

**Educating, Engaging, Inspiring:
Enhancing Clinical & Leadership Practice - PADONA's 31st Annual Convention
April 3-5, 2019 at The Hotel Hershey, Hershey, Pennsylvania
PROGRAMS**

Eileen Keefe and panel will present **"Tips to Stay OUT of Court: Navigating Employee HR Complaints to Prevent Litigation"**. Lawsuits can be time consuming, stressful and expensive, even if completely defensible. Eileen will educate management and leaders to issue-spot and prevent many of the mistakes that result in common employment discrimination claims. Many of the tips apply with equal force to preventing and navigating other types of litigation, including skilled nursing liability claims.

Objectives:

1. Recognize types of common workplace lawsuits (Age, gender, FMLA, etc.)
2. Understand how Courts prioritize documentation and consistency in employment cases and beyond.
3. Understand the anatomy of various lawsuits to form reasonable expectations for various litigation types and tactics.

Suzanne Sheaffer, Jennifer Snerr and Chris Jason will present **"Updates to the Criminal Statute Neglect of Care Dependent Person"**. "The Pennsylvania Office of Attorney General Medicaid Fraud Control Section Care-Dependent Neglect Team will educate conference attendees regarding the updated criminal statutes involving Care-Dependent Neglect and Abuse in Pennsylvania, as well as the Care-Dependent Neglect Team's role in enforcing those statutes. Presenters will also explain the Care-Dependent Neglect Team's coordination with state and local law enforcement, the Pennsylvania Departments of Health, Aging, and Adult Protective Services, and nursing facilities throughout the Commonwealth. Finally, the Team will explain, using illustrative recent cases and hypotheticals, some of the common issues which lead to criminal liability in nursing facilities."

Donna Cutting will present **"Roll Out the Red Carpet: Engage Your Team to Deliver Exceptional Hospitality & Service"**. When it comes to the short-term patients and long-term residents of your skilled nursing community, providing quality care is number one! However, it's the TOTAL experience you and your team deliver that will instill trust and confidence in your patients and their family members. The key is to get your team on the same page in terms of what it means to roll out the red carpet, and then give them the skills they need to execute that vision.

This high-energy, fun and interactive session will give you the strategies and tactics you need to get your staff speaking the same language when it comes to hospitality & customer service AND rolling out the red carpet consistently for your patients, family members and other customers.

Objectives:

1. Describe a Red Carpet, Patient/Customer Experience in a Skilled Nursing Setting
2. Identify 5 Skills staff must have/develop to deliver a total positive customer experience
3. Discuss Employee Engagement Techniques to support your staff in carrying out your service vision.

Karen Key and Lisa Schiller will present **"Trauma Informed Care: Practical Applications"**. Traumatic experiences can affect the physiology as well as the behaviors and reactions of survivors. This session will explore the current understanding of trauma and the ways in which it may manifest in older adults. Trauma-informed care is the standard of practice in other fields and there is much for aging services to learn. Phase 3 of the CMS Requirements of Participation requires that by November 2019 all nursing homes will practice trauma-informed care using the SAMHSA framework. Policies and procedures need to be developed; training needs to be conducted at many levels; supportive behavioral health services need to be in place; and internal champions must be cultivated. The principles of trauma-informed care have profound implications for all staff members and for the organizational culture. This session will explore the "nuts and bolts" of implementing trauma-informed care and introduce participants to tools and resources that can help.

Objectives:

1. Participants will understand how trauma is defined and the impact of trauma
2. Participants will learn the basic principles of trauma-informed care and understand specific steps to begin to implement trauma-informed care
3. Participants will identify resources available to assist with implementation

Chris Lucas and Raf Haciski will present **"Insuring the Nurse's Liability: Comparing Corporate and Individual Coverage"**. The legal doctrine of respondeat superior attributes the actions of individual nurses to their corporate employer in most cases where liability is an issue. However, respondeat superior is limited by the course and scope of employment concept. Accordingly, nurses are covered for a variety of different types of liability under policies of insurance maintained by their employer. However, coverage under these types of policies can be limited by a number of factors. Therefore, many nurses choose to carry personal coverage. With respect to the professional nurse, the overlap, limitations and exclusions of each type of policy.

Objectives:

1. Understand the basic legal doctrines that make insurance available for acts and omissions of the of the facility and professional nurse.
2. Survey the different types of professional liability claims and concomitant coverage under both types of policies.
3. Review the overlap, limitations and exclusions both corporate and personal insurance for professional nurses.

Linda Behan will present **"Infection Preventionists"**. CMS regulation §483.80(b) Infection Preventionist (IP), is to be implemented beginning November 28, 2019. The regulation speaks to the qualifications and specialized training required of the IP as well as

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participation on the facility's quality assessment and assurance (QAA) committee. CMS defines an Infection Preventionist as "the person(s) designated by the facility to be responsible for the infection prevention and control program." But what does it really mean to be an Infection Preventionist? Having increased knowledge and skill in infection prevention and control is only part of the answer. What other skills and knowledge should the IP possess to effectively manage the Infection Prevention and Control Program (IPCP)? As a participant in the QAA Committee, how does the IP identify improvement opportunities and work with the team to achieve desired outcomes? With CMS's increased scrutiny on infection prevention and control and the fact that the IPCP encompasses so many different aspects of care, the IP must be carefully selected and then continue to grow professionally. This presentation will not only review the CMS regulation requirements but also answer the questions posed and provide various resources.

Objectives:

1. State three competencies, besides expertise in infection prevention and control, the Infection Preventionist should have to effectively manage the IPCP.
2. Explain how the IP uses data and performance improvement tools to improve outcomes.
3. Name three resources available to provide specialized training and professional growth of the Infection Preventionist.

Paula Sanders will present "**Are you Ready for Phase 3 of the ROPs?**" Phase 3 of the Requirements of Participation (ROPs) go into effect on November 28, 2019. Key requirements include trauma informed care, corporate compliance and ethics, infection preventionist and QAA committee and an effective QAPI program. We will discuss steps you should be taking now to be prepared for Phase 3.

Objectives:

1. Understand the process of communication
2. • Eliminate as many barriers as possible to improve communication • Identify the four major styles of communication • Adjust to others' styles of communication. • Recognize the role of body language and voice tone in effective communication • Identify and use the components of active listening.
3. • Adjust to others' styles of communication. • Recognize the role of body language and voice tone in effective communication • Identify and use the components of active listening.

Angela Huffman will present "**Defensive Documentation**". In today's litigious culture, documentation in the medical record is the primary source utilized when it comes to trying to defend the care and services that have been provided. This session is geared toward providing strategies and key elements in medical record documentation to meet the challenges of documenting defensively.

Objectives:

1. Review the role of the medical record in litigation
2. Describe key requirements of a defensible medical record.
3. Understand how the medical record is used to prove/disprove allegations

Laura Deitz and **Denise Getgen** will present "**Protective Services for Older Adults**". The primary purpose of the presentation is to provide an overview of the APS and OAPSA law and program--specific topics covered will include: 1) a brief overview of protective services in general; 2) a brief overview of APS, covering highlights and eligibility criteria; 3) a brief overview of OAPSA, covering highlights and eligibility criteria; 4) the APS process and the key players in the process; 5) the OAPSA process and the key players in the process; 6) the definition of mandated reporters and the reporting steps required under both laws; 7) distribution and review of the guidance documents for both programs; 8) possible signs of abuse, neglect, exploitation, etc.; 9) Question & Answer session.

Objectives:

1. To provide an overview of both laws and programs.
2. To provide a thorough understanding of the mandated reporting requirements.
3. To help attendees apply this understanding to their day-to-day work.

Heather Meadows will present "**Steps to Prevent Immediate Jeopardy in Area of PU, Falls & Weight Loss: A Therapy Approach**". The number of Immediate Jeopardies has risen drastically over the last year. Each incident can lead to more than one citation. With the daily penalty amounts rising, it is imperative to identify and reduce potential risks. Your rehabilitation team should be a resource in developing person centered care plans and educational support for your team. We will be discussing treatment approaches, clinical pathways, best practices, and modalities that will help reduce the risk of citations.

Objectives:

1. Describe in detail a comprehensive risk program that starts with preadmission planning to reduce risk of injury/harm.
2. Describe the impact that therapy can have on weight loss, choking, falls and pressure injury through programming.
3. Describe potential pitfalls within therapy programs that could leave your facility open to risk.

Ed Leigh will present "**Avoid Devastating Handoff Errors: Dramatically Improving Transitions of Care**". Eighty (80) percent of serious medical errors involve miscommunication between healthcare professionals when responsibility for residents / patients is handed off from one professional to another, according to the Joint Commission. The Joint Commission goes on to state, "Defective handoffs can lead to delays in treatment, inappropriate treatment, and increased length of stay in the hospital and, in extreme cases, serious physical or psychological injury and death." Most medical errors are not due to lack of technical skills; they

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are due to a lack of proper communication skills. This content-rich and high-energy session will provide tips to help you standardize the handoff process, including preparing for the handoff and articulating resident / patient issues in a clear and understandable format. The powerful strategies presented will decrease your risk of errors / malpractice claims, increase resident / patient satisfaction, lower rates of readmission, and improve your organization's bottom line. The session will conclude with many resources to further help you dramatically improve your handoffs. Every single conversation about a resident / patient is a handoff; learn how to make every handoff successful by attending this session!

Objectives:

1. Describe the harmful effects of botched handoffs.
2. Identify the proper method of effectively preparing for the handoff.
3. Apply various handoff models to standardize the process.

JoAnn Adkins will present **"Influenza"**. Influenza, commonly known as the "flu", is a highly contagious infection that can cause severe, life-threatening illness among the elderly, particularly long-term care residents. When combined with pneumonia, it is one of the ten leading causes of death in the US. Influenza is spread by droplet transmission when the infected person talks, coughs or sneezes. In long-term care settings, healthcare workers have been known to transmit the influenza virus to residents. Because of the virulence of the virus and the potential severity of influenza illness in the elderly, prevention and preparation is necessary. Annual influenza immunization of residents and healthcare workers is the most important measure to prevent seasonal influenza infection. During the influenza season, effective surveillance, monitoring, and adherence to infection prevention practices can help identify cases early and help prevent outbreaks. The presenter will discuss the pathophysiology of influenza, the importance of influenza immunization, manifestations of influenza infection in the elderly and infection prevention strategies to be implemented when a case of suspected influenza infection is identified.

Objectives:

1. Upon completion, participant will be able to discuss the manifestations of influenza infection and complications in the elderly.
2. Upon completion, participant will be able to identify best practices to prevent the transmission and spread of influenza infection in a long-term care facility.
3. Upon completion, participant will be able to recognize the importance of influenza immunization for resident and healthcare worker safety and well-being.

Kim Suda and Dave Smith will present **"Successful Discharge Planning"**. "Why do we need to do discharge planning in a skilled nursing facility (SNF)? We're a nursing home not a hospital. Our residents come here to stay." Actually no, in today's healthcare environment, many people are using SNFs for short-stay care not to receive long-term care. This change means that the SNF interdisciplinary team (IDT) needs to function more like a hospital IDT than ever before. With the development and implementation of Bundled Payments, Accountable Care Organizations, and Managed Care, every admission into a SNF needs to be evaluated early to determine their discharge planning goals (realistic or not) regardless of payer. This needs to occur early in the SNF admission plus include input from nursing, therapy, social service, dietician, and sometimes even your billing office. This process can help to ensure that all new admissions, their family, as well as your team are all on the same page, working for the same goals, and working together instead of against each other to try to achieve those goals. Additional benefits to this process occurring sooner in the SNF stay and with the IDT input, are the ability to identify the correct partner to transition this person to when the skilled stay has been completed, determine barriers to a safe transition of care, decrease readmissions, establish trust between the SNF team and the person and their family, as well as improve communication not only between the SNF and the person but also between the departments within your organization thus breaking down the silos that may exist.

Objectives:

1. Describe how discharge planning has changed within a SNF.
2. Describe the reasons to have an IDT participate in discharge planning.
3. List three benefits to starting discharge planning early and including the IDT.

Rob Leffler will present **"Making Pain Management Less Painful"**. There is a lot of talk about the Opioid Crisis in America. Efforts are being put in place that restrict patient access to pain medications as a solution to this crisis, but health care providers are also harnessed with the important task of caring for patients. This session will focus on the effective use of pain medications to help patients have the highest level of function possible.

Objectives:

1. Discuss myths that surround training pain in the elderly.
2. Describe barriers that make pain more difficult to treat in the elderly
3. Review pharmacologic treatments and non-pharmacologic treatments of pain

John Bass will present **"Trends in LTC Litigation: Arbitration Agreements in LTC"**. The utilization and implementation of arbitration agreements is an evolving trend in Pennsylvania. In this session, we will discuss Pennsylvania law on arbitration and arbitration agreements, and its impact on the industry.

Objective:

1. Provide information to draft, present, assert and implement arbitration agreements

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Pamela Scarborough will present **“Demystifying F686: CMS Updates to Pressure Ulcer/Injury Tag”**. This session will provide the major updates for the Pressure Ulcer/Injury F-Tag, F686, giving participants surveyor guidance for this regulation to assist them through the survey process. Focused content on the Kennedy Terminal Ulcer/Skin Failure will be included to aid buildings in recognizing skin failure at life's end, facilitating the clinical team to address Quality of Life issues for residents with these unavoidable pressure ulcer/injuries. The regulatory focus for this session will be F-Tags F684 (Quality of Care-related to wounds), F686 (Skin Integrity/Pressure Related Wounds), and F687 (Foot Care). This is a basic to intermediate level session, which is appropriate for the new wound care treatment nurses, seasoned wound management providers, and clinical leadership.

Objectives:

1. Verbalize regulatory language associated with F-Tag 684, 686, and 687
2. List other wound types identified by the State Operations Manual Guidance to Surveyors
3. Recognize the different terms (including the Kennedy Terminal Ulcer) for patient/resident with compromised physiology leading to failure of skin integrity as defined by CMS and wound prevention and care research/best practices.

Michelle Bulger and Patty Embree will present **“Achieving Sustainable 5-star Care and Culture”**. Reaching for the (5) stars doesn't have to be a daunting process. The key to a successful, continuous QAPI lies with creating the culture to support it. While implementing viable methods that boost quality scores and positively impact corporate culture can be challenging, a person-centered approach provides the essential foundation needed to reach and sustain 5-star care.

Learn about low-cost, high impact tools that are the catalyst to "reaching the stars," and maintaining continuous process improvement, better resident experiences, and staff and leadership engagement. By implementing a technique called Shadowing, you will be able to capture the true current state of care from the residents' perspective, build high-functioning teams that evaluate the data and design impactful projects, and bring staff, leadership and resident engagement to a new level.

Objectives:

1. Understand that viewing care from the residents' perspective is the necessary for impactful improvement and culture change
2. Learn the process of Shadowing as the way to see the true vs. perceived current state, identify opportunities for change, build the right teams to make improvements, and engage staff, leaders, and residents in the process
3. Build a sustainable QAPI process and culture by implementing working groups and using other low-cost high-impact tools that continually evaluate and improve upon the current state of care and quality.

Nicholas Zaksek will present **“Antibiotic Stewardship Now”**. Antibiotics are one of the most commonly prescribed medications in nursing homes and their overuse is recognized as a serious problem resulting in drug resistant bacteria, C.diff and many other serious events. Between 25%-75% of antibiotics prescribed in nursing homes are UNNECESSARY. What happens when antibiotics don't work anymore? In this presentation we'll tour a future world without antibiotics then Nick will explore the challenges of antibiotic stewardship, present case examples of antibiotic stewardship's value and demonstrate the use of an Antibiogram in nursing homes. The question how to begin an Antibiotic Stewardship program will be discussed. Antibiotic Stewardship provides a unique and rewarding opportunity for collaboration of long-term care facilities with their area hospitals and microbiology labs.

Objectives:

1. Discuss serious problems resulting from overuse of antibiotics
2. Answer the question "How to start an antibiotic stewardship program in a long-term care facility?"
3. Understand and implement Antibiograms into Nursing home Antibiotic Stewardship programs

Linda Lewis will present **“Competency Assessment: Cornerstone of Quality Improvement”**. This program will define the types of skills for which staff competency should be assessed and will describe several methods to accomplish competency assessment. Each step of the design of a mature competency assessment program will be presented, from policy development through reporting of results. We will review the elements of staff training and competency in the Requirements of Participation and look at ways to assess cultural competence and competence in the trauma-informed approach. We will demonstrate how to incorporate competency assessment as an element of the QAPI, antibiotic stewardship, corporate compliance and risk management programs. This program is rich with examples and forms that will assist participants to design and implement a facility-specific approach to competency assessment.

Objectives:

1. Participants will understand the relevance of competency assessment to quality, compliance and risk management.
2. Participants will be able to define a competency assessment policy.
3. Participants will be able to design and implement a robust competency assessment program.

Tanya Harris will present **“To Discharge or Not to Discharge: What Nursing Facility and Personal Care Home Providers Need to Know”**, addressing the current laws governing admissions, transfers and discharges in the nursing and personal care settings and discuss best practices and strategies to ensure compliance with such laws while promoting the health, safety and well-being of the resident. The session will also address some of the challenges facing nursing facility and personal care home providers with respect to transfers and discharges, such as when confronted with a disruptive resident, and the legal implications to be considered from a risk-management standpoint.

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Objectives:

1. *Understand the laws governing admissions, transfers and discharges in the nursing and personal care settings.*
2. *Analyze potential risk management issues related to transfers and discharges and explore best practices and strategies to ensure regulatory compliance.*

Kelly Pidgeon will present “**Active Shooter / Workplace Violence: Prevention and Response**”. You may not be able to prevent all types of possible violence in your facility, but you can take preventive actions to mitigate or lessen your organization as a soft target. Learn how to perform a risk assessment, develop steps to harden your organization against violence and learn some ideas to keep in your toolbox to teach your staff on how to respond quickly to a volatile situation to increase survivability.

Objectives:

1. *Understand how service organizations are soft targets*
2. *Be able to perform a risk assessment and employ techniques to lessen the threat of violence in the workplace*
3. *Understand and employ methods of rapid response to buy time and distance to increase survivability.*

Patty Klinefelter will present “**SNF Value Based Purchasing Program**”. An overview of the CMS SNF Value Based Purchasing Program will be discussed to include regulation/law, background 30 day all cause readmission measure, performance scoring and payment structure. How to determine reasons for readmissions will be explored to include completing medical record review, interviewing patients, caregivers, families and physicians, and collaborating with acute care providers. Strategies for reducing readmissions will be examined. This will involve handoffs, standards of care, discharge planning, emergency room physicians' decisions making, SNF education, and telehealth.

Objectives:

1. *Understand the SNF Value Based Purchasing Program*
2. *Describe methods to identify reasons for readmissions to acute care facilities*
3. *List strategies for preventing readmissions*

Michael Gillette will present “**Health Care Ethics**”. This highly interactive, case-based ethics seminar will begin with an introduction to key strategies for identifying, analyzing and resolving ethical issues as they arise in the clinical setting. We will review some of the most interesting and difficult ethical issues that emerge in the provision of long-term care services including concepts of autonomy, family control and professional responsibility. We will concentrate on the ethical implications of disagreement among staff, family and resident surrounding medication management and the refusal of indicated clinical services.

Objectives:

1. *To provide a practical process for ethical decision making in the clinical setting.*
2. *To review the concepts of autonomy, paternalism, and distributive justice.*
3. *To clarify possible responses to the multi-faceted ethical conflict between an individual's right to make potentially dangerous decisions, a family's desire to control services, and staff's obligation to protect individuals from harm.*

Susan Williamson will present “**Department of Health Update**”. This session will include a review and discussion of Statewide Facility and Survey statistics, including frequently cited deficiencies and frequently filed complaints. Following this session, the attendee will have an understanding of all the recent updates from The Department of Health.