory Tasks and Critical Element Pathways: Physical Restraints

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurses, DON, as appropriate)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Positioning, Mobility, and Range of Motion (ROM)

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observation Across Various Shifts
- Resident, Resident Representative, or Family Interview
- Nurse Aide or Restorative Nurse Aide Interviews
- Licensed Nurse and DON Interviews as Appropriate
- PT, OT, or Restorative Interviews as Appropriate
- Record Review Determine, as Appropriate
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Preadmission Screening and Resident Review

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Review the Following to Guide Observations and Interviews
- Resident, Representative, or Family Interview
- Staff Interviews (Nurses, DON, Social Worker)
- Record Review
- Critical Elements Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Pressure Ulcer/Injury

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, DON, Attending Practitioner)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Quality Assessment and Assurance (QAA) and Quality Assurance and Performance Improvement (QAPI) Plan Review

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Disclaimer/Objectives
- Introduction
- Background
- Team Meetings
- QAA Committee
- QAPI Plan Review

Survey Introduction Mandatory Tasks and Critical Element Pathways: Resident Assessment

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Resident Council Interview

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Resident Council Interview
- Council
- Grievances
- Resident Specific Areas
- Rules
- Rights
- Other

Survey Introduction Mandatory Tasks and Critical Element Pathways: Respiratory Care

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

-
- Background
- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nurse, DON, Respiratory staff)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: SNF Beneficiary Protection Notification Review

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Beneficiary Protection Notification Review
- Entrance Conference Worksheet
- Review Three Notices
- Forms

Survey Introduction Mandatory Tasks and Critical Element Pathways: Specialized Rehabilitative or Restorative Services

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, Therapy, DON)
- Record Review
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Sufficient and Competent Nurse Staffing Review

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Coordination
- General Observation and Interview Concepts to Consider When Considering Compliance
- List of Observations Made While Completing the Initial Pool Process and/or Investigations
- Interviews: Residents/Resident Representatives or Family Members
- Interviews: Staff Competency (surveyors should ask residents about staff competency throughout the survey)
- Nursing Aide and Licensed Nurse Interview
- Staff Competency
- DON and Staff Development Coordinator Interviews:
- Staff Sufficiency
- Staff Competency
- Resident Record
- Facility Documents/Records
- Other Requirements
- Critical Element Decisions

Survey Introduction Mandatory Tasks and Critical Element Pathways: Tube Feeding Status

0.5 Contact Hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Staff Interviews (Nursing Aides, Nurse, DON, Practitioner)
- Interview Staff Responsible for Oversight and Training
- Record Review
- Critical Element Decisions
- Other Tags, Care Areas (CA) and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

Judy is the CEO of Healthcare Academy. She has made it her mission to provide quality continuing education for healthcare professionals, particularly, those in the long-term care setting. In addition, Judy is the Lead Nurse Planner for Healthcare Academy. In her role, she oversees the process for developing continuing education courses and ensures that all courses meet professional standards.

Judy graduated from the Swedish Hospital School of Nursing with a diploma in nursing followed by a Bachelor of Science in Nursing at Mankato State University. She went on to complete her master's degree in Human and Health Services Administration at St. Mary's University in Winona, MN. Judy completed her PhD in Psychology from Capella University in 2017.

Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. She has also attended numerous CMS and state association seminars in the area of the new long-term care survey process

Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Advance to Guide Observations and Interviews
- Observations
- Resident, Family or Resident Representative
- Staff Interviews (Nursing Aides, Nurse, Director of Nursing (DON), Social Services)
- Pharmacist Interview
- Attending Practitioner, Medical Director, and DON Interviews
- Record Review
- Critical Elements Decisions
- Other Tags, Care Areas (CA), and Tasks (Task) to Consider

Survey Introduction Mandatory Tasks and Critical Element Pathways: Urinary Catheter or Urinary Tract Infection

0.5 Contact Hour(s)

Author: Judy Hoff, RN, BSN, MA, PhD

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Judy has served in many educational and/or training roles within the healthcare industry. They include but are not limited to the following: Director of Training for Pfizer Division of Peripheral and Cardiology, Director of Training and Development for Redline Healthcare, and Director of Education at St. Francis Regional Medical Center. In her role at St. Francis Regional Medical Center, she was responsible for education and training for all divisions including physical therapy. She has also attended numerous CMS and state association seminars in the area of the new long-term care survey process

Objectives:

1. Identify the CMS resources available to supplement this lesson.
2. List the procedure steps.
3. List the observations.
4. Describe the components of staff interviews.

Outline:

Introduction

- Background
- Advance to Guide Observations and Interviews
- Observations
- Resident, Resident Representative, or Family Interview
- Nursing Aide Interviews
- Licensed Nurse Interviews
- Record Review
- Critical Element Decisions

Team Building

R5_05.28.2021_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify three (3) characteristics of successful teams.
2. Select the four (4) major approaches to decision-making by a team leader.
3. List the four (4) steps of team development.

Introduction

Definition

- Definition of Team
- Team Members
- Team Environments
- Goals and Objectives
- The Evolution of Teams

Roles

- Roles in the Organization

Team Assessment

- Assessing Your Team
- Sports Team Model
- Assess Your Team
- Recognition and Appreciation
- Apply Your Learning

Team Development

- Stages of Team Development
- Four Stages of Team Development
- The Forming Stage
- Storming Stage
- Norming Stage
- Performing Stage
- Impact

Expediting

- Ways to Expedite Team Development Stages
- Multiple Teams
- Characteristics of Successful Unsuccessful Teams
- Benefits
- Decision Making in Teams
- Types of Decision Making in Teams
- Evaluate Decisions
- Managing Personal Relationships
- Making the Most of Meetings

Summary

Telephone Etiquette

0.5 Contact Hour(s)

Author: Don Gordon, B.S., M.Div., D.Min

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify three (3) common rules of proper telephone etiquette.
2. Identify three (3) guidelines for putting someone on hold.
3. Identify two (2) strategies for creating a professional voicemail.

Introduction

Rules

- Telephone as a Tool
- Who You Represent
- Impressions
- Proper Etiquette
- Appropriate and Non-Appropriate Phrases

Incoming Calls

- Courtesy
- Placing Someone on Hold
- Transferring a Call
- Taking a Message

Making Calls

- Making Calls

Complaints

- Rules for Managing Complaints

Voicemail

- Voicemail
- Personal Greeting
- Leaving a Message

Closing the Call

- Closing the Conversation

Summary

The Fundamentals of Delegation

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent countless hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify three (3) reasons delegation is important.
2. Identify three (3) key elements in the delegation process.
3. Name the five (5) rights of delegation developed by the American Nurses Association (ANA).

Introduction

Definitions

- Definition
- Doing Versus Leading

Resistance

- Why Delegation is Necessary
- Why Don't We Delegate: Lack of Time
- Why Don't We Delegate: Losing Control
- Why Don't We Delegate: Lack of Confidence and Clarity

How

- Preparation
- Developing Your Team
- Building Trust
- Forms of Ongoing Training
- Distributing the Workload

Delegating

- Delegation as Coaching
- Avoid Taking Back Delegated Work
- Evaluation

Nursing

- Components of Delegation
- Delegation Versus Assignment
- Five Rights of Delegation

Case Study

- Case Study
- Using the Five Rights

Summary

The Roles and Responsibilities of Supervision

Copyright: R5_10.13.2023_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation and children's religious education. Currently he is serving on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. List two (2) roles of a supervisor.
2. Identify two (2) components associated with the "Five C's" of being a successful supervisor.
3. Identify three (3) components of the SMART technique.

Introduction

Definition

- Practice Role
- Questions
- Our Focus
- Leadership and Supervision

Roles

- Key Responsibilities
- Identifying Learning Styles
- Teamwork
- Improving Employee Connection to Larger Goals and Visions
- Case Study: Sue
- Case in Point: Sue
- Case Study: Latasha
- Case in Point: Latasha

Connection

- The Five C's
- Connection: Establish a Relationship
- Partnership
- How to Make the Connection
- Maintain Your Connection
- Case Study: Sue

Communication

- The Four Ways of Communication
- Communication Tips
- Case in Point: Latasha

Coaching

- Active Listening
- Self-Awareness
- Coaching Tips and Techniques
- Solutions and Actions
- Case Study: Pulling Back
- Case in Point: Sue

Collaboration

- Collaboration
- Case Study Question

Contracts

- Contracts/Goal
- Steps for Developing a Contract
- SMART Technique
- Case Study Question

Summary

Time Management

R1_05.29.2021_SME

1.0 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctorate of Ministry degree from Columbia Theological Seminary (PCUSA), a M.Div. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University, where he was a four year letterman and captain of the men's tennis team. He did further graduate studies in Mathematics at N.C. State University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. Since 2018 he has authored several curricula related to spiritual care, leadership, and ethics for the Healthcare Academy. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify five (5) time- wasting behaviors.
2. List five (5) ways to overcome procrastination.
3. Select three (3) practices to create an effective to-do list.

Introduction

Time Management

- Definition
- Time Management Overview
- Effective Time Management
- Be Clear About Your Goals
- Distracting Technology
- Other Distractions
- Getting Things Done
- Life is About Choices
- Benefits of Good Time Management
- Organize Your Personal Space
- More Time for Fun
- Time Orientations

Time Wasting

- The Baker's Dozen of Time Wasters

Procrastination

- Procrastination
- Overcoming the Tendency to Procrastinate

Planning and Scheduling

- Laws
- Developing Good Planning and Scheduling Skills

- Plan Effectively
- Schedule Effectively
- Determine Priorities
- 80/20 Rule (Pareto Principle)
- Understand the Difference
- Urgent and Important Activities
- Important and Non-Urgent Activities
- Unimportant and Non-Urgent
- Knowledge Workers

To-Do Lists

- An Effective To-Do List
- To-Do List

Self-Management

- Derailing Statements
- Get Others to Help You
- Practice the Four D's of Email/ Paper Management
- Reward Yourself for Success

Summary

Transgender Realities: What Healthcare Professional Need to Know

Copyright: R3_01.12.2024_SME

1.0 Contact Hour(s)

Author: Marc Markell, PhD, MS, BA

Marc Markell is a professor at St. Cloud State University. He earned a Ph.D. in Educational Psychology from the University of Minnesota. His primary areas of interest at St. Cloud State include teaching academic progress monitoring, literacy methods and strategies for students with special needs, behavior management, human Relations, and grief and loss education. He also supervises student teachers. Marc teaches graduate level courses Psychology of Lesbian, Gay, Bisexual, Transgender. Has written three books, several chapters, and many articles on issues related to diversity, oppression, grief, and academics.

Reviewer: Lois A. Platt, MS, RN

Ms. Platt has had extensive experience in a variety of healthcare settings, including as Staff Development Coordinator in a long-term care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Define three (3) common terms used to express gender identity.
2. Identify two (2) types of transphobic behaviors.
3. Select three (3) actions by healthcare professionals that will help ensure person-centered care for transgender people.

Keywords: Person-Centered Care, Person-Centered Strategies, DEI, Diversity, Psychological Distress, Post Traumatic Stress Disorder

Introduction

Definitions

- Definition
- Statistics
- Related Terms
- Related Terms

Transphobia

- Transphobia
- Cisgender

Health Issues

- Psychological Distress

Discrimination

- Discrimination

- Illegal Behavior
- Illegal Discrimination: Examples
- Laws That Protect

Care

- What Transgender People Need From Healthcare Professionals
- Transgender Aging

Summary

Trauma-Informed Care: A Change in Perspective

1.0 Contact Hour(s)

Author: Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR

Ashley Swinson is the Founder of TIDE Associates, a private practice that specializes in trauma-informed services and she is the Co-Founder of the Provider Sustainability Program Collaborative in Wilmington, NC. Her clinical expertise includes the treatment of dually-diagnosed eating disorders and trauma disorders, traumatic grief, dissociation, secondary traumatic stress among professionals, and provider sustainability; notably, she has become a national speaker on these respective topics. Ashley has developed trauma-based group curriculums for outpatient and intensive outpatient facilities, and she works closely with the Wilmington community providing clinical supervision to professionals, as well as customized workshops for agencies to improve organizational health and wellness. She holds an adjunct faculty position with the School of Social Work at the University of North Carolina at Wilmington and facilitates professional trainings through the university on the topics of social work ethics, supervision, and provider sustainability.

Objectives:

1. Select two (2) ways that trauma-informed care (TIC) supports person-centered care.
2. Choose three (3) ways in which a traumatic experience can affect residents or in the long-term care (LTC) facility.
3. Identify three (3) TIC interventions that can be used directly with residents.

Introduction

What is TIC

- The Origin of TIC
- Service Models
- Trauma Defined
- Core Beliefs
- Statistics
- Big "T" and Little "t" Traumatic Experiences
- ACE Study
- Types of Trauma
- How Does Trauma Affect Us?
- Resilience
- Reciprocity
- Acknowledge Resilience
- Resources

Broad Application

- Government Legislation
- A New Culture
- Concepts
- TIC Provider
- Community Impact

Culture Change

- TIC Models for Organizations
- Establishing Common Language

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- Administrators Managers
- Factors
- TIC Recommendations
- Nurses
- Social Workers
- Housekeeping, Dietary, and Other Staff
- Documentation

Direct Intervention

- The Community Resource Model
- Breathing
- Grounding
- Resourcing
- Case Study
- Tips to Improve Workplace Culture
- Compassionate Culture

Conclusion

- The Parallel Process
- Resiliency Assessment

Trauma-Informed Care: Interventions for Care Providers

Copyright: R1_12.15.2023_SME

1.0 Contact Hour(s)

Author: Ashley Swinson, MSW, LCSW, EMDR Therapist

Ashley Swinson, MSW, LCSW, Certified Therapist in EMDR, is the owner of TIDE Associates, a private group practice that specializes in trauma-informed services, and she is the co-founder of the Provider Sustainability Program in Wilmington, NC. Her clinical expertise includes the treatment of eating disorders, trauma disorders, traumatic grief, dissociation, secondary traumatic stress among professionals, and provider sustainability; notably, she is a national speaker on these respective topics. Ashley has developed trauma-informed therapy curriculums for treatment facilities and customized workshops for organizations that seek to improve employee health and wellness. She works closely with the Wilmington community providing specialized consultation to professionals seeking to enhance their clinical practice. Ashley holds an adjunct faculty position with the School of Social Work at the University of North Carolina at Wilmington and facilitates professional trainings through the University on the topics of social work ethics, supervision, and provider sustainability.

Objectives:

1. Identify two (2) ways to apply substance abuse and mental health services best practices when caring for older adults.
2. Select three (3) trauma-informed care interventions that can be used with an individual displaying symptoms of traumatic stress.
3. Identify the difference between blaming language and trauma-informed language.

Key Words: Person-centered care, Person-Centered Strategies, Interdisciplinary team

Introduction

Background

- Background
- CMS Mandate
- What is Trauma?

Types

- Big “T” Traumas and Little “t” Traumas
- Types of Trauma

Importance

- TIC and COVID-19
- Reflex Ways to Survive a Traumatic Event
- Categories of Impact
- Providing TIC
- Supporting the Person
- What is TIC?
- Defining TIC
- Blaming Language
- Case Example
- Staff Support
- Staff Example

Workplace Culture

- TIC Workplace Culture Framework
- Safety
- Safety Interventions
- Trust
- Connection and Collaboration
- Choice and Empowerment

Interventions

- Admission
- Assessment for RNs and Social Workers
- Accommodations
- Grounding
- Tracking and Movement
- Resourcing
- Supporting Facility Staff
- Resources

Summary

- Symptoms of Burnout
- Research Support
- TIC Practice
- Statements of Power
- TIC Staff Resources

Tuberculosis

Copyright R1_01.22.2021_SME

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Objectives:

1. Identify the difference between tuberculosis (TB) infection and TB disease.
2. Select three (3) symptoms of TB.
3. Differentiate between a positive and a negative TB test.

Introduction

- Disclaimer
- Objectives Outcomes
- Navigation

Tuberculosis

- TB Conditions
- TB Terms

TB Conditions

- Latent TB Infection (LTBI)
- TB Disease
- LTBI Versus TB Disease

Transmission

- Transmission

Risk Factors

- Risk Factors
- HIV Risk for Those with LTBI

Exposure

- Exposure Sequence

Testing

- Testing for TB Infection
- Who Should be Tested?
- TB Infection Control Plan
- Testing Requirements
- TB and COVID-19 Considerations

Treatment

- Medications
- Treatment

Summary

Understanding Dementia

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Objectives:

1. Define dementia.
2. Describe five (5) common signs and symptoms of dementia.
3. Identify two (2) important concepts in the care of the person with dementia.

Introduction

- Objectives and Learning Outcomes
- Navigation

Definition

- Definition
- Effects of Dementia

Causes

- Causes of Dementia
- Dementia: Reversible
- Dementia: Non-reversible

Signs & Symptoms

- Signs & Symptoms

Diagnosis

- Diagnosis of Dementia
- Review of Medical History
- Tests and Evaluations: Physical Examination
- Cognitive Screening Tools
- Cognitive Tests: Clock Drawing Test
- Cognitive Test: Time and Change Test
- Cognitive Test: Sniff Test
- Cognitive Test: Other Tests
- Cognitive Test: Neurological Evaluation
- Brain Imaging
- Cognitive Test: Laboratory Tests
- Psychiatric Evaluation

Guidelines

- Medications
- Person-Centered Care Routines

Notifications

- Progression of the Disease

Summary

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Understanding Stroke

R4_05.19.2023_SME

1.0 Contact Hour(s)

Author: Brittany Phillips, PT, DPT, OCS

Brittany Phillips is a board certified Orthopedic Certified Specialist (OCS) physical therapist through the American Physical Therapy Association (APTA). Her clinical experience covers a wide array of diagnoses, including neurology, oncology, and pelvic rehabilitation. In addition to being an orthopedic specialist, Dr. Phillips holds a certification as a LSVT Big physical therapist, focusing on the treatment of persons with Parkinson's disease. Beyond her role as a clinician, Dr. Phillips serves as a Certified Clinical Instructor (CCI) for physical therapy and physical therapy assistant students, is a two-time finalist for the Florida Clinical Instructor of the Year and is an adjunct professor teaching anatomy and physiology to healthcare students.

Objectives:

1. Differentiate the different treatments for ischemic versus hemorrhagic stroke.
2. Identify three (3) signs of a stroke.
3. Identify three (3) modifiable risk factors for a stroke.

Keywords: None

Introduction

Types of Stroke

- Types of Strokes
- Ischemic Stroke
- Hemorrhagic Stroke
- Transient Ischemic Attack (TIA)

Risk Factors

- Risk Factors
- Unmodifiable Risk Factors
- Modifiable Risk Factors

Signs and Symptoms

- Signs and Symptoms
- FAST

Diagnosis

- Diagnosis of Stroke
- Diagnostic Tests

Treatment

- Treatment and Care Guidelines
- Ischemic Stroke
- Hemorrhagic Stroke

Rehabilitation

- Effects of Stroke
- Rehabilitation
- Preventive Actions

Urinary Care Basics (Nursing Assistants)

Copyright February 2021

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility in Arizona. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching the Certified Nursing Assistant Program in Valdez, Alaska. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions in an Intensive Care Unit in Connecticut. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives

1. Identify two (2) changes in the urinary system associated with aging.
2. List three (3) signs and symptoms of a urinary tract infection (UTI).
3. Identify three (3) guidelines for nursing care of the person with an indwelling urinary catheter.

Introduction

Urinary System

- The Urinary System
- Urinary Elimination
- Urine

Aging

- Changes with Aging

Goals of Care

- Incontinence Goals

Care

- Preventing Incontinence
- Best Practices
- Psychosocial Impact of Incontinence
- Incontinence and Dementia
- Perineal Care
- Perineal Care: Best Practices
- Females: Risk for UTIs
- Indwelling Catheters
- Indwelling Catheter Care
- Indwelling Catheter: Infection Control Measures
- Leg Bag Considerations
- Changing Bags
- Best Practices: Routine Catheter Care
- Suprapubic Catheter
- Condom Catheters
- Emptying the Drainage Bag

- Infection
 - Types of Urine Specimens
 - Infections
 - Signs and Symptoms
 - Complications
 - Reporting
 - Prevention
- Summary

Vital Sign Competence

Copyright April 2022

1.0 Contact Hour(s)

Author: Linda Shubert, MSN, RN

Linda has 30 years of nursing experience working with the older adult across rehabilitation, home health, geriatric case management, acute care, and long-term care settings. Linda has held a variety of clinical, teaching, and administrative positions including Director of Nursing, Clinical Professor of Nursing, Staff Development Coordinator, and Simulation and Skills Lab Director. As a staff development director in long-term care for 19 years, she has presented new employee orientation and annual federal training for all departments. Linda is an advocate for competency-based training for all employees meet annual regulatory requirements while promoting quality outcomes for the older adult in the long-term care setting.

Objectives

1. Select four (4) accuracy considerations related to vital signs.
2. Identify three (3) points at which vital signs should be obtained.
3. Apply vital sign knowledge to select two (2) clinical situations.

Introduction

Purpose

- Four Vital Signs
- Vital Signs Monitor a Person's State of Health
- When to Obtain Vital Signs
- Know the Ranges of Normal Vital Sign Findings for Adults
- Accurate Reading of Vital Signs

Temperature

- Terms
- Fahrenheit Versus Celsius Thermometers
- Normal Body Temperature
- Sites
- Considerations with Aging: Temperature
- Factors that Affect Body Temperature
- Decreased Body Temperature
- Accuracy When Obtaining Temperature
- Nurse Role: Delegating and Collaborating
- Critical Thinking Points

Pulse

- Pulse Rate
- What Information Does Pulse Give
- Locations
- Factors: Pulse
- Pulse Characteristics
- Taking a Radial Pulse
- Critical Thinking
- Special Circumstances

Respiration

- Terms
- Factors Affecting Respiratory Rate
- Respiration
- Terms
- Respirations
- Procedure for Assessing Respirations
- Accuracy When Obtaining Respirations
- Out of Normal Range
- Critical Thinking

Oxygenation

- Oxygen Saturation

Blood Pressure

- Arteries and Veins
- Terms
- Factors Affecting Blood Pressure
- Normal Range for Systolic and Diastolic Pressures
- Blood Pressure Equipment: Cuff
- Blood Pressure Equipment: Stethoscope
- Placement of Cuff over Brachial Artery
- Blood Pressure Gauges
- Korotkoff Sounds
- Factors that Affect Accuracy of BP Readings
- Accuracy in Obtaining Blood Pressure
- Practice Drills
- Critical Thinking

Modifications

- Person-Centered Care: Special Circumstances

Documentation

- Summary

Wandering Management and Elopement Prevention

0.5 Contact Hour(s)

Author: Lois Platt, MSN, RN

Ms. Platt has had extensive experience in a variety of health care settings, including as Staff Development Coordinator in a Long-Term Care facility. She also worked as a Term Assistant Professor of Nursing for the University of Alaska Anchorage AAS Nursing Program for many years as well as coordinating and teaching a Certified Nursing Assistant Program. Prior to entering nursing education, Ms. Platt worked in both staff nurse and Clinical Resource Manager positions in a small Critical Access Hospital in rural Alaska. Her work experience also includes staff and charge nurse positions on Medical-Surgical and Intensive Care Units. Ms. Platt obtained a Diploma in nursing from Joseph Lawrence School of Nursing in New London, Connecticut; a Bachelor of Science in Nursing from St. Joseph College in West Hartford, Connecticut; and a Master of Science in Nursing Education from the University of Alaska, Anchorage, Alaska.

Objectives:

1. Name two (2) ways to identify individuals at risk for elopement.
2. Identify two (2) risks associated with elopement.
3. Identify two (2) components of a search plan to use while searching for a person who elopes.

Keywords: N/A

Introduction

Definition

- Definitions Wandering and Elopement

Risks

- Risks Associated with Elopement
- Immediate Jeopardy

Prevention

- Risk Assessment
- Be Alert
- Policies and Procedures
- Activity Programs
- Precautions
- Precautions
- Communication

Management

- Interventions for Those At Risk
- Responsibility
- Search Plan
- Information on the Person
- Documentation of Elopement
- Safe Return Assessment
- Evaluate Electronic
- Critical Element Pathway Accidents
- Record Review
- Immediate Jeopardy

555 (Rev. 02.08.2024)

Quality Assurance

- Quality Assurance

Summary

Workplace Violence

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0.5 Contact Hour(s)

Author: Don Gordon, BS, MDiv, DMin

Don is the founder and CEO of Christians Caring for Creation, Inc. and currently serves as Adjunct Professor of Religion at Lenoir-Rhyne University. Prior to that, he served for 35 years in pastoral ministry in Virginia and North Carolina. He earned a Doctor of Ministry degree from Columbia Theological Seminary (PCUSA), a MDiv. from Southeastern Baptist Theological Seminary, and a B.S. degree in Mathematics from Campbell University. Don has authored several books in the fields of church history, spiritual formation, and children's religious education. He has recently served on the Board of Trustees for Campbell University in North Carolina and the Board of Directors for The Baptist Center for Ethics in Nashville, Tennessee. Don has spent many hours offering spiritual care in hospitals, hospice care facilities, nursing homes and assisted living facilities with many people he knew well or not at all, including his mother who lived for five years in such an environment.

Objectives:

1. Identify two (2) causes of workplace violence.
2. Select two (2) strategies for addressing workplace violence.
3. Identify two (2) strategies that are used to de-escalate violent behavior.

Keywords: Keywords: Respectful workplace, workplace civility, anti-harassment, discrimination, sexual harassment, sexual harassment prevention, bullying, diversity, and inclusivity

Introduction

- Workplace Violence in Healthcare

Identifying

- Employee Safety
- The Definition of Workplace Violence
- Categories of Workplace Violence
- NIOSH Classifications of Workplace Violence
- Workplace Violence Statistics
- Risk Factors

Causes

- Causes
- Violence in the Larger Culture
- Circumstances and Workplace Violence
- Reasons for Violent Acts
- Case Study: Deliberate Criminal Acts
- Case Study: Mental Illness
- Case Study: Physical Illness
- Case Study: Behavioral Crisis
- Case Study: Behavioral Crisis Combined with Physical Illness

Warning Signs

- Identifying Warning Signs
- Non-Verbal Warning Signs

Strategies

- General Strategies
- Strategies
- Verbal De-Escalation
- How Verbal De-Escalation Works
- Personal Space
- Establish Verbal Contact
- Simple Communication
- Identify Wants and Feelings
- Active Listening
- Establish Limits
- Offer Choices
- Case Study

Prevention

- Safeguards
- Awareness
- Workplace Safety Assessment

Bullying

- Definition of Bullying in the Workplace
- Examples of Bullying
- What to Do About Bullying

Summary

Working with Families: Person -Centered Approaches

Copyright: April 2023

0.5 Contact Hour(s)

Author: Marcia Lyles, RN, MSN, EdD

Dr. Lyles graduated from Peter Bent Brigham Hospital in Boston, MA. After moving from Maine to Florida, she later received a Bachelor of Science in Nursing and Doctorate in Educational Leadership from the University of North Florida, and a Master of Science in Nursing from the University of Florida. She has been a Director of Nursing in skilled care facilities from 120 to 240 beds. While working as a DON, she wrote, and taught an advanced Geriatric Nursing Assistant program and presented educational programs in Nursing Leadership and Infection Control for the Florida Health Care Association. She has been a nurse educator in Bachelor and Master of Science Nursing Programs at University of Phoenix, Virginia College, and Jersey College.

Objectives:

1. Apply two (2) strategies for successfully dealing with families.
2. Identify two (2) benefits of setting boundaries during interactions with families.
3. Select appropriate and inappropriate responses to family members.

Introduction

- Meaning Behind Behavior
- Reasons

Family Dynamics

- Working Through the Process
- Changes That Prompt Behavior
- Roles
- Family Crisis
- The Parent's Role
- The Five Stages of Grief

Culture

- Cultural Influences on Family Responses

Boundaries

- Disruptive Behaviors
- Response to Behaviors
- Types of Boundaries
- Explaining Boundaries
- Communicating Boundaries

Strategies

- Strategies
- Understanding and Supporting Families

Documentation

- Documentation

Responding

- Apply Your Knowledge: Scenario One
- Apply Your Knowledge: Scenario Two

Success

- Successful Outcomes

Summary