A Comprehensive View of Alzheimer’s Disease
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Describe factors associated with the pathophysiology of Alzheimer’s Disease.
2. Identify risk factors related to Alzheimer’s Disease.
3. Analyze ways to diagnose Alzheimer’s Disease based on the signs and symptoms and diagnostic information of Alzheimer’s Disease.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
- Definition
  - Definition of Alzheimer’s Disease and Dementia
  - Facts about Alzheimer’s Disease
  - Facts about Alzheimer’s Disease (Cont.)
  - The Impact of Alzheimer’s Disease
  - Life Expectancy
  - Complex Disease
- Pathophysiology
  - Pathophysiology of Alzheimer’s Disease
  - Changes in the Brain
  - Types of Alzheimer’s Disease
  - Progression of Alzheimer’s Disease
  - The 3 Stage Model
  - The 7 Stage Model
Causes
- Causes of Alzheimer’s Disease
- Potential Risk Factors
- Epidemiology
- Genetic Factors

Diagnosis
- Diagnosis
- New Diagnostic Criteria
- Goal of the Guidelines
- First Phase: Preclinical Alzheimer’s Disease
- Second Phase: Mild Cognitive Impairment (MCI)
- Final Phase: Dementia Due to Alzheimer’s
- Differences Between Alzheimer’s and Typical Age-Related Changes
- Ten Warning Signs
- Tests and Evaluations for Alzheimer’s Disease

Signs and Symptoms
- Early Behavioral Signs
- Identifying Depression in Alzheimer’s Disease
- Identifying Depression in Alzheimer’s Disease (Cont.)
- The First Step
- Diagnoses
- Treatment for Depression in Alzheimer’s Disease
- Late Behavioral Signs
- Late Behavioral Signs (Cont.)

Care Guidelines
- Pharmacologic Interventions for Memory Loss
- Vitamin E
- Vitamin E (Cont.)
- Medication
- Non-Pharmacologic Management of Common Changes in Behavior
- Non-Pharmacologic Management of Common Changes in Behavior (Cont.)
- Behavioral Symptoms
- Non-Pharmacologic Interventions
- No Medications Approved
- Medication Classes
- Summary
A Comprehensive View of Dementia
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify risk factors associated with cognitive decline and dementia.
2. Differentiate between the different types of dementia.
3. Identify reversible and non-reversible causes of dementia.
4. Describe characteristics specific to each type of dementia.
5. Describe the different stages of dementia.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
- Understanding
  - Understanding Dementia
  - Signs and Symptoms of Dementia
  - Symptoms of Dementia
  - Functioning with Dementia
  - Risk Factors
  - Risk Factors (Cont.)
- Causes
  - Common Causes of Reversible Dementia
  - Common Causes of Irreversible Dementia
Types
- Types and Causes of Dementia
- Vascular Dementia
- Vascular Dementia: Causes
- Vascular Dementia: Symptoms
- Vascular Dementia: Symptoms (Cont.)
- Vascular Dementia: Mood Changes
- Dementia with Lewy Bodies (DLB)
- Dementia with Lewy Bodies (DLB): Diagnosis
- Dementia with Lewy Bodies (DLB): Early Stages
- Dementia with Lewy Bodies (DLB): Symptoms
- Dementia with Lewy Bodies (DLB): Features
- Parkinson’s Disease Dementia
- Parkinson’s Disease Dementia: Onset
- Parkinson’s Disease Dementia: Diagnosis
- Frontotemporal Dementia (FTD)
- Frontotemporal Dementia (FTD) (Cont.)
- Frontotemporal Dementia (FTD): Symptoms
- Frontotemporal Dementia (FTD) Behavior Variant Frontotemporal Dementia (bvFTD)
- Frontotemporal Dementia (FTD) Primary Progressive Aphasia (PPA)
- Frontotemporal Dementia (FTD) Primary Progressive Aphasia (PPA)
- Creutz-Jakob Disease (CJD)
- Creutz-Jakob Disease: Causes
- Creutz-Jakob Disease: Symptoms
- Korsakoff Syndrome
- Korsakoff Syndrome: Symptoms
- Korsakoff Syndrome: Symptoms (Cont.)
- Down Syndrome
- Huntington’s Disease (HD)
- Huntington’s Disease (HD) (Cont.)
- Normal Pressure Hydrocephalus (NPD)
- Traumatic Brain Injury (TBI)
- Mixed Dementia
- Mixed Dementia: Symptoms

Stages
- Stages of Dementia
- Mild Cognitive Impairment (MCI)
Abuse Prevention in Residents with Dementia
1.0 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Discuss the associated risk of abuse amongst Alzheimer’s and dementia residents.
2. Identify the different types of vulnerable adult abuse and warning signs associated with each type.
3. Explain ways in which the caregiver can manage stress as a part of abuse prevention.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Mandate
  - Victims
  - Adult Protective Services
  - Other Organizations
  - Perpetrators
  - High Risk Individuals
- Types of Abuse
  - Types of Abuse
  - Warning Signs
- Caregiver Stress
  - Association of Abuse with Caregiver Stress
  - Caregiver Stress Definition
  - Caregiver Stress Definition (cont.)
  - Caregiver Stress Statistics
- Physical Component
- Physical Indicators of Stress
- Burnout
- The Effects of Stress
- Other Factors
- Avoiding Caregiver Stress
Accident Prevention

0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Identify ways to prevent falls in the elderly.
2. Identify ways to address residents who at risk for elopement.
3. Describe common security procedures that may be put into place to help protect the facility residents.
4. Discuss the importance of having emergency plans in place.
5. Discuss issues related to fire safety.
6. Identify state-specific safety measures that may be implemented to assist in accident prevention.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Falls
  - Falls
  - Falls (cont.)
- Wandering
  - Wandering (Elopement)
  - Security Measures
- Security
- Security
- Criminal background checks

- Emergency Plans
  - Detectors
  - Disasters
  - Disasters (cont.)
  - Emergency Management Plan
  - Fire Safety
  - Kansas General Checklist

- Additional Requirements
  - State Specific Requirements

- Summary
  - Summary
Active Shooter Incident Planning: Employee Version
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national level and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PhD student in psychology.

Objectives:
1. Discuss your facilities emergency preparedness plan.
2. Define an active shooter.
3. Discuss a typical response to an active shooter.
4. List ways that might prevent an emergency situation.
5. List the actions you should take in the event of an active shooter.

Outline:
• Introduction
  o Welcome/Objective Page
  o Navigation
  o Overview
    o Health Care Facilities (HCF’s)
    o Planning for Emergencies

• Active Shooter
  o Active Shooter
  o Being Human
  o Challenges for Healthcare Workers
  o Prevention

• Run Hide Fight
  o Run
  o Hide
  o Fight
    o Run, Hide, Fight Video
  o Emergency Operations Plans
  o Emergency Operations Plans (Cont.)
  o Community Approach
  o Incorporating a Plan
Objectives:
1. Discuss your facilities emergency preparedness plan.
2. Define an active shooter.
3. List the actions you should take in the event of an active shooter.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
  - Health Care Facilities (HCF’s)
  - Planning for Emergencies
- Run Hide Fight
  - Active Shooter
  - Run Hide Fight
  - Emergency Operations Plans
  - Emergency Operations Plans (Cont.)
  - Community Approach
  - Incorporating a Plan
Activities of Daily Living
0.5 contact hour(s)

Author: Cindy Smith, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Define activities of daily living.
2. Articulate the steps involved in bathing a client.
3. Describe all of the activities of grooming a client.
4. Define appropriate skin and peri care techniques.
5. Identify changes to look for when assisting clients with ADLs.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Activities of Daily Living
  o Definition
  o Federal Regulations
  o Assistance
  o Procedures
  o Personal Hygiene
  o AM Cares
  o PM Cares
Bathing
- Bathing
- Bathing Needs
- 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
- Client Choices
- Special Considerations
- Appearance

Skin Care and Peri Care
- Skin care
- Perineal Cares
- Peri Care
- Incontinence

Changes in Condition
- Changes in Condition
- Significant changes
- Interacting with the client
- Skin Observations
- Guidelines After all procedures
- Conclusion
Acute and Chronic Wounds: Etiology and Characteristics
1.0 contact hour(s)

Author: Catherine Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Describe the layers of normal, intact skin.
2. Explain basic wound characteristics and their healing processes.
3. Describe the different wound types.
4. Discuss the basic concept of wound assessment.
5. Describe skin tears.
6. Identify the stages of pressure ulcers.
7. Discuss wound assessment in depth.
8. Describe 3 types of lower leg ulcers.

Outline:

- Introduction
  - Objectives
  - Navigation
  - Introduction to Acute and Chronic Wounds: Etiology and Characteristics
  - Introduction to Acute and Chronic Wounds: Etiology and Characteristics (cont.)
- Normal Skin
  - Normal Skin
- Wound Basics
  - Wound Definition and Classification
  - Wound Healing Process
  - Wound Healing Process (cont.)
- Wound Types
- Acute-Surgical: Heal with Durable Closure
- Acute - Trauma: Heal without Durable Closure
- Acute - Trauma: Heal without Durable Closure (cont.)
- Tertiary Intention: Managed with Delayed Closure
- Partial Thickness: Managed Without Sutures
- Secondary Intention: Chronic Wound - Left to Heal with Scar Formation Heal Slowly
- Chronic Wound

- Basic Assessment
  - Introduction to Wound Assessment
  - Wound Assessment
  - Location on the Body
  - Extent of Tissue Damage

- Skin Tears
  - Skin Tear
  - Skin Tear - Payne Martin Classification System

- Pressure Ulcer Staging
  - Introduction to Pressure Ulcer Staging
  - NPUAP Staging
  - Incontinent-Associated Dermatitis vs. Pressure Ulcer (IAD)
  - Pressure Ulcer
  - Suspected Deep Tissue Injury
  - Stage 1
  - Stage 2
  - Stage 3
  - Stage 4
  - Unstagable

- Wound Assessment
  - Wound Base
  - Wound Size
  - Wound Exudate
  - Wound Edge
  - Periwound Skin
  - Bacterial Burden
  - Clinical Signs and Symptoms of Wound Infection
  - Wound Pain

- Lower Extremity Ulcer
  - Introduction to Lower-Extremity Leg Ulcers
  - Venous Ulcers
  - Arterial Ulcers
  - Neuropathic Wounds
  - Peripheral Neuropathy (PN)
  - Peripheral Artery Disease (PAD)
  - Musculoskeletal Abnormalities
  - Wagner's Classification System
- Neuropathic Foot Ulcers
- Quiz Introduction Page
Advance Directives

0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Define advance directives.
2. Distinguish the differences between the Living Will and Durable Power of Attorney for Healthcare.
3. Discuss additional information related to advance directives.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Definition
  - Control
  - Why Advance Directives
- Living Will
  - Overview
  - Living Will
  - Information
- Power of Attorney
  - Overview
  - Life Sustaining Procedures
Additional Information
  o Legality
  o Emergency Situations
  o State to State
  o Expiration and Revocation
  o Advance Directive Review
  o Individuals Without Advance Directive
  o In Summary
Advanced Pain Management: In Long Term Care
1.0 contact hour(s)

Author: Cindy Smith, RN, BS, MA

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Objectives:

1. Define pain.
2. Identify common misconceptions about pain.
3. Identify the effects of unrelieved pain on the elderly.
4. Identify barriers to effective pain management.
5. Describe each component of an effective pain management program.

Outline:

- Introduction
  - Welcome/Objective Page
  - Terminology
- Definition
  - What is Pain
  - What is Pain (Cont.)
  - Truth or Misconceptions About Pain
  - Chronic Pain
  - Why is it Important to Focus on Pain
- Statistics
  - Statistics
  - Acute Pain
  - Effects of Unrelieved Pain
Barriers
  - Barriers
  - Key Points

Screening
  - Effective Pain Management
  - Assessment
  - Implementing
  - Addressing Pain
  - Team Effort
  - Patient Descriptors
  - Non-verbal Descriptors
  - Cognitively Impaired Clients

Assessment
  - Initial Screening Pain
  - Conditions
  - Acute Pain
  - Categories of Pain
  - Location of Pain
  - Pain Assessment
  - Questions to Evaluate
  - Frequency

Management
  - Management
  - Setting Goals
  - Key Factors
  - Complementary therapies
  - Guidance
  - Pain Medication Management
  - Routes of Administration
  - Pain Medication Management (Cont.)
  - Risks
  - Adjuvant Medications
  - Pain Strategies
  - Surgical Interventions

Reassessment
  - Reassessment and Monitoring
  - Standardized Pain Assessment Scale
  - Current Medication
  - Taper or Discontinue Medications
  - Adverse Consequences
  - Summary
Age Specific Competency: Meeting the Needs of the Client
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the physical characteristics of each age group.
2. Describe the motor and sensory adaptations for each age group.
3. Identify the cognitive characteristics for each age group.
4. Discuss the psychosocial needs of each age group.
5. Identify the specific nutritional needs for each age group.
6. Discuss interventions for each age group appropriate to your specific position within the healthcare environment.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Age Specific Considerations
  - JCAHO
- Infancy
  - Infants
- Toddler
  - Toddler
- Pre-School
- Pre-School
  - School Age
    - School Age
  - Adolescence
    - Adolescence
  - Young Adult
    - Young Adult
  - Middle Adult
    - Middle Adult
  - Geriatrics
    - Geriatrics
Alzheimer’s Disease
1.5 contact hour(s)

Author: Cindy Smith, RN, MSN

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Objectives:

1. Differentiate dementia and Alzheimer’s disease.
2. Discuss the impact that Alzheimer’s disease has in the United States.
3. Describe the pathophysiology of Alzheimer’s disease.
4. Recognize the risk factors associated with Alzheimer’s disease.
5. Identify the new diagnosis guidelines.
6. Discuss diagnosis including the clinical assessment and tools used.
7. Distinguish the medication used to treat all stages of Alzheimer’s disease.
8. Describe depression in Alzheimer’s disease including diagnosis and interventions.
9. Describe late behavioral and personality changes including interventions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- The Impact of AD
  - Leading Cause of Death
  - Living With Alzheimer’s
  - Impact
Cost of Alzheimer’s
Pathophysiology of AD
- Pathophysiology of AD
- Changes in the Brain
- Types of AD
- Stages
- Complex Disease
Risk Factors / Prev
- Known Risk Factors
- Potential Risk Factors
- Epidemiology
- Genes Associated with Development of AD
Diagnosis of AD
- Research
- New Diagnostic Guidelines
- New Diagnostic Guidelines (cont.)
- First Phase: Preclinical Alzheimer’s Disease
- Second Phase: Mild Cognitive Impairment
- Dementia Due to Alzheimer’s
- Differentiating AD
- Tools for Diagnosing AD
- Biomarkers
- Neuroimaging
- Cerebrospinal Fluid and Blood Proteins
Current Treatment of AD
- Treatment
- Medications
- Drugs and AD
Early Behavioral
- Behavior and Personality Changes
- Early Stages
- Depression Symptoms with AD
- Diagnosing Depression in AD
Late Behavioral
- Later Changes
- Wandering
- Plan
- Rummaging Through or Hiding Things
- Rummaging Through or Hiding Things (cont.)
- Aggressive Behavior
- Agitation
- Confusion
- Hallucinations or Illusions
- Paranoia or Suspicion
- Impulsive Behaviors and Unpredictable Situations
- Repetitive Behavior
- Sleep Changes
- Eating Disorders
- Catastrophic Reaction

- Conservatorship / Guardianship
  - Vulnerable Adults
  - Durable Power of Attorney
  - Guardianship
  - Conservatorship
  - Advance Directives
Alzheimer’s Disease: The Facts
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels. In addition, she has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Describe the changes in the brain with individuals who experience Alzheimer’s Disease.
2. List the signs and symptoms of Alzheimer’s Disease.
3. Discuss the cause of Alzheimer’s Disease.
4. Discuss how Alzheimer’s Disease is diagnosed.
5. Describe treatment options available
6. Discuss potential clinical trials
7. Describe how individuals can find support as a caregiver or family member

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
  - Alzheimer’s Disease
  - Cause of Dementia
  - Cause of Dementia (Cont.)
  - Dr. Alois Alzheimer
- Changes
  - Onset and Progression of Alzheimer’s
  - Changes in the Brain (Cont.)
- Signs and Symptoms
  - Signs and Symptoms
  - Signs and Symptoms (Cont.)
  - Early Detection
  - Mild Alzheimer’s Disease
Active Link Text:

- Moderate Alzheimer’s Disease
- Severe Alzheimer’s Disease

**Causes**
- What Causes Alzheimer’s
- The Basics of Alzheimer’s
- The Basics of Alzheimer’s (Cont.)
- Genetics – Late Onset
- Genetics – Early Onset
- Genetics – Down Syndrome
- Alzheimer’s Disease Genetics Fact Sheet
- Health, Environment, Lifestyle Factors
- Health, Environment, Lifestyle Factors (Cont.)

**Diagnosis**
- Diagnosis of Alzheimer’s Disease
- Diagnosis of Alzheimer’s Disease (Cont.)
- Diagnosis of Alzheimer’s Disease (Cont.)

**Treatment**
- Treatment of Alzheimer’s Disease
- Maintaining Mental Function
- Behavioral Symptoms
- Looking for New Treatments

**Clinical Trials**
- Participating in Clinical Trials
- Participating in Clinical Trials (Cont.)

**Support**
- Support for Families and Caregivers
- Support for Families and Caregivers (Cont.)
- Support for Families and Caregivers (Cont.)
Annual Training Summary
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Identify the proper safety precautions related to the following:
   - Body mechanics
   - Environmental safety (fire and electrical)
   - Heimlich maneuver
   - Preventing workplace violence
   - Fall prevention
2. Identify the components of the following regulatory mandates:
   - Corporate compliance
   - HIPAA
   - Sexual harassment
3. Discuss proper safety precautions relative to the following infection control measures:
   - Hand hygiene
   - The HIV, HBV, HCV, and TB viruses
   - Safety with sharps

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Safety
- Safety
- Using Proper Body Mechanics
- Principals of Proper Body Mechanics
- OSHA: Watchdog of the American Worker
- Hazardous Materials (HAZMATs)
- Safety Data Sheet (SDS)
- Your Responsibility Using the SDS
- Introduction to Lockout/Tagout
- Seven Steps
- Healthcare Facilities Must be Prepared to Help
- The RACE Procedure
- Types of Fire Extinguishers
- The PASS Procedure
- Evacuation
- The Heimlich Maneuver
- Workplace Violence
- Workplace Violence Prevention Policy
- General Strategies
- Definition of Falls
- Complication of Falls
- Intrinsic and Extrinsic Factors
- Contributing Factors
- First Line of Defense
- Risk of Falls
- Your Role FALLS
- Restraints Summary
- Stress Management

- Regulatory Mandates
  - Regulatory
  - Corporate Compliance
  - Compliance - Everyone’s Responsibility
  - HIPAA Applies to Everyone
  - HIPAA Client Rights
  - What is a HIPAA breach
  - Sexual Harassment
  - Handling Sexual Harassment
  - Submitting a Complaint of Sexual Harassment

- Infection Control
  - Infection Control
  - Recommended Hand Hygiene Techniques
  - Prevention of Bloodborne Pathogens
  - The Risk of Transmission
  - Information is Power
  - The Chain of Infection
- Mycobacterium Tuberculosis
- Signs, Symptoms and Testing for TB

Summary
- Summary
Aseptic Technique
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define surgical asepsis.
2. Identify the principles of aseptic technique.
3. Discuss five recommended practices addressing aseptic technique.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Microorganisms
  - Surgical Infection
  - Surgical Asepsis
- Surgical
  - Sterile Surgical Field
  - Sterile Field: Top Surface
  - Sterile Field: Below
  - Sterile Field: Strike Through
  - Sterile Field: Preventing Contamination
  - Boundaries Defined
  - Flaps and Peel Open Packages
- The Sterile Wrapper
- Circulator Guidelines

- Technique
  - The Surgical Team
  - The Surgical Team (Cont.)
  - Maintaining Integrity of the Sterile Field
  - Rules for Passing

- Practices
  - Conscious Awareness: Operating Room
  - Conscious Awareness: Perioperative Team
  - Guidelines
  - Summary
Avoiding Complications with a Continence Management Program
1.0 contact hour(s)

Author: Christine Pruneau, RN, BSN, RAC-CT

Christine was a 20 year member of the Association of Rehabilitation for Nurses, working on their annual conference committee for much of that time. She has written presentations and spoken as WHCA, OHCA and NMHCA.

Objectives:
1. Define continence management and examine statistical relevance in the US.
2. Identify 3 toileting programs recognized in current literature.
3. Review complications associated with incontinence.
4. Discuss QAPI as a technique to improve continence care and avoid complications.

Outline:
• Introduction
  o Lesson Title Page
  o Objectives with Disclosure
  o Navigation
• Assessment
  o Incontinence Facts in U.S. Population
  o Incontinence is Not a Normal Part of Aging
  o What is Urinary Incontinence?
  o Untreated Incontinence
  o Five Types of Urinary Incontinence
  o Urinary Incontinence Assessment
  o Establishing the Pattern
  o Dietary
  o Medication
  o Bowel Incontinence
• Care Plans
  o Toileting Programs
  o MDS Section G0200
  o Toileting Program Trial
3 Day Voiding Diary
3 Day Voiding Conclusions
Implementing a Toileting Program
Behavioral Programs
Bladder Rehab/Retraining
Prompted Voiding
Habit Training/Scheduled Toileting
Check and Change
Products to Manage Incontinence

Evaluation
Complications Occurring with Incontinence
Incontinence and Pressure Sores
Stages of Pressure Sores
Foley Catheter Use
Risk Factors to MASD
Clinical Appearance of MASD
Prevention/Treatment of MASD
Incontinence and Urinary Tract Infection
Incontinence and Urinary Tract Infection (Cont.)
UTI Prevention Techniques
Incontinence and Falls

Prevention
QAPI and Incontinence
Performance Improvement Project
PIP Group
PIP Steps
Identify Problems and Prioritize
Acute Transfer Log
Data Collection and Analysis
Data Collection and Analysis (Cont.)
5 Whys
Action Planning, Benchmarks, Goals, Processes
Stop and Watch Tool
Assessment
Systematic Action-Evaluation
Feedback
Getting Help for Incontinence
Summary
Back Safety: A Lesson in Proper Body Mechanics
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Define body mechanics.
2. Describe the benefits of body mechanics.
3. Identify the principles of proper lifting techniques.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Workplace Injuries
  o Center of Gravity
  o Injury Prevention
• Benefits
  o Benefits of Body Mechanics
  o Using Proper Body Mechanics
  o Posture as an Important Principle
  o Results of Poor Posture
• Principals
  o Principals Proper Body Mechanics
  o Physical Activity
  o Stress Reduction
  o Good Nutrition
  o It's Up to You
Basic Anatomy
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Understand the body and how it functions.
2. Identify the different systems in the body.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Anatomy
  o The human body
  o Cells
- The Tissue
- Organs
- Systems

**Systems**
- Integumentary system
- Musculoskeletal System
- Nervous
- Endocrine
- Reproductive System
- Urinary System
- Gastrointestinal System
- Circulatory System
- Respiratory System
- Summary
Basic Problem Solving
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. List the nine steps of problem solving.
2. Define the problem.
3. Gather information from others.
4. Ask, "What did we learn?"
5. Find commonalities and differences.
6. Define beneficial and realistic goals.
7. Brainstorm possible solutions.
8. Prioritize solutions.
9. Choose the best solution.
10. Implement the solution.
Outline:

- Introduction
  - Welcome/Objective Page
  - Terminology
  - Intro Page

- Nine Steps
  - Problems Among Co-Workers
  - Successful Solutions
  - The 9 Steps of Problem Solving

- Define
  - Step One: Define the Problem
  - Events or Situations
  - Circumstances
  - How Does the Problem Make You Feel?
  - Interpretations and Assumptions
  - Actions to Take

- Gather
  - Step Two: Gather Information from Others
  - Avoid Speaking to Others Individually
  - Each Person's Point of View
  - Hearing & Understanding

- Ask
  - Step Three: Ask, "What Have We Learned?"
  - The Healing Process

- Find
  - Step Four: Find Commonalities and Differences
  - Agreement & Disagreement

- Goals
  - Step Five: Define Beneficial and Realistic Goals
  - Compromise

- Brainstorm
  - Step Six: Brainstorm Possible Solutions
  - Avoid Being Judgmental

- Prioritize
  - Step Seven: Prioritize the Solutions
  - Discuss Possible Solutions in Detail

- Solve
  - Step Eight: Choose the Best Solution
  - Everyone Must Commit to the Solution

- Implement
  - Step Nine: Implement the Solution
  - Implementation Questions
  - Roles & Responsibilities
Body Positioning: A Welcome Change
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Define body positioning.
2. Define the purpose of body positioning.
3. Recognize basic body positions.
4. Demonstrate proper body alignment of a client in the supine or back-lying position.
5. Demonstrate moving a client from a supine to a side-lying position.
6. Demonstrate moving a client from a supine to a sitting position.

Outline:

- Introduction
  - Welcome/Objective Page
Navigation

Definition
  - Movement
  - Gravity and Friction

Purpose
  - Reasons for Body Positioning
  - Change Body Position Frequently

Body Position
  - Basic Positions
  - Back lying (Supine) Position
  - Back lying (Supine) Position (Cont.)
  - Side Lying Position
  - Sitting Position
  - Sitting Position (Cont.)
  - Sitting Position (Cont.)
  - Sitting Position (Cont.)

Supine Position
  - Positioning a Client on His or Her Back
  - Positioning a Client on His or Her Back (Cont.)
  - Positioning a Client on His or Her Back (Cont.)
  - Positioning a Client on His or Her Back (Cont.)
  - Pressure Points
  - Moving a Client Up in Bed When the Client is Able to Help
  - Moving a Person Up in Bed When They Are Able To Help
  - Moving a Person Up in Bed When They Are Able To Help (Cont.)
  - Moving a Client to the Side of the Bed When the Client is Able to Help
  - Moving a Client to the Side of the Bed When the Client is Unable to Help

Side-Lying
  - Turning a Client From Supine to a Side-Lying Position
  - Turning a Client From Supine to a Side-Lying Position

Sitting Position
  - Moving a Client From a Supine to a Sitting Position
  - Moving a Client to the Side of the Bed When the Client is Unable to Help
  - Positioning a Client in a Chair
  - Positioning a Client in a Chair (Cont.)
  - Moving a Client Up in a Chair
Breaking the Chain of Infection

0.5 contact hour(s)

Author: Yvette Dulohery RN, MSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. Identify the six components of the chain of infection.
2. Describe at least three causative agents that can develop into an infection.
3. Describe how the chain of infection can be broken.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - The Bad Guys
- The Chain
  - The Chain of Infection
  - Breaking the Chain
- Infectious
  - The First Link in the Chain: Infectious Agents
  - Good Microorganisms
  - The Skin
  - Aerobic and Anaerobic Bacteria
  - Bacteria Shapes
  - Infectious Agent: Virus
  - Infectious Agent: Fungi
  - Infectious Agent: Parasites
- Infectious Agent: Prions

- Reservoir
  - The Second Link in the Chain: A Reservoir
  - Fun Fact

- Portal of Exit
  - The Third Link in the Chain: Portal of Exit

- Transmission
  - The Fourth Link in the Chain: Mode of Transmission
  - A Common Vehicle
  - Carriers With and Without Symptoms
  - Good Hand Hygiene is Essential

- Portal of Entry
  - The Fifth Link in the Chain: Portal of Entry

- Host
  - The Sixth Link in the Chain: Susceptible Host

- Stages
  - Stages of Infection

- Defense
  - Defense Against Disease
  - The Inflammatory Process
  - The Immune System
  - The Immune Responses
  - Additional Defense: External
Building Your Team
0.5 contact hour(s)

Author: Joan Zwach

• BA Business Administration, Metropolitan State University, St. Paul, MN.
• Nursing Diploma, St. Mary's School of Nursing, Minneapolis, MN.
• 10 years experience as Human Resources Manager including coaching and mentoring supervisors and managers.
• 9 years experience as Human Resources Consultant to small and mid-size businesses.

Objectives:

1. Discuss

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Definition of Team
  o Team Environments
  o Goals and Objectives
  o The Evolution of Teams
• Roles
  o Roles in the organization
  o The Middle Manager
  o Evaluating your Organization
  o The Roles off the Manager/Supervisor
  o Analyzing
  o Summary
• Team Assessment
  o Assessing Your Team
  o Sports Team Model
  o Assess Your Team
  o Recognizing Individual Performance
Team Development
- Stages of Team Development
  - Forming Stage
  - Forming Stage (cont.)
  - Storming Stage
  - Storming Stage (cont.)
  - Storming Stage (cont.)
  - Norming Stage
  - Performing Stage
  - Impact

Expediting
- Ways to Expedite Team Development Stages
  - Multiple Teams
  - Characteristics of Successful/Unsuccessful Teams
  - Benefits
  - Decision Making in Teams
  - Evaluate Decisions
  - Friend or Team Leader (Managing Personal Relationships)
  - Managing a Team Meeting
  - Summary
Cardiovascular Disease & 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 book.

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.

Outline:

The Heart
  - Introduction
    - Lesson Title Page
    - Objectives with Disclosure
    - Navigation
    - Cardiovascular Disease
  - Heart Structure
    - The Heart as a Pump
    - Heart Location
    - Heart Chambers
    - Circulation
    - Circulation (Cont.)
    - Arteries and Veins
    - Arterial / Venous System
    - Arterial / Venous System (Cont.)
  - Disorders
    - Cholesterol and the Heart
    - Valve Disorders
    - Hypertension
    - Infections
    - Electrical Disorders of the Heart
    - Disorders of the Heart
    - Structural Abnormalities
    - Structural Abnormalities (Cont.)
  - Vasculature
    - Disorders of the Vasculature
    - Coronary Artery Disease
    - Coronary Artery Disease (Cont.)
    - Progression of Coronary Artery Disease
    - Progression of Coronary Artery Disease (Cont.)
    - Blockage and Infarct of Coronary Arteries
    - Blockage and Infarct of Coronary Arteries (Cont.)
    - 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
  - Realistic Exercise Program (Cont.)
  - Health Goals
  - Health Goals (Cont.)
  - Therapists
  - Geriatrics and Exercise
  - Comorbidities
  - Hyperlipidemia
  - Hyperlipidemia (Cont.)
  - Hyperlipidemia (Cont.)
  - Family History
  - Family History (Cont.)
  - Hypertension
  - Hypertension (Cont.)
  - Metabolic Syndrome

- Surgery
  - Surgery
  - Surgery (Cont.)

- Treatment
  - Treatment for Other
  - Risk Modification
  - Carotid Endarterectomy
  - Carotid Endarterectomy (Cont.)
  - Carotid Artery Angioplasty and Stenting
  - Disease Modifying Medications
  - Renal Artery Stenosis
  - Renal Artery Stenosis (Cont.)
Therapeutic Impact

- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation

- Diseases
  - Diseases
  - Diseases: Clinical Example
  - Common Cardiac Conditions
  - Patients with Heart Failure
  - Patients with Heart Failure (Cont.)
  - 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
  - Coronary Artery Disease Symptoms (Cont.)
  - 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
  - Case Study 2 (Cont.)
  - Summary
Care of the Cognitively Impaired Resident
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN, CNE

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Describe the cognitive, functional, behavioral, and neuropsychiatric effects of dementia.
2. Describe the reasons for resident behaviors seen in dementia and identify general interventions effective in caring for a person with dementia.
3. Describe effective techniques used when communicating with a person with dementia.
4. Identify how environmental conditions can affect a person with dementia.
5. Identify how behaviors are evidenced, describe sundowning, and identify how to address catastrophic reactions.
6. Describe the different medications used in the treatment of AD.
7. Identify legal considerations that must be observed when a person has dementia.
8. Discuss important factors that must be discussed when a person has end-stage dementia.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
  - Introduction
- Background
  - Effects of Dementia
  - Care of the Cognitively Impaired Resident
  - Behaviors and Personality Changes
General Care Guidelines

- Communication
  - Communication Strategies
  - Communication Changes
  - Communication Interventions
  - Communication Interventions (Cont.)
  - Keep the Lines of Communication Open

- Environment
  - Safety
  - Environmental Conditions

- Symptoms
  - Symptoms and Behaviors Associated with Dementia
  - Middle Stages of Dementia
  - Late Stages of Dementia
  - Managing Negative Behaviors
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Managing Negative Behaviors (Cont.)
  - Symptoms of Dementia
  - Symptoms of Dementia (Cont.)
  - Common Signs and Behaviors
  - Common Signs and Behaviors (Cont.)
  - Medication Factors
  - Wandering (Cont.)
  - Restlessness and Disorientation
  - Rummaging Through or Hiding Things (Cont.)
  - Aggressive Hostile Behavior
  - Aggressive Hostile Behavior (Cont.)
  - Agitation
  - Agitation (Cont.)
  - Confusion
  - Hallucinations, Delusions, Paranoia
  - Delusions
  - Illusions and Hallucinations
  - Hallucinations
  - Paranoid or Suspicious Behavior
  - Impulsive Behaviors and Unpredictable Situations
  - Impulsive Behaviors and Unpredictable Situations (Cont.)
  - Sundowning / Sleep Problems
  - Catastrophic Reactions
  - Catastrophic Reactions (Cont.)
  - Catastrophic Reactions (Cont.)
  - Resisting Cares
  - Sexual Disinhibition
  - Sexual Disinhibition (Cont.)
Sexual Disinhibition (Cont.)
- Depression
- Depression (Cont.)
- Depression (Cont.)

Pharmacology
- Medications
- Symptoms Treated with Medications
- Antipsychotics
- Antipsychotics (Cont.)
- Sleep Alterations
- Notification of Physician

Legal Considerations
- Vulnerable Adults
- Durable Power of Attorney
- Guardianship
- Conservatorship
- Advance Directives

End Stage
- End-Stages of Alzheimer’s Disease
- Last Stages
- Discuss End-Stage Care
- Palliative Care
- Summary
- Summary (Cont.)
Caring for the Alzheimer’s Client
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Editor: Cynthia Smith, RN, MSN

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Objectives:

2. Identify symptoms and possible causes of Alzheimer's disease.
3. Assist the Alzheimer's patient with activities of daily living.
4. Identify ways to problem solve challenging behaviors.
5. Communicate with the Alzheimer's patient.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
Definitions
- Alzheimer's Disease
- Dementia
- DSM-IV Criteria for Dementia
- Other Dementias
- Alois Alzheimer
- Brain Abnormalities
- Brain Abnormalities (cont.)
- Diagnosis by Exclusion

Symptoms
- Alzheimer’s Disease Stages
  - Alzheimer's Disease: Mild Stage
  - Recognizing Mild Stage Alzheimer’s Disease
  - Moderate Stage Alzheimer's disease
  - Moderate Stage Alzheimer's disease (cont.)
  - Severe Stage Alzheimer's disease
  - Recognizing Severe Stage Alzheimer's disease
  - Life Expectancy and Alzheimer's disease
  - Causes of Alzheimer's Disease — Unknown
  - Apolipoprotein E gene
  - Risk factors

Activities Assistance
- Routine
- Daily Routines
- Daily Routines (cont.)
- Urinary Incontinence

Problem Solving
- Behavioral Changes
- Aggression model
- Stressors
- The 5 R's
- Wandering

Communications
- Communications
- Demonstrate Acceptance Through Body Language
- Validate Client
- Socialization Serves a Purpose
Catheters and Urinary Incontinence
0.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practitioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Define urinary incontinence.
2. List the four types of urinary incontinence.
3. Discuss interventions for urinary incontinence.
4. Identify two types of catheters.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Types
  - Definition
  - Consequences
  - Types of Urinary Incontinence
- Assessment
  - Assessment of Urinary Incontinence
- Interventions
  - Interventions For Urinary Incontinence
- Catheters
  - Catheters
Central Venous Therapy (CVT)
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the indications of CVT.
2. List the types of central venous catheters.
3. Identify the insertion sites for CVT.
4. Discuss the infection prevention techniques with CVT.
5. Identify the complications associated with CVT.
6. List the contraindications for CVT.

Outline:

- Introduction
  - Welcome Objective Page
  - Navigation
- Indications for Use
  - Introduction
  - Introduction to CVT Technique
  - CVT Insertion
  - Indications for Use
  - Indications for Use (cont.)
- Types
  - Types
- **Insertion**
  - Preparing Prior to Insertion
  - Preparing Patient Before Insertion
  - Barrier Precautions

- **Care**
  - Infection Prevention Techniques
  - Gauze Dressing
  - Sterile Techniques for Dressing
  - Catheter Site Care
  - Catheter Site Care (cont.)
  - Port and Tubing Care
  - Port and Tubing Care (cont.)
  - Dwell Time
  - Removal of the Catheter

- **Complications**

- **Contraindications**
  - Contraindication

- **Documentation**
  - Documentation
  - Summary
Change Management
1.5 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. Define the true nature of change.
2. Recognize the primary phases of change and predictable reactions people have to each phase.
3. Select appropriate responses to change.
4. Describe how to communicate change initiatives.
5. Describe how to improve your ability to deal with change.
Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
  - Information
  - 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 (cont.)
  - Truths About Change
  - Truth #1 Expanded
  - Mental Models
  - Mental Models (cont.)
  - Mental Models (cont.)
  - Immunity to Change
  - Addressing Immunity to Change
  - Truths about Change
  - Truths about Change (cont.)
  - Truths about Change (cont.)
  - Speed of Change
  - Speed of Change (cont.)
  - Speed of Change (cont.)
  - Growth of Knowledge
  - Growth of Knowledge (cont.)
  - Growth of Knowledge (cont.)

- **Phases**
  - Reaction to Change
  - Impact of Change
  - Impact of Change (cont.)
  - Results of Change
  - Predictable Patterns of Change
  - Ending Stage: Denial
  - Ending Stage: Denial (cont.)
  - Ending Stage: Denial (cont.)
  - Ending Stage: Denial (cont.)
  - Neutral Zone Resistance Part 1
  - Neutral Zone: Resistance Part 1 (cont.)
  - Neutral Zone: Resistance Part 1 (cont.)
  - Neutral Zone: Part 2
Challenging Behaviors: Care & Interventions for Residents Experiencing Dementia
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify common triggers for challenging behaviors.
2. Develop strategies to minimize behaviors associated with dementia.
3. Identify communication techniques to use with the resident experiencing dementia.
4. Recognize caregiver stress.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Overview

• Definition
  o Definitions
  o Behaviors

• Behaviors
  o Behavior is Communication
  o Common Behaviors: Wandering
  o Caregiver Interventions: Address Wandering Behavior
  o Common Behaviors: Hoarding
  o Caregiver Interventions: Address Hoarding
  o Common Behaviors: Rummaging
  o 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
  - Communication: Do’s and Don’ts
  - Share Interventions
- Caregiver Stress
  - Caregiver Stress
- Case Study
  - Case Study
Neutral Zone: Part 2 (cont.)
○ Exploration: Beginning Stage
○ Exploration: Beginning Stage (cont.)
○ Commitment: Final Stage

 Responses
○ Essence of Change
○ Change Management Strategies
○ Change Must Be Consistent with Organization Goal
○ Flavor of the Month
○ Power of Vision
○ Power of Vision (cont.)
○ Engagement and Involvement Strategies
○ Trust a Key Factor
○ Building Trust
○ Empowerment a Key Factor
○ Gap Analysis
○ Formal/Informal Relationships
○ What is Needed for the Change to be Successful?
○ Lack of skill or Knowledge
○ New/Changed Roles
○ Allocate Sufficient Resources
○ Model the New Way
○ Recognizing Employee
○ Engage Employees
○ Engage Employees (cont.)
○ Create Early Wins
○ Formula
○ Assess Your D x V x F > R Formula

 Initiatives
○ Make Communications a Priority
○ Provide Consistent Information From a Credible Source
○ Seek Feedback From Stakeholders
○ Learn to Listen

 Improvement
○ Learn to Work in the Rain
○ RAIN Profile
○ Improve Your RAIN Profile
○ Increasing Your Risk Tolerance
○ Increasing Your Risk Tolerance (cont.)
○ Increasing Your Adaptability
○ Realist adjusts the sails
○ Increasing Your Improvement Focus
○ Brainstorming
○ "How Can This Be Better?"
- Neutralizing Your Stress
- Relax
- Think "Today"
- Priority on Fun
- Initial Phase Questions
- Announcement
- Reiterate the Reason for the Change
- Schedule Meetings
- Difficulty in Change
- Immunity to Change
- Your Plan
- Positive View of Change
Characteristics of the Readmitted
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Describe the characteristics of individuals that are subject to hospital readmission.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Characteristics
  - Demographics
  - High Readmission Rates: Multiple Chronic Illnesses
  - Comorbid Conditions
  - Readmission by Condition
  - Endstage Diabetes
  - Adverse Events
Chronic Obstructive Pulmonary Disease
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define COPD.
2. Identify the two most common causes of COPD.
3. Describe five common signs and symptoms of COPD.
4. Describe how COPD is diagnosed.
5. Describe important concepts in the care and treatment of the person with COPD.
6. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Introduction to Chronic Obstructive Pulmonary Disease
  - Chronic bronchitis
  - Incidence of Chronic Bronchitis
  - Emphysema
- Causes
  - Three Primary Causes of COPD
  - Cigarette Smoking
- Other Irritants
- Genetic Disorders

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

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

**Care Guidelines**
- Goals
- Treatment of COPD
- Things to Avoid

**Notify Physician**
- Progression of the Disease
Client Behaviors: Assessment and Interventions in the Resident With Dementia

1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify the causes of dementia.
2. Identify cognitive and psychiatric consequences of dementia.
3. Identify reasons for the development of combative or aggressive behaviors in the client with dementia.
4. Discuss important information used to assess the client with dementia.
5. Describe interventions used to help manage behaviors.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Overview of Dementia
  - Irreversible Causes
  - Reversible Causes
- Consequences
  - Consequences of Dementia: Cognitive Losses
  - Psychiatric Symptoms
- Associated Behaviors
  - Behaviors
o Meaning Behind the Behavior
o Aggression
o Client Environment
o Assessment of Behaviors
o Observations
o Active Medical Problems
o Medications That Precipitate Behaviors
o Questions
o Documentation and Reporting
o Promote Success
o Acknowledge Feelings

● Management
  o Behavior Management of Disturbances
  o Mealtime
  o Communication Guidelines
  o Dealing with Confusion or Aggression
  o Alternative Communication
  o Management of Specific Behaviors
  o Hallucinations, Delusions, Illusions
  o Sundowning
  o Wandering, Rummaging, Pacing
  o Catastrophic Reactions – Causes
  o Catastrophic Reactions – Interventions
  o Inappropriate Sexual Behaviors

● Pharmacology
  o Non-medication and Medication Interventions
  o Specific Symptoms
  o Summary
**Clostridium difficile: For Nurses**

1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define Clostridium difficile.
2. Identify the causes of Clostridium difficile infection.
3. Describe the mode of transmission of the Clostridium difficile infection.
4. Identify the risk factors for Clostridium difficile.
5. Identify the clinical manifestations of Clostridium difficile infection.
6. Describe how the diagnosis of Clostridium difficile infection is made.
7. Describe the treatment of Clostridium difficile infection.
8. Identify 3 complications of Clostridium difficile infection.
9. Identify the necessary precautions to prevent the spread of Clostridium difficile infection.
10. Identify how to clean the environment in order to prevent the spread of Clostridium difficile.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Clostridium difficile
  - Clostridium difficile (cont.)
  - Clostridium difficile (cont.)
  - Economic Consequences
Causes
- When Organisms Multiply
- Toxin A and Toxin B
- Toxins That Destroy
- Severe Virulence of C. difficile
- Symptomless Carriers
- Those Affected with Clostridium Difficile

Mode of Transmission
- Transmission
- Transmission (cont.)
- Preventing the Spread of Infection
- The Facts
- High-Risk Patient Care Activities

Risk Factors
- Risk Factors

Clinical Manifestations
- Symptoms

Diagnosis
- Diagnosis
- Low-Risk Populations
- Positive Test Results
- Enzyme Immunoassays (EIA)
- Laboratory Testing
- Non-laboratory Testing

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

Complications
- Complications

Precautions
- Outbreak Precautions

Prevention
- Controlling the Environment
Clostridium difficile: Information for Nursing Assistants

0.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define Clostridium difficile.
2. Identify the symptoms of Clostridium difficile illness.
3. Identify the causes of Clostridium difficile infection.
4. Identify the risk factors for Clostridium difficile.
5. Describe the role of the nursing assistant relative to stool sampling and documentation.
6. Identify what precautions should be taken to prevent the spread of Clostridium difficile.
7. Identify how to clean the environment in order to prevent the spread of Clostridium difficile.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Clostridium difficile
  - Clostridium difficile
  - Clostridium difficile (cont.)
  - Those Affected with Clostridium difficile
- Symptoms
  - Spreading the infection
- **Causes**
  - Environment
  - Preventing the Spread of Infection
  - Toxins that destroy
  - A new Strain of C. difficile
- **Risk Factors**
  - Risk Factors
- **Nursing Assistant Role**
  - Stool Documentation and Collection
  - Collecting Stool Samples
- **Prevention**
  - Prevention
- **Outbreak**
  - Outbreak control
Coaching

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. Define coaching.
2. Identify situations where coaching is an appropriate intervention.
3. Describe the benefits of coaching.
4. List the phases of coaching.
5. Explain the steps in the coaching process.
6. Describe standards of coaching excellence.
7. Select concepts presented in the program that fit into your real life situation.
Outline:

- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
- Coaching
  - Define Coaching
  - Typical Coaches
  - Coaches
  - Opportunities for Coaching
  - Benefits of Coaching
  - Benefits of Coaching (Cont.)
  - Study
- Distinguishing
  - Distinguish Coaching from Managing
  - Distinguish Coaching from Managing (Cont.)
  - Differences
  - Differences (Cont.)
- Phases
  - Phases of the Coaching Process
- Process
  - Process Steps
    - Step 1
    - Step 2
    - Step 3
    - Step 4
    - Step 5
- Standard
  - Standards of Excellence
  - Standards of Excellence (Cont.)
  - Effective Coaching Program
- Summary
  - Transferring Learning to Everyday Life
Code Response
0.5 contact hour(s)

Author: Cynthia Smith RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Prepare for an emergency situation.
2. Respond appropriately in a code situation if you are in a facility with acute care support.
3. Describe the components of a code response team.
4. Respond appropriately to code situations if you are in a free standing facility.
5. Describe the steps included in basic CPR.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Anatomy of a Code
  - CPR Renewal
- Preparation
  - Know Your Client's Code Status
  - Client Preference
- Acute Care
  - Manage Emergencies
  - Facility with Acute Care Support
  - Activate Code System
- Automated External Defibrillator (AED)
- Supported by Acute Care - Step 2
- Organize the Room

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<td>Basic Life Support Steps</td>
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<tr>
<td>Being Prepared</td>
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Coding and Documentation of Activities of Daily Living (ADLs)

0.5 contact hour(s)

Author: Cindy Smith, RN, MSN, LNHA

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

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

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- 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
  o Practice Coding
  o Bed Mobility
  o Transfers
  o Walk in Room
  o Walk in Corridor
  o Locomotion On Unit
  o Locomotion Off Unit
  o Dressing
  o Eating
  o Toilet Use
  o Personal Hygiene
  o Bathing
Communication Basics
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define the components of successful communication.
2. Identify potential barriers to successful communication.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction to Communications
- Importance
  - What is Communication?
Communication and Relationships

The Purpose of Communication

Benefits of Good Communication

Effects of Poor Communication

Definition

Definition

Message Sent = Message Received

The Goal of Communication

Facts About Communication

The Non-Verbal Message

Intended Meaning vs. Interpreted Meaning

Communication is a Partnership

Barriers to Communication

Barriers

Communication Barriers

Communication Barriers (cont.)

Barriers Based on Past Experience

Difficult or Controversial Subjects

Hidden Information

Difference in Language or Culture

Non-Verbal Jousting

Timing

Location

Strategies

Successful Communication Strategies

Be Connected

What Does it Mean to "Be Connected"?

Choose Your Attitude

Get an Attitude Adjustment

Listen to Understand

Maintain Focus

The Other Person's Point of View

The Message Behind the Message

Prepare for What You're Going to Say

Check Your Understanding

Plan for Success

Plan for Success (cont.)

Be Open and Honest
Congestive Heart Failure (CHF)
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define congestive heart failure.
2. Identify common causes of congestive heart failure.
3. Describe five common signs and symptoms of congestive heart failure.
4. Describe how congestive heart failure is diagnosed.
5. Describe how to treat congestive heart failure.
6. Describe important concepts in the care of the person with congestive heart failure.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - The Heart
  - The Heart as a Pump
  - The Heart and Congestive Heart Failure
  - The Heart and Congestive Heart Failure (cont.)
  - Incidence of CHF
Causes
  - Diseases Affecting CHF
  - Most Common Causes of CHF

Signs & Symptoms
  - Signs and Symptoms

Diagnosis
  - Diagnosing CHF
  - Physical Exam
  - Diagnostic/Laboratory Tests

Treatment
  - Treatment of CHF
  - Lifestyle Changes
  - Surgery

Medical Devices
  - New Medical Devices

Care Guidelines
  - Care Guidelines

Notify Physician
  - Progression of the Disease
Corporate Compliance: Advanced
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define what a corporate compliance program is.
2. Describe the 7 elements of an effective compliance program.
3. Identify the role of the compliance officer.
4. Identify potential compliance issues.
5. Describe the components of an effective compliance training program.
6. Describe how to report a compliance issue.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Compliance Program
  o Patient Protection and Affordable Care Act

• Definition
  o What Is Corporate Compliance
  o Corporate Compliance in the Facility
  o Defining The Corporate Compliance Program
  o Facility Commitment
  o Everyone's Responsibility
  o Goals

• Elements
  o Code of Conduct
  o Seven Elements
- The Board of Directors
  - Compliance Officer
    - The Role of the Chief Compliance Officer (CCO)
    - The Role of the Compliance Committee
  - Issues
    - Examples of Corporate Compliance Issues
    - Issues Reported to the Compliance Officer
    - Agencies
    - The False Act Claim
    - Penalties
    - Fraud, Waste & Abuse
  - Training
    - Education and Training
    - Staff Training
  - Reporting
    - Reporting
    - Chain of Command
    - Reporting Mechanism
    - Mandatory Reporters
Corporate Compliance: The Basics
.25 contact hour(s)

Author: Anna Herrmann, JD, CHC, Chief Compliance Officer, Compliance/Risk Management, Queen of Peace Hospital

Editor: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define Corporate Compliance.
2. Articulate your responsibility and level of accountability for compliance with any and all applicable laws governing your work area.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Compliance
  - Background
  - Compliance
  - Why Compliance?
  - Compliance (cont.)
  - Rules and Regulations
  - Who is Responsible for Corporate Compliance
- Role
  - Standards of Conduct
• Compliance as an Element of Job Performance
• False Claims Act
• False Claim
• Documentation and Compliance
• Compliance Everyone’s Responsibility
• Reporting Non-Compliance
• Whistleblower
Creating a Personalized Activities Program
0.5 contact hour(s)

Author: Cynthia Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define the characteristics of a good activity program.
2. Identify various types of activity programs.
3. Define the components of an activity assessment.
4. Identify the components of an activity care plan.
5. Describe which adaptations are necessary for various impairments.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - A Day in the Life of a Nursing Home Client
- Definition
  - Definition
  - Activity Program
  - Activities Promote
  - Federal Regulation: F-248
  - ADL Programs
  - Program of Activities
  - Programs
● Person Appropriate Activities
  ● Person Appropriate Activities (Cont.)

★ Types of Activities
  ● Activity Characteristics
  ● Cultural Change Facilities

★ Assessment
  ● Assessment

★ Care Planning
  ● Ongoing activities program
  ● Activity Goals
  ● Activities

★ Adaptations
  ● Visual Limitations
  ● Hearing Limitations
  ● Physical Limitations
  ● Hand Limitations
  ● Cognitive Limitations
  ● Communication/Language Barriers
  ● Terminally Ill
  ● Pain
  ● Bedfast or Roomfast
  ● Varying Sleep Patterns
  ● Welcoming a New Client
  ● Short Stay Client
  ● Younger Client
  ● Diverse Cultural or Ethnic Backgrounds
  ● Behavioral Symptoms

★ Conclusion
  ● Summary
Cultural Diversity
.50 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the importance of cultural competency.
2. Identify factors that will assist in becoming culturally competent.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Goals
  - Cultural Sensitivity
  - Diversity
  - Cultural Sensitivity (cont.)
  - Influences of Society
  - Environmental Factors
  - Cultural Competence
  - Cultural Competence (cont.)
- Components
  - Effective
  - Care Decisions
  - Conflicts During Care
  - Summary
Customer Service Strategies
.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Demonstrate why exceptional customer service is important.
2. Identify strategies for exceptional customer service.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Introduction to Customer Service
  - Overview
  - How Do We Rate?
  - Self-Assessment
  - Measuring Customer Service
  - Customer Service Process
  - Customer Expectations
  - Who is Responsible for Customer Service?
  - Empower Yourself
- Customer Service Strategies
  - Customer Service Strategies
  - Your Customers
  - Defining Customer Service
  - 9 Principles of Customer Service
  - Caring A Key Component
  - Summary
Death, Dying and Post-Mortem Care
0.5 contact hour(s)

Author: Cindy Smith, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Identify the goals in caring for the dying person.
2. Describe the 5 stages of grief.
3. Identify fears about death.
4. Discuss the caregiver’s role.
5. Identify ways to manage pain at the end of life.
6. Identify changes, and ways to manage those changes associated with the dying process.
7. Discuss how to care for a body during post mortem.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Dying Process
  - The Dying Person
  - Goals
  - Examine Your Feelings
  - Spirituality
- Grief Process
  - The Five Stages of Grief
Fears about Death
  - Fears about Death

The Caregivers Role
  - The Caregivers Role

Pain Relief
  - Pain Relief at the End of Life
  - Interventions
  - Pain relief Methods
  - Pain Medications

Preparing
  - Preparing the Family
  - Signs of Impending Death
  - Keeping The Dying Person Comfortable

Post Mortem Care
  - Post Mortem Care Procedure
  - Post Mortem Changes
  - Providing care
  - Documentation
  - Transporting
  - Support the Family
Developing Partnerships and Marketing Your Services

.50 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. List two goals of the partnership for patients.
2. Describe the Community-based Care Transitions Program (CCTP).
3. Discuss Marketing 101 Concepts.

Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
- **Partnerships**
  - New Day in Healthcare
  - The Importance of Partnerships
  - Goals of the Partnership for Patients
  - Partnership Results
- **CCTP**
  - The Community-based Care Transitions Program (CCTP)
- **HR & SNF**
  - Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
  - Background
  - Background (cont.)
  - CMS Partnerships
- **Marketing 101**
  - Basics of Marketing
  - Marketing 101
  - Value of the Customer
  - Determining Customer Needs
  - What Makes You Special?
  - Conducting Market Research
  - Creating a Marketing Strategy
  - Target Marketing
  - Marketing Mix
Diabetes Basics
0.75 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define diabetes.
2. Identify the causes of diabetes.
3. Describe five signs and symptoms of diabetes.
4. Describe how diabetes is diagnosed.
5. Describe how to treat diabetes.
6. Describe important concepts in the care of the person with diabetes.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - What Is Diabetes?
  - Anatomy of Diabetes
  - Elevated Blood Sugar
- Types of Diabetes
  - Types of Diabetes
- **Causes**
  - Causes of Diabetes
- **Signs Symptoms**
  - Signs and Symptoms
- **Diagnosis**
  - Diagnosis
- **Treatment**
  - Treatment Options
  - Insulin
  - Insulin Delivery
  - Insulin Types
  - Oral Medications
  - Transplantation
- **Care Guidelines**
  - Care Guidelines
  - Diet
  - Exercise
  - Monitoring Blood Sugar
  - Foot Care
- **Notify Physician**
  - Progression of the Disease
  - Long-term Complications
  - When to Call the Physician
  - Foot Changes
Diabetes Update
1.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify the impact of diabetes.
2. Differentiate the types of diabetes.
3. Describe the pathophysiology of diabetes.
4. Identify five risk factors related to diabetes.
5. Discuss the procedures for testing and diagnosing.
7. Describe appropriate diabetes care.
8. Review the types of insulin and oral medications.
9. Discuss coexisting medical conditions.
10. Explain medical nutrition therapy and exercise.
11. Discuss the role of diabetic educators.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - An Epidemic
  - Diabetes
  - Direct & Indirect Costs
Diabetes
  - Types of Diabetes
  - Symptoms of Diabetes

Pathophysiology
  - Metabolism
  - Insulin
    - Latent Autoimmune Diabetes in Adults (LADA)

Risk Factors
  - Risk Factors For Diabetes

Diagnosing and Screening
  - Diagnosis Considerations
  - ADA Diagnosis
  - ADA Criteria
  - Testing Asymptomatic Patients
  - Blood Glucose Levels

Complications
  - Chronic Complications
  - Hyperglycemia
  - Hypoglycemia
  - Chronic Complications (cont.)

Diabetes Care
  - Prediabetes
  - Health Care Team
  - Key Components of Care
  - Techniques
  - Ketone Testing
  - Medication
  - Types of Insulin
  - Insulin
  - Oral Medication
  - Medication (cont.
  - Co-existing Medical Conditions
  - Foot Care
  - Medical Nutrition Therapy (MNT)
  - Goals of MNT
  - Recommendations of MNT
  - Nutritional Therapy
  - Exercise
  - Role of Exercise in Diabetes
  - Role of Exercise in Type 2 Diabetes
  - Role of Exercise in Type 1 Diabetes
  - Diabetes Education
  - Diabetes Educators
The Role of the Diabetes Educator
Patient’s Role in Diabetes Care

Summary
  o  Summary
  o  Summary (cont.)
Dining Experience
.5 contact hour(s)

Author: Cynthia Smith RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify how to create a pleasant dining environment.
2. Identify what makes a meal appealing.
3. Properly prepare, assist and position a client during a meal.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Environment/Atmosphere
  - Dining Experience
  - Dining Experience (cont.)
  - Dining Considerations
  - Welcome Your Guests
  - Conversation IQ
- Food Service
  - Appearance of the Food
  - Appeal For the Client
- The Meal
  - Prior to Mealtime
- Assisting Your Client
- Assisting Your Client (cont.)
- Feeding the Client
- Assisting Your Client (cont.)
- Positioning Concerns
- Medication Administration
- A Pleasant Experience
Dining Standards of Practice
3.0 contact hour(s)

Author: Cindy Smith, RN, MSN, CNE

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify the goal of the food and dining standards clinical task force.
2. Identify the current standards of practice for each type of diet discussed.
3. Identify the current standards of practice for tube feedings.
4. Identify the current standards of practice regarding resident choice and self-directed living.
5. Discuss each aspect of the Four Topic Approach to identify ethically relevant facts.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
  - Research
  - Practice Standards
  - Practice Standards (Cont.)
  - American Dietetic Association (ADA)
  - Questions and Concerns
  - Food and Dining
  - Gathering Input
  - Recommendations
  - Evidence Based Research
  - Organizations Support the New Dining Practice Standards
  - Regular Diet
  - Was Interdisciplinary Expertise Utilized to Develop a Plan to Improve the Resident’s Functional Abilities?
- F281: Professional Standards of Quality
- Interdisciplinary Team

**Diet Liberalization**
- Organization’s Current Position
- Liberalized Diets
- Regular Diet

**Diabetic / Cal. Control**
- Individualized Diabetic Calorie Controlled Diets
- Residents with Diabetes
- Diabetic and Calorie Controlled Diets
- Recommended Course of Practice

**Low Sodium**
- Individualized Low Sodium Diets
- Research Trends for Low Sodium Diets

**Cardiac**
- Cardiac
- Low Saturated Fat

**Altered Consistency**
- Altered Consistency
- Research Trends
- Altered Consistency Diets
- Bedside Swallow Evaluation
- Swallowing Assessments
- Acceptance Tolerance
- Assessment
- Recommended Course of Practice

**Tube Feeding**
- Tube Feeding
- Research Trends for Tube Feeding
- Recommended Course of Practice

**Real Food**
- Real Food
- Real Foods Offered First
- Recommended Course of Practice for Real Food

**Choices**
- Dining Choices
- Dining Choices
- Research Trends for Dining Choices
- Choice of Food Impact
- Approaches
- Set or Limited Meal Times
- Actively Seeking Preferences
Informed Choice
Promoting Resident Choice
Defining Health-Related Quality of Life
Elder’s Right
Informed Refusal
Questions
Informed Refusal
Negotiating Risk
Risks and Benefits
Agreed Upon Plan
Recommended Course of Practice Regarding Choices

Self Directed Living
Self Directed Living
Research Trends Self Directed Living
Current Thinking
Life Extension with Medically Advanced Treatments
Guidelines
Responsibility
Control
Power of Attorney
Recommendations
Alcohol Risks
Alcohol Choices

Negative Outcome
Negative Outcomes
Adverse Outcomes
Proactive Approach
Relevant Research Trends
New Negative Outcomes
Research in the Area of Control
Current Thinking
Autonomy
Individualized Care
Harm to the Person
Harm to the Person
Denying Rights
Reasonable Person Concept
Unnecessary Drugs
Recommended Course of Practice

Informed Consent
Informed Consent
Example
Autonomy
Competency
• Decision-Making Capacity
• Case Example
• Clinical and Ethical Issues
• Risks and Benefits of Decision Making
• Durable Power of Attorney
• Surrogates

• Preventing and Addressing Ethical Dilemmas
• Ethical Dilemmas
• Use of Long-Term Tube Feeding
• Percutaneous Endoscopic Gastrostomy (PEG) Feeding Tube Placement
• Patients Treatment Goals
• Outcome
• Patients and Surrogate Decision Makers

Factors
• Four Topic Approach to Identify Ethically Relevant Facts
• Medical Indications
• Patient Preferences
• Quality of Life
• Contextual Features
• The New Dining Practice Standards
• Summary
Discharge Planning

.50 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

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Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Discuss the contents of the discharge planning checklist.
2. List the requirements for discharge planning for the hospital.
3. List the requirements for discharge planning for the skilled nursing facility.
4. List the requirements for discharge planning for home care clients.
5. List the requirements for discharge planning for hospice residents.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Medicare and Discharge Planning
  - Resident, Patient, Family Involvement
  - Resident, Patient, Family Involvement (cont.)
  - Discharge Planning Checklist
  - Appeal for Beneficiaries
- Hospital
  - Hospital Requirements
  - Begin on Admission
- Skilled Nursing
  - Skilled Nursing Facility (SNF) Requirements
  - Discharge Summary
  - Discharge Summary (cont.)
- HHC
  - Home Healthcare Setting Requirements
  - Written and Oral Notice
- Hospice
  - Hospice Requirements
  - Termination
  - Three Circumstances
  - Conclusion
Documentation and Legal Aspects for the Nursing Assistant
0.5 contact hour(s)

Author: Linda Shubert, RN, MSN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. List elements of professional documentation.
2. Identify examples of proper documentation.
3. Describe documentation requirements common in the LTC setting.
4. Define the legal aspects of the nursing assistant role.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
- Documentation
  - Documentation
  - Documentation (Cont.)
  - Legal Use of Documentation
  - Reasons for Not Documenting
  - Documentation Formats
  - Flow Sheet
  - Do’s and Don’ts of Documentation
  - Paper Documentation Errors
  - Electronic Documentation Corrections
  - Documentation Summary
Legal Aspects
- Ethical Behaviors
- Standards of Care
- Standards of Care (Cont.)
- Know Your Scope of Practice
- Know Your Limits
- Medical Malpractice

Roles / Responsibilities
- Professional Responsibilities: Certification
- Professional Responsibilities: Education
- Summary
- Scenario 1
- Scenario 2
Domestic Violence: Advanced  
2.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Reviewer: Suzanne Lyda, MSW

Suzanne Lyda has over 35 years of experience in Geriatric Social Work – twenty eight years in long term care and seven years as Director of a Council on Aging providing community services. She has a Bachelor’s Degree in Social Work from Western Carolina University and a Master’s Degree in Social Work from Florida State University. Currently, Mrs. Lyda is Director of Social Services at River Garden Hebrew Home, a 180 bed skilled nursing facility. In this capacity, she also serves as Field Educator for several Universities that send their BSW and MSW students to complete an internship at River Garden. Mrs. Lyda is an advocate of continuing education and insures the availability to both her employees and interns.

Objectives:

1. Describe the magnitude of the domestic violence problem.
2. Identify populations vulnerable to domestic violence.
4. Define abuse.
5. Define the different types of domestic violence.
6. Identify characteristics of abusers.
7. Identify risk factors for domestic violence.
8. Identify the signs of domestic violence.
9. Identify how to screen for the presence of domestic violence.
10. Describe the consequences of domestic violence on victims.
11. Identify ways to assist victims of domestic violence.

Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
  - Domestic Violence
  - Victims of domestic violence
  - Nurses and Domestic Violence
  - American Nurses Association ANA
- **Scope of the Problem**
  - Domestic Violence Does Not Discriminate
  - Domestic Violence Statistics
  - Intimate Partner Violence
  - Domestic Violence and Children
  - Victims of Domestic Violence
- **Vulnerable Populations**
  - Women
  - Pregnant Women
  - Pregnant Women cont.
  - Children
  - Children cont.
  - Statistics
  - Male Victims
  - Homosexuals
  - Elderly
  - State of Florida
  - Teens Dating Violence
  - Statistics2
  - Teens and Dating factors
  - Teens and Dating Adolescent Abuse
  - Teens and Dating emotional
  - Teens and Dating emotional cont.
- **Medical, Legal, and Financial issue**
  - Florida Law Mandates
  - Referral Agencies
  - Documentation
  - Documentation Verbal
  - Documentation Photographs
  - Documentation Clothing
  - The Cost of Domestic Violence
 Definition of Abuse
  o Definition Domestic Violence
  o Definition of IPV
  o FL Department
  o Forms of Abuse
  o Symptoms of Abuse
  o Isolation
  o Labeling the Behavior as Abuse
  o Power and control
 Types of Domestic Violence
  o Types of Domestic Violence
 Characteristics of Abusers
  o Characteristics of Abusers
  o Alcohol
  o Possessive and jealous
  o Low self-esteem
 Risk Factors
  o Risk Factors
  o Risk Factors cont.
 Signs of Domestic Violence
  o Signs of Domestic Violence
  o 10 Signs of the Abuser
  o Signs of being stalked
  o Nurses encounter victims of abuse
  o Frequent Visits
  o Victims Often Live in Fear cont.
  o Physical Violence during Pregnancy
  o Physical Violence
  o Pregnant Teenagers
  o Young Children
  o Neglect
  o Neglect cont.
  o Infants
  o CPS
  o Elder abuse
  o Elder abuse cont.
  o Other signs of abuse
 Screening Domestic Violence
  o Screening Domestic Violence
  o Danger Assessment Tool
  o Performing a Physical Examination
  o Routinely Question for Abuse
  o Question in a Variety of Settings
  o Advocate
  o Direct or Indirect Questions
- Adolescent Population
- Women Screened for Abuse is Low
- Nonjudgmental Acceptance

- Effects of Domestic Violence
  - Effects of Domestic Violence
  - Adverse Physiological Effects
  - Mental Health Problems
  - Children
  - The Adverse Childhood Experience (ACE) Study

- Assisting the Victim
  - Assisting the Victims
  - Being an Advocate
  - Healthcare Settings
  - Safety Plan
  - Safety Bag
  - Hotlines
  - PPO

- Summary
  - Summary
  - Quiz Intro Page

- Lesson Quiz
Domestic Violence
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define domestic violence.
2. Describe the forms of domestic violence.
3. Identify the prevalence of domestic violence.
4. Differentiate between the phases of the cycle of abuse.
5. Identify symptoms of domestic violence.
6. Identify steps in the intervention process.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Domestic Violence
- Forms of Abuse
  - Forms of Abuse
  - Physical Violence
  - Unwanted Sexual Violence
  - Threats of Physical or Sexual Violence
  - Psychological or Emotional Violence
- Prevalence
Acts of Domestic Violence
Acts of Domestic Violence (cont.)
Domestic Violence Facts
Pregnancy

Cycle of Violence
Cycle of Violence

Role
Steps in the Intervention Process
Key Role of the Nurse
Findings
Clues of Domestic Violence
Questioning the Patient
HITS Score Tool
HITS Assessment
Document Findings
Document Abuser Behavior
Safety Plans
Referral
Journey to Wellness
Domestic Violence for CNAs
0.5 contact hour(s)

Author: Linda Shubert, RN, MSN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. Define domestic violence.
2. Describe the types of domestic violence.
3. State the prevalence of domestic violence.
4. Recognize symptoms of domestic violence.
5. Describe communication responsibilities related to domestic violence.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - By Any Name: It is Still Domestic Violence
  - Domestic Violence Defined
  - Unreported
- Types
  - Forms of Domestic Violence
  - Physical Violence
  - Stalking
  - Psychological or Emotional Violence
- Symptoms
  - Statements That Indicate Domestic Violence
  - Findings
- Telling Amy's Story
- Domestic Violence Myths
- Communication
  - Key Role of the CNA
  - Observations
  - Resources
  - Journey to Wellness
Dysphagia Programs: What the Rehab Manager Needs to Know
1.0 contact hour(s)

Author: Brenda K. Logsdon M.A. CCC/SLP

Brenda received both her Bachelor of Science and Master of Arts degrees from Kent State University in 1989. She is an experienced and competent clinician who has interacted with clients from age 2 through 100+ years who have a wide variety of primary communication and medical disorders including: dysphagia, aphasia, dysarthria and apraxia, hearing loss, CVA, TBI, and dementia.

She has researched and developed multiple in-service and continuing education programs to audiences of up to 200 nurses, therapists, case managers, administrators, dietitians, and nursing aides, as well as demonstrating delivery of high quality project management under diverse criteria due to multiple providers, positions, or customers. Ms. Logsdon has experience in editing national journals, understands and can apply research techniques as well as translate research data into consumer-friendly format.

Her knowledge in common medical conditions and pharmacological treatment of geriatric and pediatric patients adds to the value of her expertise.

Objectives:

At the end of this lesson the learner will be able to:

1. List three (3) ways of promoting competence in the beginner dysphagia therapist.
2. Identify two (2) types of professionals that are typically part of the dysphagia care team.
3. Describe two (2) factors that affect the recruitment and retention of dysphagia therapists.
4. List two (2) positive outcomes of quality dysphagia care.
5. Identify one (1) billing code that supports medical necessity for dysphagia services.

Outline:
- Introduction
- Medicare
- ASHA
- AOTA

- Knowledge Base of the New Dysphagia Therapist
- Skills of the Experienced Dysphagia Therapist
  - Skills of the Experienced Dysphagia Therapist – Cont.
- Cultivating Competence
  - College and University Classes
  - Seminars
  - Self Study
  - Mentor
  - Mentoring Relationships
  - Experience
  - Ethical Standards
  - Ethical Standards
  - Start Now...Step 1, 2, and 3

- Building a Dysphagia Care Team
  - Nutritional Wellness Team
  - Dysphagia Therapist
  - Physician
  - Nursing Staff
  - Dietitian and Dietary Staff
  - Occupational Therapist
  - The Speech-Language Pathologist
  - The Physical Therapist?
  - The MDS Coordinator

- Manager’s Role and Recruitment Strategies
  - The Administrator / Corporate Managers / Owners
  - Recruiting the Dysphagia Therapist
  - Recruiting the Dysphagia Therapist – Cont.
  - The Game Plan...

- Costs of Substandard Care
  - Cost to the Patient: Illness
  - Cost to the Facility: Expense
  - Cost to the Facility: Disrepute
  - Cost to the Facility: Disrepute

- Quality Outcomes of Dysphagia Management
  - Benefit to Patient: Wellness
  - Savings
  - Integrity
Income

Operational Issues
- The Clinical Evaluation
- The ICD-10 Codes
- Codes that Support Medical Necessity for Dysphagia Services

Nursing Assistants

Restorative Program
- RNP Flow Sheet – Sample
- RNP Flow Sheet – Sample
- Restorative Program: Types
- Restorative Program: Dressing Grooming
- Restorative Program: Eating and Swallowing Example

MDS Assessments
- Swallowing Assessment
- Nutritional Approaches
- Dysphagia Therapy
- Conclusion: Step 1, Step 2
- Conclusion: Step 3, Step 4
- Conclusion: Step 5, Step 6
Ebola Virus Disease
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the history of Ebola Virus Disease (EVD).
2. Describe how EVD is transmitted.
3. Discuss the clinical treatment.
4. Discuss the clinical management.
5. List clinical precautions.
6. List the sequence for donning personal protective equipment (PPE).
7. Discuss the role of the environment in the transmission of EVD.
8. Discuss post mortem care.
9. Discuss the expected recovery from EVD.
10. Discuss ways to prevent EVD.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- History
  - General Information
  - General Information (cont.)
  - History of Ebola
  - History of Ebola (cont.)
  - Virus Host
  - Travel History
  - Early Recognition
- Transmission
Transmission
- Transmission (cont.)
- Human to Human
- Highest Risk

Clinical Features
- Symptoms of EVD
- Nonspecific Early Symptoms
- Clinical Manifestations
- Laboratory Finding

Diagnosis
- Diagnosis
- Diagnosis (cont.)
- Confirming the Presence of Ebola
- Negative Result to the RT-PCR

Clinical Management
- FDA
- Clinical Management

Precautions
- Precautions
- Key Principles
- Handwashing
- Visitors

PPE
- Personal Protective Equipment
- Sequence for Putting on PPE (Donning)
- Sequence for Taking off PPE (Doffing)
- Sequence for Taking off PPE (Doffing) (cont.)

Environmental Concerns
- Environmental Concerns
- Environmental Precautions
- Interim Guidance

Post- Mortem Care
- Post – Mortem Care Precautions

Recovery
- Recovery
- Prolonged Convalescence Period

Prevention
- Practical Considerations for Evaluating Patients for EVD in the United States
- Documents Developed By the CDC
- Prevention and Control
- Summary
The Elder Justice Act
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

2. Define the Elder Justice Act (EJA).
3. Identify the responsibilities of the Long Term Care facility with regards to the Elder Justice Act (EJA).
4. Describe the reporting requirements.
5. Identify the relationship between the survey process and the Elder Justice Act (EJA).
6. Describe penalties associated with the Elder Justice Act (EJA).

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Overview
  - Risk of Elder Abuse
  - Elder Abuse in America
  - Elder Abuse: A Silent Crisis
- Elder Justice Act
  - Background
  - Background (cont.)
  - Purpose
Reporting Suspicion of a Crime
Implementation Date

Responsibilities
- Required Functions
- Advisable Functions

Reporting
- Who Should Report?
- What should be reported
- Reporting Time Period
- Group Reporting

Survey Guidance
- State Survey Focus
- Allegations

Penalties
- Penalties

Summary
- Summary
Elderly Stereotypes: Is There a Solution?
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the demographics associated with aging and stereotypes.
2. Define elderly stereotypes.
3. List the stereotypes specific to aging.
4. Discuss the effect of stereotypes in the elderly.
5. Discuss strategies to avoid stereotyping.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - The Aging Population
  - The Aging Population (cont.)
- Stereotypes
  - Stereotypes in General: An Overview
  - Causes of Stereotypes
  - Negative Stereotypes
  - Chronic and Functional Stereotypes
  - Why Do People Stereotype?
  - Media Influence on Stereotype
Aging and Stereotypes
- Aging and Stereotypes
- Negative Stereotyping and Aging
- Attractiveness and aging
- Perceptions and Aging
- Aging People Perpetuating the Stereotypes
- Media influence on aging stereotypes
- Complexity of Aging Stereotypes
- Media influence on aging stereotypes (cont.)

Effects of Stereotyping on the Aging
- Depression and the aging
- Depression and the aging (cont.)
- Effects of Stereotypes on Self Esteem of Aging Individuals
- Social Exclusion and Aging Stereotypes
- Social Exclusion and Aging Stereotypes (cont.)
- Social Isolation
- Medical Care Model
- Medical Care Model (cont.)
- Aging and Self Care
- Stereotyping of the aging employee in the work setting
- Stereotyping of the aging employee in the work setting (cont.)

Hope
- Changing the Stereotype
- Changing the Stereotype (cont.)
- Law enforcement as a solution
- Law enforcement as a solution (cont.)
- Intergenerational Programming
- Intergenerational Programming (cont.)
- Intergenerational Programming (cont.)
- Intergenerational Practice
- Suppression of a stereotype is not the answer
- Conclusion
- Conclusion (cont.)
Emergency medical Treatment and Labor Act (EMTALA)
.25 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the provisions of the emergency medical treatment and labor act (EMTALA).
2. Identify the basic requirements of EMTALA and how they related to work at your facility.
3. Describe the process involved in an investigation for an EMTALA violation.
4. Discuss the penalties for violations of EMTALA.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• EMTALA
  o EMTALA
  o Why EMTALA
  o EMTALA Requirements
• Requirements
  o EMTALA Primary Requirements
  o EMTALA Primary Requirements (cont.)
  o What is a Medical Screening Exam
  o Who Performs the Medical Screening
  o EMTALA Primary Requirements (cont.)
- Transfer Requirements
  - EMTALA Requirements for Transfer
  - Reverse Dumping
  - Treatment for Emergency Medical Condition
  - Coming to the Emergency Department (ED)
  - Ambulance

Violations
  - Violations

Penalties
  - Penalties

Conclusion
  - Summary
Environmental Safety
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Define environmental safety.
2. Describe the purpose of environmental safety.
3. Identify the agency responsible for safety in the workplace.
4. Discuss the lock-out/tag-out process.
5. Define the term HAZMAT.
6. Discuss the Globally Harmonized System (GHS) of classification and labeling of chemicals.
7. Define the term Safety Data Sheet (SDS).
8. Identify ways a healthcare worker can prevent electrical injury.
9. Identify the procedures to be followed for severe weather and bomb threats.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Environmental Safety
  - Environmental Safety (cont.)
  - Hierarchy of Needs
- Purpose
  - The Purpose of Environmental Safety
  - Your Responsibility to Protect the Welfare of All Clients
- Role of OSHA
  - OSHA: Watchdog of the American Worker
- **LockOut/TagOut**
  - Introduction
  - Hazardous Energy
  - Overview
  - Plan
  - Seven Steps
- **HAZMAT**
  - Hazardous Materials (HAZMATs)
  - Sources of Information About HAZMATs
- **Globally Harmonized System (GHS)**
  - Globally Harmonized System (GHS)
  - Identifying Pictograms
  - Six Key Elements For Labeling
  - Benefits of GHS
- **SDS**
  - Safety Data Sheet (SDS)
  - Detailed Information on Hazardous Products
  - Sixteen Sections of the SDS 1-8
  - Sixteen Sections of the SDS 9-16
  - SDS Sheet
  - SDS Sheet Scenario number One
  - SDS Sheet Scenario number Two
  - Your Responsibility Using the SDS
  - SDS References
- **Electrical Safety**
  - Electrical sources in the Healthcare Setting
  - Inspiration and Expiration
  - Spotting Violations in Electrical Safety
- **Disasters**
  - Healthcare Facilities Must be Prepared to Help
  - Disaster Manual
Ergonomics
0.5 contact hour(s)

Author: Cynthia Smith, RN, MSN, LNHA

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Define ergonomics.
2. Identify two (2) risk factors that have the potential to create workplace injuries.
3. Discuss one (1) statistic related to workplace injuries.
4. Describe two (2) techniques that can help you prevent workplace injuries.
5. Discuss one (1) aide that can help you when assisting clients.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Overview
  o Ergonomics
  o Musculoskeletal Disorder
  o Signs of MSDS
  o Injuries
  o Moving and Lifting Heavy Patients

• Risk Factors
  o Risk Factors
  o High Risk Tasks
  o Body Parts Affected
- Ergonomic Stressors
- Non-Work Related Factors in MSDs

Statistics
- Statistics

Prevention
- OSHA
- Ten Commandments of Body Mechanics
- Pre-shift Exercises

Patient Assistance
- Assistive Devices
- Gait Belts/Transfer Belts With Handles
- Sit to Stand/ Standing Devices
- Portable Lift Devices – Sling Type
- Patient Handling Technology
Ethics
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define ethics.
2. Discuss how ethics impacts the role of the nurse.
3. Apply the ANA's code of ethics for nurses to practice.
4. Recognize an ethical dilemma and apply the steps used to resolve it.
5. Discuss informed consent, honesty, and confidentiality.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition of Ethics
  - Definition of Ethics (cont.)
  - Ethics vs. Law
  - Ethics vs. Religion
  - Ethics in Nursing
- Ethics & Nursing
  - Ethical Challenges
  - Ethical Conflicts
Nurse Patient Relationship
American Nurses Association Code of Ethics
Patient Autonomy
Nurses Responsibility Advocate for the Patient
Patients Care Partnership
Is This In The Best Interest On My Patient?

Nursing Codes of Ethics
Code of Ethics
Code of Ethics for Nurses
Code of Ethics for Nurses (cont.)
Code of Ethics for Nurses (cont.)

Ethical Dilemmas
Ethical Dilemmas
Bottom Line

Informed Consent
Informed Consent
Informed Consent (cont.)

Themes
Common Issues
Scenarios
Summary
Evidence Based Practice
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Editor: Cindy Smith, RN, MSN

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Objectives:

1. Define evidence based practice (EBP).
2. Differentiate between evidence based practice and evidence based nursing (EBN).
3. Describe what makes good evidence.
4. Describe the difference between qualitative and quantitative research.
5. Discuss the history of evidence based practice in nursing.
7. Discuss how the INTERACT program utilizes evidence.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - How Does EBP Fit
- Overview
  - Definition
- EBP versus EBN
  - Evidence Based Practice Compared to Evidence Based Nursing (EBP Versus EBN)
- Evidence
  - What Constitutes Something as Evidence?
  - Potential Sources of Evidence
  - Level of Evidence
- Research Design
  - Research Designs: Quantitative and Qualitative
  - Types of Quantitative Research
  - Types of Qualitative Research
  - Hierarchy of Evidence
  - What Makes Good Evidence
- History
  - The Roots of Evidence Based Practice
  - Nurses Began to Participate
  - Benefits to Evidence Based Practice
- Barriers
  - Barriers for Implementation
  - Barriers for Implementation (cont.)
  - Institutional Barriers
  - The Good News
  - Organizational Culture
  - In Summary
- EBP and Hospital Readmission
  - Hospital Readmission INTERACT
  - CMS Special Study on Potentially Avoidable Transfers
  - Collaboration
- Process for implementation
  - Magnet Recognition Program
  - Reflection in Practice
- Implementation
  - Implementation
  - Getting Started
- Moving Forward
  - Good Solid Standards of Practice
Factors Associated With Hospital Readmissions of Medicare Beneficiaries
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. List the factors that lead to hospital readmissions.
2. List the discharge planning elements to meet Medicare requirements.
3. Describe things a nurse can do to increase patient compliance.
4. List things the long term care providers can do to prevent hospital readmissions.
5. Discuss the role of non-compensated care givers.
6. Describe how the deterioration of a clinical condition can influence hospital readmission rates.
7. Describe how medical and surgical errors can influence hospital readmission rates.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Factors
- Discharge Planning
  - Hospital Discharge Planning
  - Medicare Regulations
  - Hospital Discharge
  - Discharge Planning Requirements
  - List of Resources
  - Necessary Information
  - Transitioning
  - Resources
  - Managing the Discharge Process
- Patient Follow Through
  - Patient Compliance
  - Factors Influencing Inadequate Follow Through
  - Discharge Study for Heart Failure
  - Discharge Planning Conclusion
- LTC Providers
  - Post-Acute or Long-Term Provider Care
  - Some Hospital Stays May be Too Short
  - Timely Discharge Information Needed
  - Electronic Health Records
- Bed Supply
  - Geographical Locations
  - Geographical Differences
  - Variation Among Regions
  - Policy Making
- Care Giving
  - Care Giving
  - Compliance with Care Plans
  - Caregiver Education
  - Training, Counseling and Education
- Deterioration
  - Deterioration of a Clinical Condition
Deterioration of a Clinical Condition (cont.)
Policy Options

Medical Errors
- Medical Errors
- Medical Errors (cont.)
- Nurse Observation of Errors
- Surgical Errors
- Efforts to Decrease Errors
Fall and Restraint Reduction
1.0 contact hour(s)

Author: Ronda Christopher, M.Ed., OTR/L, LNHA

Rhonda has over 15 years of experience in a clinical setting directing and supporting quality improvement projects such as fall management. She has completed over 3,000 hours of training and development in the area of falls reduction and quality improvement techniques and tools.

Objectives:

1. Discuss the incidence of falls.
2. Identify patient environmental risks (extrinsic risks).
3. Identify patients at risk (intrinsic risks).
4. Discuss safe care of the fall risk patient.
5. List follow up measures in the care of the fall risk patient.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Incidence
  - Fall Definitions
  - Incidence of Falls
  - Falls Are Serious
  - Cost of Falls
  - Chronic Versus Change in Condition Fall
  - State Survey Process
  - Change in Condition Fall
- Extrinsic
  - Patient Environment: Extrinsic Factors
  - Environmental Factors
  - Environmental Factors (cont.)
  - Floors
  - Furnishings
  - Equipment
- Restraints
- Patient Assessment
- Activities of Daily Living: Toileting

**Intrinsic**
- Identifying Fall Risk Patients: Intrinsic Factors
- Physical Changes: Gait
- Other Physical Changes
- Cognitive and Psychosocial Changes
- Cognitive and Psychosocial Changes (cont.)
- Cognitive and Psychosocial Changes (cont.)
- Cognitive and Psychosocial Changes (cont.)
- Polypharmacy
- Additional Intrinsic Risks

**Care**
- Care
- Fall Considerations: Know Who Is At Risk
- Fall Considerations: What You Can Do
- Fall Considerations: Identify High Risk Times
- Fall Considerations: Patient and Family Education/Involvement
- Fall Considerations: Rehabilitation
- Assessment of the Fall Risk Patient
- Assessment: Low Risk Patients
- Assessment: Moderate Risk Patients
- Assessment: High Risk Patients

**Follow Up**
- Interdisciplinary Team Approach
- Your Role
- Reporting System
- Consciousness Raising
- Program Evaluation
- Post-Fall Event Protocols
- Post-Fall Protocols
Fecal and Urinary Incontinence Overview
1.0 contact hour(s)

Author: Catherine (Cathy) Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Editor: Cindy Smith, RN, MSN, LNHA

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Discuss the prevalence and impact of incontinence for residents in long term care.
2. Describe the physiology of urinary continence.
3. Describe the physiology of fecal continence
4. Define urinary incontinence.
5. Identify the risk factors for incontinence.

Outline:

• Introduction
Welcome/Objective Page
Navigation
Purpose

Background

Prevalence and Impact
Incontinence Characterized
Prevalence: Urinary Incontinence
Prevalence: Fecal Incontinence
Physical Implications
Economic Impact

AP Urinary

Anatomic Structures
Cellular Anatomy
Bladder
Female Pelvic Floor
Male Pelvic Floor
Components
Cellular Physiology
The Role of the Nervous System
Lower Urinary Tract
Continence
Urinary Incontinence Risk Factors
Older Individuals

AP Fecal

Normal Defecation

Urinary Incontinence

Definitions of Urinary Incontinence
Definitions of Urinary Incontinence (cont.)
State Operations Manual: Urinary Incontinence

Fecal Incontinence

Definition of Fecal Incontinence
Physiology of Fecal Incontinence
Classification of Fecal Incontinence
Diarrhea
MDS 3.0, Section H, Bowel & Bladder
Coding Section H
Bowel Patterns
State Operation Manual
Final Rule Phase 1 Summary
0.5 contact hour(s)

Author: Linda Shubert, MSN, RN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. State the reasons for the benefits of updates to LTC regulations.
2. Identify the Phase 1 regulation changed that apply to general staff.
3. Identify how Phase 1 changes affect general staff.

Outline:
- Introduction
  - Welcome page/Lesson Title Page
  - Disclaimer
  - Objectives
  - Author Biography
  - References
  - References (Cont.)
- Background
  - Background
  - Background (Cont.)
- Benefits of Changes
  - Benefits of Changes
- Themes/Sections
Themes/Proposed Sections of the Final LTC Rule

- Regulatory Changes
- Regulatory Changes (Cont.)
- Regulatory Changes (Cont.)
- Regulatory Changes (Cont.)
- Regulatory Changes (Cont.)
- Regulatory Changes (Cont.)
- Regulatory Changes (Cont.)
- Phase 1 Regulatory Changes

- What Does it Mean
  - What the Phase 1 Changes Mean to You and Your Facility

- Resident Rights
  - Resident Rights (483.10)
  - Resident Rights: New Additions
  - What This Means to You as an Employee
  - What This Means to You as an Employee (Cont.)
  - What This Means to You as an Employee (Cont.)

- Freedom
  - Freedom From Abuse, Neglect and Exploitation (483.12)
  - Freedom From Abuse, Neglect and Exploitation (483.12) (Cont.)

- Changes
  - Changes to the Reporting Suspected Abuse, Neglect or Exploitation
Fire Safety
.25 contact hour(s)

Author: Yvette Duloher RN, BSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. List the causes of a fire.
2. List the elements of the fire triangle.
3. Recite the 4 steps of the RACE procedure.
4. Discuss the different types of fire extinguishers and know when to use each.
5. Demonstrate the PASS procedure for putting out fires.
6. Discuss the basic recommendations of fire evacuation.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Statistics
  - Fire Occurrence and Risk
  - Risk of Home Fire Death
  - Causes
  - Types of Fire
Fire Triangle
- Fire Triangle
- Heat Sources
- Fuel
- Oxygen
- More on Oxygen
- Fire Triangle Exercise

RACE
- RACE
- Rescue
- Alarm
- Contain
- Evacuate

Fire Extinguishers
- Types
- Type A
- Type B
- Type C
- Type ABC
- Fire Extinguishers Exercise

Pass
- Pass
- Pull the Pin
- Aim the Nozzle
- Squeeze the Handle
- Sweep the Spray
- PASS Exercise

Evacuation
- Evacuation
- Horizontal Relocation
- Vertical Relocation
- Elevators
- Medical Records
Food Preparation and Safe Food Handling  
.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practitioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Discuss the safe steps in food handling, cooking and storage.
2. Identify the four Fight BAC!™ guidelines.
3. Identify examples of potentially hazardous foods.
4. Describe types of diets prescribed by the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Safe Steps
  - Safe Steps
  - Shopping
  - Storage
  - Storage (cont.)
  - Preparation
  - Thawing
  - Cooking Raw Meats
  - Cooking Ground Meats
  - Cooking Poultry
  - Serving
  - Leftovers
  - Refreezing
Facts
  o Facts About Safe Food.
  o Wash Surfaces and Utensils.

Diet Modifications
  o Diet Modifications
  o Purpose
  o Modification in Textures
  o Modification Type
  o Examples of Potentially
Medicare Advantage and Part D Fraud, Waste and Abuse Compliance Training
.25 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the new federal requirements.
2. Identify ways to detect, prevent and correct fraud, waste and abuse.
3. Discuss how plan sponsors must implement an effective compliance plan.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Overview
  o Overview (cont.)
  o Definitions
  o First Tier and Downstream Example
• Requirements
  o Requirements
• Compliance
  o What is a Compliance Plan?
  o Why Focus on Fraud, Waste and Abuse?
  o Definition
- Examples
- Federal Fraud, Waste and Abuse Laws
- Reporting Potential Fraud, Waste and Abuse
- Fraud, Waste and Abuse Resources
Gastroesophageal Reflux Disease (GERD)

0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the pathophysiology of Gastroesophageal reflux disease (GERD).
2. Identify causes and risk factors associated with GERD.
3. Describe signs and symptoms associated with GERD.
4. Discuss diagnostic tools used to identify GERD.
5. Identify the non-pharmacologic and pharmacologic treatment of GERD.
6. Identify complications associated with GERD.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Definition
  o Definition (cont.)
• Pathophysiology
  o Pathophysiology
  o Pathophysiology (cont.)
• Causes
  o Causes
• Risk Factors
  o Risk Factors
• Signs & Symptoms
  o Signs & Symptoms
- Diagnosis
  - Diagnosis
  - Diagnostic Testing
- Treatment
  - Treatment
- Complications
  - Complications
- Summary
  - Summary
Guidance for Performing Root Cause Analysis (RCA) with Performance Improvement Projects (PIPs)

1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Define root cause analysis (RCA).
2. List the performance improvement project (PIP) steps.
3. List and describe tools for PIP.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Overview
  - Performance Improvement Project Steps
- Steps to RCA
  - Step 1: Select the Event to be Investigated and Gather Preliminary Information
  - Step 1: Select the Event to be Investigated and Gather Preliminary Information (cont.)
  - Step 2: Charter and Select Team Facilitator and Team Members
  - Step 2: Charter and Select Team Facilitator and Team Members (cont.)
  - Step 3: Time Line of Events
  - Step 3: Describe What Happened
  - Clarification
  - Step 4: Identify the Contributing Factors
  - Step 4: Identify the Contributing Factors (cont.)
- Step 5: Identify the Root Causes
- Step 5: Identify the Root Causes (cont.)
- Step 6: Design and Implement Changes to Eliminate the Root Causes
- Step 6: Design and Implement Changes to Eliminate the Root Causes (cont.)
- Step 6: Design and Implement Changes to Eliminate the Root Causes (cont.)
- Step 6: Design and Implement Changes to Eliminate the Root Causes (cont.)
- Step 6: Design and Implement Changes to Eliminate the Root Causes (cont.)
- Step 7: Measure the Success of Changes
- Step 7: Measure the Success of Changes (cont.)
- RCA/PIP Template
- Root Causes and Contributing Factors
- Corrective Action Plan

Tools
- Flowchart Overview
- How do you develop a flowchart?
- Work Through Your Whole Process
- Review you flowchart
- Five Whys Tool for Root Cause Analysis
- Conducting the Root Cause Analysis
- Five Whys Example
- "Fishbone" Diagram Tool
- "Fishbone" Diagram Tool (cont.)
- Start of Fishbone Diagram
- Completed Fishbone Diagram
- Summary
Hand Hygiene
.5 contact hour(s)

Author: Yvette Dulohery, RN, MSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. Describe why hand hygiene is important.
2. List the circumstances that precipitate the need for hand hygiene.
3. Describe when it is appropriate to wash your hands.
4. Demonstrate proper hand hygiene technique.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - The Bad Guys
- Why
  - History of Hand Hygiene
  - The Importance of Hand Hygiene
  - Hand Hygiene Compliance is Less Than 50%
  - Infections
  - Self-Reported Factors for Poor Adherence with Hand Hygiene
  - Perceived Barriers
  - The Importance of Hand Hygiene 2
- Circumstances
  - We Must Always Be On the Watch!
When
- Most important Reason For Practicing Hand Hygiene
- When Should You Wash Your Hands?
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)
- When Should You Wash Your Hands? (Cont.)

How
- Hand Hygiene Techniques
- Hand Hygiene
- Hand Hygiene (cont.)
- Drying of Hands
- Alcohol
- Hand Washing Techniques
- Hand Rub Techniques
- Hand Hygiene Challenge
- Hand Hygiene Related Irritant Contact Dermatitis
- Unresolved Issues
- Use of gloves
- Artificial Nails
- Frequency of Hand Hygiene
- What About You?
- Lotions and Moisturizers
- Summary
Hand in Hand: A training Series for Nursing Homes

contact hour(s)

Author: CMS

Objectives:

Module 1: Understanding the World of Dementia: The Person and the Disease
1. Define Dementia.
2. Identify the symptoms of dementia.
3. Identify irreversible types of dementia.
4. Identify conditions that may present with dementia-like symptoms.
5. Recognize that dementia affects people differently.
6. Develop empathy for persons with dementia by better understanding their condition.
7. Understand that we must meet persons with dementia in their world.

Module 2: What is Abuse?
1. Understand CMS’s definition of abuse.
2. Identify different types of abuse.
3. Recognize abuse
4. Identify reporting procedures for abuse and suspicion of a crime.

Module 3: Being with a Person with Dementia: Listening and Speaking
1. Explain why persons with dementia have unique communication needs.
2. Identify strategies for communicating with persons with dementia.
3. Recognize the impact of their interactions with person with dementia.
4. Understand how to look for meaning in the verbal and nonverbal communication of persons with dementia.

Module 4: Being with a Person with Dementia: Actions and Reactions
1. Understand Behaviors of a person with dementia as actions and reactions to forms of communication
2. Evaluate possible reasons behind the actions and reactions of a person with dementia.
3. Identify ways to prepare for, prevent or respond to actions and reactions of a person with dementia
Module 5: Preventing Abuse
1. Identify types and signed of abuse.
2. Evaluate how a series of actions and reactions might lead to abuse.
3. Recognize how abuse might be prevented.
4. Respond to abuse if you see it happening.
5. Report abuse and suspicion of crime.

Module 6: Being with a Person with Dementia: Making a Difference
1. Explain what it means to meet persons with dementia where they are.
2. Recognize the importance of focusing on the strengths and abilities of persons with dementia.
3. Identify ways to connect with person with dementia where they are.
4. Recognize your role in making a difference in the lives of persons with dementia.

Outline:
- Introduction
  - Lesson Title Page
  - Author
  - Course Description
  - Instructional Icons
  - Instructional Icons (Cont.)
  - Person-Centered Care
  - Person-Centered Care (Cont.)
  - Person-Centered Care (Cont.)
  - Person-Centered Care and Dementia
  - Person-Centered Care and Prevention of Abuse

- Module 1: Understanding the World of Dementia: The Person and the Disease
  - Overview
  - Key Points
  - Key Points (Cont.)
  - What is Dementia?
  - Who gets Dementia?
  - Symptoms of Dementia: Visuospatial Skills
  - Symptoms of Dementia: Sequencing
  - Symptoms of Dementia: Summary
  - Types of Dementia
  - Types of Dementia: Less Common
  - Other Conditions That May Have Dementia-Like Symptoms
  - Conditions That May Worsen Symptoms of Dementia
  - Condition That May Worsen Symptoms of Dementia (Cont.)
Module 2: What is Abuse

- Overview
- Key Points
- Key Points (Cont.)
- What Does Abuse Look like?
- What Does Abuse Look like? (Cont.)
- What Does Abuse Look like? (Cont.)
- What Does Abuse Look like? (Cont.)
- What Does Abuse Look like? (Cont.)
- What Does Abuse Look like? (Cont.)
- Signs of Abuse
- Signs of Abuse: Example 1
- Signs of Abuse: Example 2
- Signs of Abuse: Example 3
- Signs of Abuse: Summary
- Reporting Abuse
- Staff Reporting Requirements
- Staff Reporting Requirements (Cont.)
- Suspicion of a Crime
- Protection against Retaliation
- Who, What, Where, When
- Just the Facts!
- Language
- Describe Rather than Label
- Challenges in Reporting Abuse
- Circle of Abuse

Module 3: Being with a Person with Dementia: Listening and Speaking

- Overview
- Key Points
- Key Points (Cont.)
- Key Points (Cont.)
What is Dementia?

Why Dementia Causes Changes in Communication

Brain PET Scans

Memory

Language

Concentration, Orientation and Visuospatial Abilities

Judgement and Sequencing

Dementia Affects Communication

Why Dementia Causes Changes in Communication: Summary

Communicating with Persons with Dementia

Good Morning

Good Morning (Cont.)

Good Morning (Cont.)

Dr. Al Power

Communicating with Persons with Dementia: Summary

Module 4: Being with a person with Dementia: Actions and Reactions

Overview

Objectives

Actions and Reactions: Introduction

I Want to Go Home: Goal

I Want to Go Home: Exercise

I Want to Go Home: Video

I Want to Go Home: Discussion

I Want to Go Home: Understanding the Action

I Want to Go Home: Summary

Actions and Reactions: Why? Goal

Actions and Reactions: Why? Reasons

Actions and Reactions: Why? Health Conditions

Actions and Reactions: Why? Medications

Actions and Reactions: Why? Communication

Actions and Reactions: Why? Environment

Actions and Reactions: Why? The Task

Actions and Reactions: Why? Unmet Needs

Actions and Reactions: Why? Life Story

Actions and Reactions: Why? You

Actions and Reactions: Why? Understanding the Reasons

Actions and Reactions: Why? I Want to Go Home Video

Actions and Reactions: Why? I Want to Go Home Discussion

Actions and Reactions: Why? Summary

Actions and Reactions: Ways to Respond: Goal
Module 5: Preventing Abuse

- Overview
  - Review: What is Abuse? Goal
  - Review: What is Abuse? CMS Definition of Abuse
  - Review: What is Abuse? Goal
  - Review: What is Abuse? What are Some Types of Abuse?
  - Review: What is Abuse? What are Some Types of Abuse (Cont.)
  - Review: What is Abuse? What are Some Types of Abuse (Cont.)
  - Review: What is Abuse? Signs of Abuse
  - Review: What is Abuse? Signs of Abuse (Cont.)
  - Review: What is Abuse? Summary
  - Actions and Reactions: Understanding How Abuse Happens: Goal
  - Actions and Reactions: Understanding How Abuse Happens: Mrs. Wilson Video
Module 6: Being with a Person with Dementia: Making a Difference

- Overview
- Objectives
- Making a Difference: What is Dementia?
- Meeting Persons with Dementia Where They Are: Goal
- Meeting Persons with Dementia Where They Are: What Does it Mean to Meet persons with Dementia Where They Are?
- Meeting Persons with Dementia Where They Are: Goal
- Meeting Persons with Dementia Where They Are: Mrs. Johnson Pt. 1 Video Discussion
- Meeting Persons with Dementia Where They Are: Mrs. Johnson Pt. 2 Video Discussion
- Meeting Persons with Dementia Where They Are: Mrs. Johnson Pt. 3 Video Discussion
- Meeting Persons with Dementia Where They Are: Mrs. Johnson Pt. 4 Video Discussion
- Meeting Persons with Dementia Where They Are: Mrs. Johnson Pt. 5 Video Discussion
- Meeting Persons with Dementia Where They Are: Meeting Mrs. Johnson Where she is: Wrap-Up
- Meeting Persons with Dementia Where They Are: Meeting People Where They Are and Communication
- Meeting Persons with Dementia Where They Are: Summary
- Strengths and Abilities: Goal
- Strengths and Abilities: Classroom Exercise Part 1
- Strengths and Abilities: Labeling Weakness
- Strengths and Abilities: Classroom Exercise Part 2
- Strengths and Abilities: Focusing on Strengths and Abilities
- Strengths and Abilities: Summary
- Still There: Connecting with Persons with Dementia: Goal
- Still There: Connecting with Persons with Dementia: Basic Human Needs
- Still There: Connecting with Persons with Dementia: Communicating Through the Senses
- Still There: Connecting with Persons with Dementia: Communicating Through the Senses: Discussion
- Still There: Connecting with Persons with Dementia: Everyday Moments
- Still There: Connecting with Persons with Dementia: Summary
- Each Person Makes a Difference: Goal
- Each Person Makes a Difference: Each Person Makes a Difference Video Discussion
- Each Person Makes a Difference: Each Person Makes a Difference Video
- Each Person Makes a Difference: Optional Exercise: Appreciating the Difference You Make
- Each Person Makes a Difference: Summary
Hospital Readmission: Heart Failure (HF)
.50 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.
Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.
Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:
1. Discuss the background of heart failure including prevalence and incidence.
2. Discuss the importance of quality of care in the prevention of hospital readmission for those with the diagnosis of heart failure.
3. Discuss the importance of tracking hospital readmission information.
4. List the four important components identified by the American Medical Directors Association for prevention of hospital readmissions in heart failure.
5. Describe the elements of discharge planning relevant to heart failure.
6. Describe the opportunity associated with preventing hospital readmissions for heart failure.

Outline:

- Introduction
  - Welcome/Objectives Page
  - Navigation
- Background
  - Heart Failure – The Problem
  - Readmission Rates for HF are High
  - Heart Failure Facts
- Quality Care
  - Importance of Quality Inpatient and Outpatient Care
  - Interventions Surrounding Discharge
- Tracking
  - Tracking Readmissions
  - Hospital Readmissions
- Heart Failure
  - Heart Failure
  - Four Components
  - Burden of Heart Failure
  - Incidence of Heart Failure
  - Hospitalizations
  - Heart Failure Summary
- Discharge Planning
  - Discharge Planning
  - Discharge Planning (cont.)
  - Importance of Home Care
  - All Health Professionals Need to Work Together
  - Recommendations for Heart Failure Patients Before Discharge from the Hospital
  - Post-Acute Care Follow-Up
- Opportunity
  - Opportunity for Improvement
  - Fonarow Study
  - Fonarow Study (cont.)
  - Core Performance Measures
  - Joint Commission Core Heart Failure Performance Measures
Heimlich Maneuver
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Define the Heimlich maneuver.
2. Describe the purpose of the Heimlich maneuver.
3. List and recognize the warning signs that indicate a blocked airway.
4. List and implement the steps of the Heimlich maneuver.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - The Heimlich Maneuver
  - Foreign Substances
- Purpose
  - Purpose
  - Purpose of the Heimlich Maneuver
  - Anatomy
- Signs
  - Warning Signs
- Steps
  - Recommended Steps From AHA
HIPAA/HITECH: What All Employees Need to Know
.5 contact hour(s)

Author: Catherine (Cathy) Garvin

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Editor: Jan Palmer

Jan has been an industry recognized expert in the medical reimbursement field for the past 30 years. Her experience has included independent contracting to pharmaceutical, biotechnology, DME (Durable Medical Equipment) and medical device manufacturers in addition to managing reimbursement operations for one of the premier reimbursement consulting service providers in the U.S. During her career, she has developed and directed many successful reimbursement programs for leading pharmaceutical companies and has served as a pioneer in the development of online, educational modules on a wide variety of medical reimbursement topics. As a respected veteran in the reimbursement industry, she is recognized for her efforts in establishing the gold standard for the design of customer support programs. One of Jan’s strengths is her ability to work closely with the various individuals and departments of a client organization to identify the specific needs and solutions required that best support the client and its product. Jan is highly respected by medical directors and their staff at national and regional payer plans across the U.S.

Objectives:

1. Understand the HIPAA and HITECH ACT.
2. Compare Privacy and Security provisions of HIPAA.
3. Discuss the penalties for HIPAA violations.
5. Identify when and where PHI may be disclosed.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o What is HIPAA?
  o What is HITECH?
  o HIPAA Summary
  o HIPAA Summary (cont.)

• Privacy Rule
  o Protected Health Information
  o Exceptions to the HIPAA "Privacy Rule"
  o Exceptions to the Privacy Rule
  o Other Exceptions

• Disclosure
  o Is Client Authorization Required?
  o Minimum Necessary Use and Disclosure
  o HIPAA Client Rights

• Security Rule
  o The Security Rule
  o Goals
  o Who is Covered by Security Rule
  o General Rules

• ePHI
  o e-PHI Security
  o Security Rules for Accessing PHI
  o Disposal of Electronic PHI

• HIPAA Breach
  o What is a HIPAA breach and what should you do in the event of a HIPAA breach
  o How do you Determine if it is a Breach?
  o Notification and Reporting Requirements
  o Privacy Officer
  o Notification of the Department of Health and Human Services

• Penalties
  o Enforcement
  o Enforcement and Penalties for Noncompliance
  o Civil Monetary Penalties
  o Violation of the Privacy Rule

• Summary
  o The HITECH Act
  o HIPAA Applies to Everyone
  o The Security Rule
  o HIPAA Requirements
  o Destroying PHI
HIV/AIDS
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Define HIV/AIDS.
2. Describe the pathophysiology of HIV/AIDS.
3. Describe the transmission and risk factors associated with HIV/AIDS.
4. Identify assessment and testing guidelines used to diagnose HIV/AIDS.
5. Identify treatment guidelines for HIV/AIDS.
6. Identify common concerns of the person living with HIV/AIDS.
7. Describe implications for healthcare workers relative to HIV/AIDS.
8. Identify the standards of nursing care that apply to the patient with HIV or AIDS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Pathophysiology of HIV
  - Human Immunodeficiency Virus "HIV"
  - HIV Virus
  - Pathophysiology of HIV 3
  - Progression of HIV
- Transmission and Risk Factors
  - Transmission and Risk Factors
Transmission and Risk Factors (cont.)

- Testing and Diagnosis
  - Testing and Diagnosis
  - Medical History
  - Laboratory tests
  - AIDS-Defining Illnesses
  - Infections Associated With HIV/AIDS
  - AIDS Associated Cancers
  - Other problems associated with HIV/AIDS

- Treatment Options
  - Treatment Options
  - Antiretroviral Therapy
  - Opportunistic Infections
  - Ongoing Monitoring of Treatment
  - Ongoing Monitoring of Treatment (cont.)
  - Vaccine

- Living with HIV
  - Testing
  - Psychosocial Impact

- HIV in the Healthcare Setting
  - Statistics
  - Occupational Transmission
  - Risk
  - Likelihood of Transmission
  - Defenses
  - Prevention of Occupational Transmission
  - Exposure Control

- Nursing Care
  - Nursing Care of the Patient with HIV/AIDS
  - Nursing Assessment Parameters
  - Nursing Interventions

- Summary
  - Caregiver Stress
  - Summary
HIV: The Basics
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Define HIV and AIDS.
2. Describe how HIV is spread from one person to another.
3. Identify the symptoms of HIV infection.
4. Describe how HIV is diagnosed.
5. Describe how HIV and AIDS is treated.
6. Describe precautions that healthcare workers should take when working with a person with HIV or AIDS.

Outline:
• Introduction
  o Lesson Title Page
  o Objectives with Disclosure
  o Navigation

• What is HIV
  o What is HIV?
  o What is HIV (Cont.)
  o Statistics

• Spread of the Virus
  o Spread of the Virus
  o Sexual Activity
Ways HIV is Spread
Ways HIV is Not Spread

Symptoms
- Symptoms
- Early Acute HIV Infection
- Acute HIV Infection: Symptoms
- Chronic HIV Infection
- AIDS

Diagnosis
- Diagnosis
- Treatment
- Antiretroviral Therapy (ART)

Healthcare Setting
- Healthcare Setting
- CDC Recommendations

Summary
- Summary
Home Care Bill of Rights
.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Identify the federal rights of patients receiving home care.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
  - Patients Bill of Rights
- Patient Rights
  - Patient Rights
  - Patient Rights (cont.)
  - Summary
Hospice Care for Residents in LTC/NF
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Differentiate palliative and hospice care.
2. Describe hospice care including function, philosophy, guidelines.
3. Identify eligibility criteria including common diagnoses.
4. Contrast the responsibilities for hospice and skilled nursing facilities.
5. Discuss the coordinated plan of care for facility residents who elect hospice care.
6. Review the process of spiritual care.
7. Articulate the processes available for pain management.
8. Review the signs of death along with care interventions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Purpose

• Hospice Overview
  o History of Hospice
  o Hospice Overview
  o Definition of Palliative Care
  o Definition of Hospice

• Hospice Care
  o Origins of Hospice
  o National Hospice and Palliative Care Organization
  o Hospice Philosophy
Limitations of hospice

Eligibility
- Eligibility criteria: Medicare

Eligibility and Diagnosis
- Diagnosis
- CMS and Diagnosis
- Palliative Performance Scale (PPS)
- General Guidelines

Hospice and SNF/NF
- Hospice and SNF/NF
- Facility Responsibilities

Care Plan
- Coordinated Plan of Care for Facility
- Comprehensive Assessment
- Plan of Care: Care and Services
- Plan of Care Contents

Spiritual Care
- Spiritual Care
- Spiritual Care (cont.)

Pain Management
- Pain Management
- History of pain
- Physical Examination
- Pain Management Team
- Designated Care Provider
- Non-pharmacological Interventions
- Pharmacologic Interventions

Signs
- Signs of Death and Comfort
- Plan
Hospice: Definition, Referral, and Reimbursement

1.0 contact hour(s)

Author: Robert Sonntag, MD

Dr. Sonntag is well-known to practitioners in Minnesota. He has made it his mission to help nurses and other health professionals working in long term care to learn new skills to improve the care of the elderly.

Dr. Sonntag has a unique approach, sharing his clinical experience and expertise using clinical stories and anecdotes that make his presentations memorable and useful. His core topic is Nursing Assessment and Clinical Thinking. Other topics he covers include: Overview of Pain, Urinary Tract Infection, Fever and Infections for LTC, Congestive Heart Failure, Behavior Management and Antipsychotics, Fall Reduction, Chronic Obstructive Pulmonary Disease, Delirium, and Hospice 101.

Dr. Sonntag is an advisor to Healthcare Academy. In his role, he reviews advanced lessons and provides feedback paying special attention to clinical relevance and accuracy.

Dr. Sonntag graduated from the University of Wisconsin with a degree in biochemistry followed by medical school at the University of Wisconsin. He did his internship at Framingham University Medical School in Framingham MA. He completed his internal medicine residency at the Medical College of Wisconsin. He began working at Park Nicollet in 1979 as an Internist and Geriatrician. In 2005, he joined Health Partners as a geriatrician where he works part time collaborating with nurse practitioners seeing patients in short term and long term settings. He was one of the first certified Medical Directors in Minnesota. He is certified in internal medicine, geriatrics, hospice and palliative care.

Dr. Sonntag is a Medical Advisor for Care Choice and the medical director for 8 nursing facilities in Minneapolis. In his medical director role, his primary purpose is to educate others and as a result, provide better care to those in long term care.

Objectives:

1. Distinguish between palliative care and hospice care.
2. Define hospice services.
3. Define hospice eligibility criteria and tools used.
4. Describe the hospice interdisciplinary team function and the recertification process.
5. Describe the types of hospice discharge.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definitions
  - Palliative Care
  - Features of Palliative Care
  - A Year or Less to Live
  - Comfort Care
- Hospices
  - Hospice Care
  - Who Receives Hospice Care?
  - Hospice Results
  - Hospice Length of Stay
  - Hospice Services
  - How Does Hospice Benefit Skilled and Assisted Living Facilities?
  - What are the Differences Between Hospice and Home Care?
  - Part D Payment for Drugs
  - Part D Payment for Drugs (cont.)
  - What are Levels of Care?
  - What is Routine Hospice Care?
  - What is Respite Care?
  - What is General Inpatient Care?
  - What is General Inpatient Care? (cont.)
  - What is Continuous Home Care?
- Eligibility
  - Who is Eligible for Admission to Hospice?
  - Hospice Eligibility Requirements
  - Surprise Question?
  - Common Diagnosis
  - Ten Steps to Better Prognostication
  - Barriers to Hospice Admission
  - Hospice Tools
  - Local Coverage Determination (LCD)
  - Adult Failure to Thrive and Debility
  - What to Do?
- Interdisciplinary
  - Who Makes Up the Hospice Team?
  - Interdisciplinary Team Tasks
- Initial Certification
- Recertification
- Hospice Benefit Periods

- Discharge
  - Hospice Discharges
Hospital Readmission and Falls

.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. State some of the basic data, statistics and costs related to falls.
2. Describe the impact falls have on the long term care industry.
3. Identify some of the common causes and how to prevent falls.
4. Define the role of restraints relative to falls.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation

- Overview
  - Overview
  - Adult Falls
  - Costs

- Falls SNF
  - Background
  - Seriousness of Falls
  - Occurrence
  - Common Causes
  - Fall Prevention
  - Fall Prevention (cont.)

- Falls and Restraints
  - Do Restraints Prevent Falls?
  - Rates
  - Bedrails
Hospital Readmission Defined
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:
1. Discuss the significant background events that have influenced the focus on hospital readmission.
2. Discuss current trends in hospital readmissions.
Outline:

• Introduction  
  o Welcome/Objective Page  
  o Navigation

• Background  
  o Healthcare Costs  
  o Medicare Costs  
  o Hospital Spend  
  o Action By House and Senate  
  o March 23, 2010

• Readmission  
  o Readmission Definition  
  o Hospital Readmissions  
  o New England Journal Of Medicine Article  
  o MedPAC  
  o Geography is Important  
  o Hospital Compare  
  o Hospital Quality Data for Annual Payment  
  o Variation in Hospital Readmission  
  o Some Readmissions Are Avoidable
Housekeeping Basics
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss your role in housekeeping.
2. Prepare a clients room to clean.
3. Identify the steps necessary to prepare for housekeeping.
4. Promote a safe area for yourself and your client.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Preparing
  - Introduction to Housekeeping
  - Getting Ready to Clean
  - Appearance
  - Plan your Day
  - Check Your Supplies
  - Labeling and Safety
- Steps
  - Steps for Cleaning a Room
  - Prepare the Room for Cleaning
o Prepare the Room for Cleaning (cont.)
o Cleaning the Bathroom
o Making the bed
o Dusting
o Floors

 Awareness
  o Inspect
  o Safety Awareness
How Nursing Homes Get Paid
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss Medicare benefits, Part A, B, C and D.
2. Describe Medicaid benefits for individuals.
3. List other ways to pay for nursing home care.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• CMS Overview
  o Introduction to CMS
  o Introduction to CMS (cont.)
  o Introduction to CMS (cont.)
• Medicare Part A
  o What is Part A? (Hospital Insurance)
  o Services Part A Covers
• Medicare Part B
  o What is Part B? (Medical Insurance)
  o How Much Does the Individual Pay For Part B?
  o Who is Eligible for Medicare Part B?
  o Services Covered Under Part B
  o What the Recipient Pays
• Medicare Part C
  o Introduction to Part C
Introduction to Part C (cont.)
  - Different Types of Medicare Advantage Plans
  - Other Less Common Types of Medicare Advantage Plans

Medicare Part D
  - Two Types of Plans Offer Medicare Prescription Drug Coverage
  - Eligibility for Drug Coverage

Medicaid
  - Introduction to Medicaid
  - Introduction to Medicaid (cont.)
  - Introduction to Medicaid (cont.)
  - Eligibility
  - What Is NOT Covered?

Paying for Nursing Home Care
  - Paying for Nursing Home Care
  - Medicare
  - Medicaid
  - Personal Resources
  - Managed Care Plans
  - Long term Care Insurance
  - Medicare Supplemental Insurance
Human Trafficking
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Define what human trafficking is.
2. Recognize the signs of human trafficking.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives
  - Author Biography
  - References
  - References (Cont.)
- Definition
  - Human Trafficking
  - Human Trafficking is a Crime
- Types
  - Types of Human Trafficking
  - Trafficking Victims Protection Act
  - Coercive Acts
  - Sex Trafficking Venues
  - Labor Trafficking
  - Forced Labor
  - Child Labor
  - Child Soldiers
  - Debt Bondage
Involuntary Domestic Servitude

- Risk Factors
  - Risk Factors
- Red Flags
  - Red Flags
    - Common Work and Living Conditions
    - Poor Mental Health or Abnormal Behavior
    - Poor Physical Health
    - Lack of Control
    - Other Red Flags
    - Common Ailments Reported in Human Trafficking Victims
- Perpetrators
  - Potential Perpetrators
  - Human Traffickers Characteristic
- Resources & Support
  - Providing Support
  - Victims of Human Trafficking
  - Screening Questions
  - Information for the Victim
  - Steps to Prepare your Workplace
- National Resources
  - National Resources
  - National Resources (Cont.)
  - Additional National Resources
- Summary
  - Summary
Hydration Needs: Assessment & Care
0.5 contact hour(s)

Author: Cynthia Smith RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify normal fluid requirements and calculate the requirement, given a certain weight.
2. Identify risk factors and warning signs associated with dehydration.
3. Identify symptoms of dehydration.
4. Discuss interventions used in the prevention and management of dehydration.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Requirements
  - Water is Vital
  - Normal Fluid Intake
  - Dehydration
  - Fluid Needs
  - Measuring Intake and Output
  - Consequences of Dehydration
- Dehydration
  - Risk Factors
  - Warning Signs
- Increase Fluids
  - Symptoms
    - Symptoms of Dehydration: Evolution of Dehydration
    - Symptoms of Dehydration: Evolution of Dehydration (cont.)
  - Prevention
    - Prevention and Management: Ways to Encourage Fluids
    - Fluid Restrictions
    - Daily Questions
    - Treatment of Dehydration
    - Rehydration
    - Advanced Directives
  - Hydration is a Priority
ICD-10-CM: Case Studies
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Jean M. Bean, RN, RAC-CT

Jean is a Registered nurse with 35+ years of long term care nursing experience, including Director of Nursing and Director of Clinical Services. Her responsibilities include resident care policy and procedure development and implementation, clinical software implementation and training, corporate training and consultation to ensure best practices and maintain quality through orientation and training for a variety of long term care positions. Also responsible for corporate ICD-10-CM training, compliance for quality assurance and performance improvement, and monitoring clinical practice standards and resident care outcomes. She is currently a member of MNDONA and AANAC and has provided training for Leading Age MN (formerly Aging Services of Minnesota) and Leading Age FL (formerly Aging Services of Florida).

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Objectives:

1. Describe

Outline:

- Introduction
  - Overview
  - Navigation
Case Studies

- Case Coding 1 Practice 1
- 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
- Case Coding 3 Practice 8
- Case Coding 4 Practice 9
- Case Coding 4 Practice 10
- Case Coding 4 Practice 11
- Case Coding 5 Practice 12
- Case Coding 5 Practice 13
- Case Coding 5 Practice 14
- Case Coding 6 Practice 15
- Case Coding 6 Practice 16
- Case Coding 7 Practice 17
- Case Coding 7 Practice 18
- Case Coding 8 Practice 19
- Case Coding 8 Practice 20
- Case Coding 8 Practice 21
- Case Coding 9 Practice 22
- Case Coding 9 Practice 23
- Case Coding 9 Practice 24
- Case Coding 9 Practice 25
- Case Coding 10 Practice 26
- Case Coding 10 Practice 27
- Case Coding 10 Practice 28
- Case Coding 10 Practice 29
- Case Coding 11 Practice 30
- Case Coding 11 Practice 31
- Case Coding 11 Practice 32
- Case Coding 12 Practice 33
- Case Coding 12 Practice 34
- Case Coding 12 Practice 35
- Case Coding 13 Practice 36
- Case Coding 13 Practice 37
- Case Coding 13 Practice 38
- Case Coding 13 Practice 39
- Case Coding 14 Practice 40
- Case Coding 14 Practice 41
- Case Coding 18 Practice 42
- Case Coding 18 Practice 43
- Case Coding 19 Practice 44
- Case Coding 19 Practice 45
- Case Coding 20 Practice 46
- Case Coding 20 Practice 47
- Case Coding 20 Practice 48
- Case Coding 21 Practice 49
- Case Coding 21 Practice 50
- Case Coding Practice 51
- Case Coding Practice 52
- Case Coding Practice 53
- Case Coding Practice 54
- Case Coding Practice 55
- Case Coding Practice 56
- Case Coding Practice 57
- Case Coding Practice 58
- Case Coding Practice 59
- Case Coding Practice 60
- Case Coding Practice 61
- Case Coding Practice 62
- Case Coding Practice 63
- Case Coding Practice 64
- Case Coding Practice 65
ICD-10-CM: Chapter 1: Certain Infectious and Parasitic Diseases (A00-B90)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of the Certain Infectious and Parasitic Diseases.
2. Identify appropriate coding guidelines as indicated for certain infectious and parasitic diseases.
3. Examine coding examples of certain infectious and parasitic diseases.

Outline:

• Introduction
Welcome/Objective Page
- Manual
- Navigation

Chapter Contents
- Chapter Overview
- Chapter Overview (cont.)

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

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

Resistant
- Infections Resistant to Antibiotics

Sepsis
- Coding of Sepsis, Severe Sepsis and Septic Shock
- Sequencing of Severe Sepsis
- Sepsis and Severe Sepsis with a Localized Infection
- Sepsis Due to a Postprocedural Infection
- Sepsis and Severe Sepsis Associated with a Noninfectious Process (Condition)

MRSA
- MRSA

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

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 2: Neoplasms (C00-D49).
2. Identify appropriate coding guidelines as indicated for specific neoplasms.
3. Examine coding examples of neoplasms.

Outline:

- Introduction
  - Welcome/Objective Page
Manual
Navigation

Contents
  o Chapter Overview
  o Chapter Overview (cont.)
  o Chapter Overview (cont.)
  o Chapter Overview (cont.)

Guidelines
  o General Guidelines
  o Neoplasm Table
  o Neoplasm Table (cont.)
  o Neoplasm Table (cont.)
  o Neoplasm Table (cont.)
  o Additional Guidelines
  o Additional Guidelines (cont.)
ICD-10-CM: Chapter 3: Diseases of the Blood and Blood-forming Organs & Certain Disorders involving the Immune Mechanism

.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 3: Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89).
2. Identify appropriate coding guidelines as indicated for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism.
3. Examine case studies for diseases of the blood and blood forming organs and certain disorders involving the immune mechanism.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Contents
  - Chapter Overview
- Guidelines
  - Guidelines
  - Excludes 2
  - Excludes 2 (cont.)
ICD-10-CM: Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Discuss the overall contents of Chapter 4: Endocrine, Nutritional, and Metabolic Diseases.
2. Identify appropriate coding guidelines for endocrine, nutritional, and metabolic diseases.
3. Examine coding examples for endocrine, nutritional, and metabolic diseases.

Outline:

- Introduction
  - Welcome/Objective Page
Manual
- Navigation

- Chapter Contents
  - Chapter Overview

- Guidelines
  - Coding Guidelines
ICD-10-CM: Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Discuss the overall contents of Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01–F99).
2. Identify appropriate coding guidelines as indicated for specific mental, behavioral, and neurodevelopmental disorders.
3. Examine coding examples of mental, behavioral, and neurodevelopmental disorders.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
- Guidelines
  - General Guidelines
  - Pain Disorders Related to Psychological Factors
  - Mental and Behavioral Disorders Due to Psychoactive Substance Use
- Highlights
  - Highlights
  - Highlights (cont.)
  - F01-F09
  - F02
  - F02.8
- Case Studies
  - Summary
ICD-10-CM: Chapter 6: Diseases of the Nervous System (G00-G99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 6: Diseases of the Nervous System (G00-G99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the nervous system.
3. Examine coding examples of diseases of the nervous system.

Outline:

• Introduction
  ○ Welcome/Objective Page
- Manual
- Navigation

- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)

- Guidelines
  - General Guidelines
  - Dominant/Nondominant Side
  - Pain Category G89

- Highlights
  - Highlights
  - Highlights (cont.)
  - Summary
ICD-10-CM: Chapter 7: Diseases of the Eye and Adnexa (H00-H59)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 7: Diseases of the Eye and Adnexa (H00-H59).
2. Identify appropriate coding guidelines as indicated for specific diseases of the eye and adnexa
3. Examine coding examples of diseases of the eye and adnexa.

Outline:

- Introduction
  - Welcome/Objective Page
Guidelines
- Glaucoma
- Sample ICD-10-CM Codes from this Chapter
- Sample ICD-10-CM Codes from this Chapter (cont.)
- Summary
ICD-10-CM: Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 8 Diseases of the Ear and Mastoid Process (H60-H95).
2. Identify appropriate coding guidelines as indicated for specific diseases of the ear and mastoid process.
3. Examine coding examples of diseases of the ear and mastoid process.

Outline:

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- Chapter Overview

Guidelines
- Guidelines
- Sample ICD-10-CM
- Summary
ICD-10-CM: Chapter 9: Diseases of the Circulatory System (I00-I99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 9: Diseases of the Circulatory System (I00-I99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the circulatory system.
3. Examine coding examples of diseases of the circulatory system.

Outline:

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  o Welcome/Objective Page
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- Chapter Overview

Guidelines

- Hypertension
- Atherosclerotic Coronary Artery Disease and Angina
- Atherosclerotic Coronary Artery Disease and Angina (cont.)
- Intraoperative and Postprocedural Cerebrovascular Accident
- Sequelea of Cerebrovascular Disease
- Acute myocardial infarction (AMI)
- Sample ICD-10-CM Codes from this Chapter
- Summary
ICD-10-CM: Chapter 10: Diseases of the Respiratory System (J00-J99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 10: Diseases of the Respiratory System (J00-J99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the respiratory system.
3. Examine coding examples of diseases of the respiratory system.

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  - Welcome/Objective Page
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- Chapter Overview
- Chapter Overview (cont.)

Guidelines

- Chronic Obstructive Pulmonary Disease and Asthma
- Acute Respiratory Failure
- Influenza Due to Certain Identified Influenza Viruses
- Ventilator Associated Pneumonia

Highlights

- Highlights
- Highlights (cont.)
- Highlights (cont.)
- Summary
ICD-10-CM: Chapter 11: Diseases of the Digestive System (K00-K95)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 11: Diseases of the Digestive System (K00-K93).
2. Identify appropriate coding guidelines as indicated for specific diseases of the digestive system.
3. Examine coding examples of diseases of the digestive system.

Outline:

- Introduction
  - Welcome/Objective Page
Chapter Contents
  - Chapter Overview

Guidelines
  - General Guidelines
  - General Guidelines (cont.)
  - General Guidelines (cont.)

Highlights
  - Highlights
  - Summary
ICD-10-CM: Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the skin and subcutaneous tissue.
3. Examine coding examples of diseases of the skin and subcutaneous tissue.

Outline:

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  Pressure Ulcer Stage Codes

Highlights
  Highlights
  Summary
ICD-10-CM: Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the musculoskeletal system and connective tissue.
3. Examine coding examples of diseases of the musculoskeletal system and connective tissue.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
- Guidelines
  - Site and Laterality
  - Acute Traumatic Versus Chronic or Recurrent Musculoskeletal Conditions
  - Coding of Pathologic Fractures
  - Coding of Pathologic Fractures (cont.)
  - Osteoporosis
- Highlights
  - Highlights
  - Summary
ICD-10-CM: Chapter 14: Diseases of the Genitourinary System (N00-N99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 14: Diseases of the Genitourinary System (N00-N99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the genitourinary system.
3. Examine coding examples of diseases of the genitourinary system.

Outline:

- Introduction
  - Welcome/Objective Page
ICD-10-CM: Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-Q99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99).
2. Identify appropriate coding guidelines as indicated for specific symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
3. Examine coding examples of symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
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- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)

- Guidelines
  - Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)
  - Summary
ICD-10-CM: Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes (S00-T98).
2. Identify appropriate coding guidelines as indicated for specific injury, poisoning and certain other consequences of external causes.
3. Examine coding examples of injury, poisoning and certain other consequences of external causes.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
  - Chapter Overview (cont.)
- Guidelines
  - General Guidelines
  - Summary
ICD-10-CM: Chapter 20: External Causes Morbidity (V00-Y99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 20: External Causes of Morbidity (V01-Y99).
2. Identify appropriate coding guidelines as indicated for specific external causes of morbidity.
3. Examine coding examples of external causes of morbidity.

Outline:

- Introduction
  - Welcome/Objective Page
Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
  - Chapter Overview (cont.)
  - Chapter Overview (cont.)

Guidelines
  - General Guidelines
  - General Guidelines (cont.)
  - General External Cause Coding Guidelines
  - Place of Occurrence Guideline
  - Activity Code
  - Place of Occurrence, Activity, and Status Codes Used with other External Cause Code
  - If the Reporting Format Limits the Number of External Cause Codes
  - Multiple External Cause Coding Guidelines
  - Child and Adult Abuse Guideline
  - Unknown or Undetermined Intent Guideline
  - Sequelae (Late Effects) of External Cause Guidelines
  - Terrorism Guidelines
  - External Cause Status

Highlights
  - Highlights
ICD-10-CM: Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99).
2. Identify appropriate coding guidelines as indicated for specific factors influencing health status and contact with health services.
3. Examine coding examples of factors influencing health status and contact with health services.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
- Guidelines
  - General Guidelines
  - Categories of Z codes
  - 4) History (of)
  - 4) History (of) (cont.)
  - Screening
  - Observation
  - Aftercare
  - Aftercare (cont.)
  - Follow-up
  - Donor
  - Counseling
  - Encounters for Obstetrical and Reproductive Services
  - Newborns and Infants
  - Routine and administrative examinations
  - Miscellaneous Z codes
  - Prophylactic Organ Removal
  - Nonspecific Z codes
- Highlights
  - Highlights
  - Coding Examples
  - Summary
ICD-10-CM: Coding Competency Exam
1.0 contact hour(s)

Outline:

- Introduction
  - Disclaimer
  - Overview
ICD-10-CM: Coding Structure, General Coding guidelines and Examples
1.0 contact hour(s)

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Objectives:

1. Discuss code structure.
2. Discuss the different elements of the ICD-10-CM.
3. Describe the coding guidelines that are specific to ICD-10-CM.
4. Examine coding examples of common conditions found in long term care.
5. Recognize the difference between facts and myths about ICD-10-CM.
Outline:

• Introduction
  o Welcome/Objective Page
  o Manual
  o Navigation

• Code Structure
  o Similarities of Conventions and Codes (ICD-9-CM and ICD-10-CM)
  o Differences Between ICD-9-CM and ICD-10-CM Code Structures
  o Code Structure
  o Differences in Coding Between ICD-9 and ICD-10-CM
  o Addition of a 7th Character
  o Placeholder “X”
  o Excludes Notes
  o Increased Specificity

• Format
  o ICD-10-CM Volumes
  o The Alphabetic Index
  o Format: Tabular List

• Coding Guidelines
  o Locating a Code in the ICD-10-CM
  o Locating a Code in the ICD-10-CM (cont.)
  o Signs and symptoms
  o Multiple Coding for a Single Condition
  o Acute and Chronic Conditions
  o Combination Code
  o Impending or Threatened Condition
  o Reporting Same Diagnosis Code More than Once
  o Laterality
  o Documentation for, Non-Pressure Ulcers and Pressure Ulcer Stages
  o Documentation for, Non-Pressure Ulcers and Pressure Ulcer Stages (cont.)
  o Syndromes
  o Documentation of Complications
  o Borderline Diagnosis
  o Use of Sign/Symptom/Unspecified Codes
  o Use of Sign/Symptom/Unspecified Codes (cont.)

• Examples
  o Hypertension Coding Example
  o Diabetes Example
  o Stage III Decubitus Ulcer of the Coccyx
  o Postmenopausal Osteoporosis
  o Dislocation, Jaw, Subsequent Encounter
  o Stroke
  o Aftercare Following a Hip Replacement
Facts & Myths
  o Facts versus Myths
ICD-10-CM: Conventions
1.0 contact hour(s)

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Objectives:

1. List conventions that are specific to ICD-10-CM.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
Conventions
  - Conventions
  - The Alphabetic Index
  - Format and Structure
  - Use of Codes
  - Placeholder Character "X"
  - 7th Characters
  - Abbreviations
  - Punctuation
  - Other and Unspecified Codes
  - Additional terms
  - Etiology/Manifestation Convention ("Code First", "Use Additional Code", and "In Diseases Classified Elsewhere" Notes)
  - Additional Conventions
ICD-10-CM: Ethical Coding Fraud and Abuse
1.0 contact hour(s)

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Objectives:

1. Discuss the underlying importance of ethical coding.
2. Discuss how HIPAA is related to ICD-10.
3. Define fraud and abuse.
4. Discuss in general the 11 principles that define the ethics relative to coding.
5. Discuss in general the 11 standards for ethical coding.
Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
- **Overview**
  - Customer Expectations
- **HIPAA**
  - HIPAA
  - Administrative Simplification
  - Business Associates
- **Fraud and Abuse**
  - Definition
  - Initiatives
  - Payoff
  - Who commits fraud?
  - Upcoding
  - Upcoding (cont.)
  - Upcoding (cont.)
  - 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 Equivalence Mapping (GEMs)
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Define general equivalence mapping.
2. Discuss the use of GEMS.
3. Compare ICD-9 codes mapping to ICD-10.
4. Discuss how GEMS are formatted.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o What are GEMs?
  o What are GEMs? (cont.)
  o Why Do We Need GEMs?
• Use of GEMS
  o Use of External Cause and Unspecified Codes in ICD-10-CM
  o Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  o Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  o Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  o Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  o CDC and CMS
  o Keeping GEMS Up to Date
• ICD9 to ICD-10
  o Who Can Use the GEMs? Were the GEMs Designed For Use By All Providers and Payers or Was the Focus On Use with Medicare Data?
  o Are the GEMs a Substitute For Learning to Use ICD-10-CM and ICD-10-PCS?
  o How Have the GEMs Been Used to Date?
  o Appropriate and Inappropriate Use of GEMS
• Comparison ICD9 to ICD10
  o Comparison ICD-9 to ICD-10
  o Methodology That Was Used to Create the GEMs.
  o One to One Translation
  o Are There Instances When There is No Translation Between an ICD-9-CM Code and an ICD-10 Code? How Do the GEMs Handle This Situation?
  o Why Do the GEMs Go in Both Directions (From ICD-9-CM to ICD-10 and From ICD-10 Back to ICD-9-CM)?
• Formatting
  o How are GEM Files Formatted?
  o Is There a One-to-One Match Between ICD-9-CM and ICD-10?
  o Are There Instances When It Is Not Necessary to Use the GEMS?
ICD-10-CM: Implementation and Planning

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the reasons for transitioning from ICD-9 to ICD-10.
2. Describe preparations to get ready for ICD-10.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation

* Why ICD-10
  - Introduction to Why Transition to ICD-10
  - Why Transition to ICD-10?
  - Why Transition to ICD-10? (cont.)

* Getting Ready for ICD-10
  - Implementation Date
  - Monitor Your Progress
  - Check Your Plan
  - Check Your Plan (cont.)
  - Key Steps
  - Questions for Your Analysis
  - Questions for Your Analysis (cont.)
  - Look for Efficiencies
  - Potential Changes
  - Documentation
  - Talk with Software/Systems Vendors
  - Vendor Evaluation
  - Testing
  - Testing (cont.)
  - Testing (cont.)
  - Implementation
  - Implementation (cont.)
ICD-10-CM: Introduction
0.5 contact hour(s)

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Objectives:

1. Describe the history of ICD.
2. Describe the differences between ICD-9 and ICD-10.
3. List the features of ICD-10.
4. Discuss the timeline for implementation of ICD-10.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• History of ICD
  o History of ICD
  o History of ICD US
  o The Emergence of the World Health Organization
  o WHO and 10th Revision–ICD-10
  o ICD-10 Today
• Overview of ICD-10
  o Benefits of ICD-10-CM
  o Benefits of ICD-10-CM (cont.)
  o Similarities
  o Similarities (cont.)
  o Differences
• Features
  o Laterality
  o Specificity
  o Combination Codes
  o Combination Codes for Poisoning
  o Two Types of Excludes Notes
  o Inclusion of Clinical Concepts
  o Expanded Codes
  o Postoperative Complications
  o ICD-9-CM Injury Changes to ICD-10-CM
  o Addition of 7th character
  o Placeholder X
  o Additional Changes in ICD-10-CM
• Timeline
  o Timeline
Impact on Hospitals
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Kim Barrows, RN, BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Discuss the impact of hospital readmission.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Impact
  - The Patient Protection and Affordable Care Act (PPACA) Hospital Readmission Reduction Program
  - PPACA Hospital Readmission Reduction Program
  - Penalties
  - Impact of PPACA Readmission Policy
  - Long-term Issues with Readmission Reduction Program
  - Hospitals Can Reduce Readmissions
  - Summary
Implementing a Restorative Nursing Program
0.5 contact hour(s)

Author: Kimberly Owen, BBA, LPN, RAC-CT

Kim is the eNurse for First Quality Products. She has been part of the First Quality team since 2008, previously working throughout the east coast as a sales clinician. Kim provides educational resources via webinars and live video conferencing on a variety of topics including: continence management, restorative nursing, regulatory compliance, MDS consultation, and overall guidance on the urinary system components.

Prior to joining First Quality Kim held positions within the Social Security and Federal Disability Administration that included Virginia Medicaid/Medicare and other state funded healthcare plans. Her previous clinical experience included management at an ears, nose, throat and plastic surgery practice.

Michele Mongillo, RN, MSN, RAC-CT

Michele is the Senior Clinical Director for First Quality Products. She has over 20 years of nursing experience in a variety of settings including acute care, head/spinal cord injury rehabilitation and long-term care. Michele has held a variety of roles in Long-Term care including Director of Nursing, Regional Nurse and VP of Nursing Services. She oversees the development and implementation of the clinical programs and services at First Quality Products for the past eight years. Michele works closely with all divisions in the family of companies at First Quality providing clinical guidance and leadership.

Objectives:

1. Describe the elements of a restorative toileting program.
2. Discuss how to accurately complete a resident's voiding diary.
3. Describe the various roles of team members in the development of a resident’s restorative toileting program.
4. Describe the profile for an appropriate candidate for a toileting program.
5. List the different items that need to be documented that demonstrates the resident's progress.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Characteristics of a Successful Program
  - Risk
  - Seven Steps to Implementation
- Step 1
  - Step 1: Identify Urinary and Bowel Incontinence
    - Review Voiding Record
    - Document Your Conclusions
- Step 2
  - Step 2: Establish a Voiding Pattern
- Step 3
  - Step 3: When to Perform an Assessment
  - Continence Product Screening Form
- Step 4
  - Bladder Rehabilitation/Bladder Retraining Program
  - Bladder Rehabilitation/Bladder Retraining Steps
  - Prompted Voiding Program
  - Prompt Voiding Steps
  - Habit Training Program
  - Habit Training Steps
  - Check and Change Program
  - Check and Change Steps
- Step 5
  - Step 5: Implementing Your Restorative Toileting Program
- Step 6
  - Step 6: Care Planning Restorative Toileting Programs
- Step 7
  - Step 7: Documentation Responsibilities
  - First Quality References
Implementing HIPAA and HITECH
1.0 contact hour(s)

Author: Catherine (Cathy) Garvin

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Editor: Jan Palmer

Jan has been an industry recognized expert in the medical reimbursement field for the past 30 years. Her experience has included independent contracting to pharmaceutical, biotechnology, DME (Durable Medical Equipment) and medical device manufacturers in addition to managing reimbursement operations for one of the premier reimbursement consulting service providers in the U.S. During her career, she has developed and directed many successful reimbursement programs for leading pharmaceutical companies and has served as a pioneer in the development of online, educational modules on a wide variety of medical reimbursement topics. As a respected veteran in the reimbursement industry, she is recognized for her efforts in establishing the gold standard for the design of customer support programs. One of Jan’s strengths is her ability to work closely with the various individuals and departments of a client organization to identify the specific needs and solutions required that best support the client and its product. Jan is highly respected by medical directors and their staff at national and regional payer plans across the U.S.

Objectives:

1. Understand the HIPAA and HITECH ACT.
2. Compare Privacy and Security provisions of HIPAA.
3. Discuss the penalties for HIPAA violations.
5. Identify when and where PHI may be disclosed.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation
- What is HIPAA?
- What is HITECH?
- HIPAA Summary
- HIPAA Summary (cont.)

Protected Health Information
- Protected Health Information
- Individually Identifiable Information
- Privacy Provisions
- De-identification

Covered Entities
- Covered Entities and Business Associates
- Who is A Business Associate
- Who is A Business Associate (cont.)
- Exceptions to the HIPAA "Privacy Rule"
- Exceptions to the Privacy Rule
- Other Exceptions

Disclosure
- Is Client Authorization Required?
- Authorization for Disclosure of PHI
- Psychotherapy Notes
- Marketing
- Marketing (cont.)
- Minimum Necessary Use and Disclosure
- Minimum Necessary Use and Disclosure (cont.)
- Steps to Disclosure
- HIPAA Client Rights
- Administrative Requirements

Security Rule
- The Security Rule
- Increased PHI Security Risks
- Goals
- Size and Resources
- Who is Covered by Security Rule
- General Rules
- Security

e-PHI
- e-PHI Security
- Security Rules for Accessing PHI
- Disposal of Electronic PHI

HIPAA BREACH
- What is a HIPAA breach
- How do you Determine if it is a Breach?
Notification and Reporting Requirements
- Notification

Penalties
- Enforcement
- Enforcement and Penalties for Noncompliance
- Civil Monetary Penalties
- Violation of the Privacy Rule

Summary
- The HITECH Act
- HIPAA Applies to Everyone
- The Security Rule
- HIPAA Requirements
- Destroying PHI
101: Importance of Sizing
0.25 contact hour(s)

Author: Kimberly Owen, BBA, LPN, RAC-CT

Kim is the eNurse for First Quality Products. She has been part of the First Quality team since 2008, previously working throughout the east coast as a sales clinician. Kim provides educational resources via webinars and live video conferencing on a variety of topics including: continence management, restorative nursing, regulatory compliance, MDS consultation, and overall guidance on the urinary system components.

Prior to joining First Quality Kim held positions within the Social Security and Federal Disability Administration that included Virginia Medicaid/Medicare and other state funded healthcare plans. Her previous clinical experience included management at an ears, nose, throat and plastic surgery practice.

Michele Mongillo, RN, MSN, RAC-CT

Michele is the Senior Clinical Director for First Quality Products. She has over 20 years of nursing experience in a variety of settings including acute care, head/spinal cord injury rehabilitation and long-term care. Michele has held a variety of roles in Long-Term care including Director of Nursing, Regional Nurse and VP of Nursing Services. She oversees the development and implementation of the clinical programs and services at First Quality Products for the past eight years. Michele works closely with all divisions in the family of companies at First Quality providing clinical guidance and leadership.

Objectives:

1. Describe the importance of incontinence product sizing.
2. Identify the appropriate Prevail Incontinence product for residents.
3. Demonstrate the use of the order calculator.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Product Selection
  - The Importance
  - Continence Product Selection
- Sizing
  - Incontinent Product Myths and Solutions
  - Sizing Tools
  - Size Wise Guide
- Order Calculator
  - Order Calculator
  - Create and Implement your Order Calculator
  - Maintaining your Order Calculator
- Application
  - Proper Application
  - Steps For Appropriate Usage
Improving Care and Reducing Costs: ACA and Current Initiatives

0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN, BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Discuss the Patient Protection and Affordable Care Act (PPACA) of 2010.
2. Discuss the many initiatives and organizations that influence hospital readmission.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Better Care While Reducing Costs
  - Cost is High and Effects on Patient/Resident and Family Are Significant
- ACA
  - Patient Protection and Affordable Care Act of 2010 (ACA)
  - Payment bundling
  - Value-based purchasing
  - Medicare Shared Savings Program
  - Hospital Readmission Reduction
- Other
  - Partnership for Patients
  - AMDA Efforts
  - Post Acute Payment Reform
  - Post Acute Payment Reform
  - Care Transitions Project
  - Advancing in Excellence Campaign
  - Electronic Health Records
  - Quality Assessment and Process Improvement
  - Quality Indicator Survey (QIS)
  - Quality Indicator Survey (QIS) (cont.)
  - STAAR Program
  - STAAR Program (cont.)
Incontinence 101: Loss of Bladder or Bowel Control
.25 contact hour(s)

Author: Kimberly Owen, BBA, LPN, RAC-CT

Kim is the eNurse for First Quality Products. She has been part of the First Quality team since 2008, previously working throughout the east coast as a sales clinician. Kim provides educational resources via webinars and live video conferencing on a variety of topics including: continence management, restorative nursing, regulatory compliance, MDS consultation, and overall guidance on the urinary system components.

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Objectives:

1. Define incontinence.
2. Identify the basic structures of the urinary system.
3. Describe the different types of urinary incontinence.
4. Discuss resources for individuals who experience loss of bowel control.

Outline:

• Introduction
  o Welcome/Objective Page
Navigation

Definition
- Urinary Incontinence: Quick Facts

Anatomy
- Structure of Urinary System

Types
- Types of Urinary Incontinence
  - Urge incontinence
  - Stress incontinence
  - Mixed incontinence
  - Functional incontinence
  - Overflow incontinence
- Transient (reversible) Incontinence
- Reversible vs. Irreversible Urinary Incontinence

Bowel
- Bowel Incontinence
Interpreting Clinical Studies

1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Describe the types and components of experimental studies and the pros and cons of each type.
2. Define terms utilized in the discussion of clinical studies.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Type of Study
  o Interpreting Clinical Studies
  o Authors
  o Types of Publications
  o Types of Studies
  o Clinical Trials
  o Core Lab Adjudicated
  o Other Clinical Trial Terms
  o Randomization
  o Additional Clinical Study Terms

• Clinical Papers
  o Title and Authors
  o Introduction or Hypothesis
  o The Abstract
  o Materials and Methods
  o Procedure Description
- Clinical End Points, PMA and 510k
- Statistical Analysis
- Statistical Significance
- p-Value
- Other Data Analysis Terms
- Summarization of Data Characteristics: Location
- Summarization of Data Characteristics: Spread
- Results
- Discussion and conclusion
Intravenous Therapy
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify the primary uses and methods of IV administration.
2. Identify the two primary fluid compartments in the body.
3. Identify the types of IV solutions.
4. Discuss nursing assessment components when administrating intravenous therapy (IVT).
5. List the complications of intravenous therapy (IVT).

Outline:
• Introduction
  o Title page
  o Objectives
  o Navigation
• Uses
  o Definition of IV Therapy
  o Primary Uses of IV Therapy
• Delivery Modes
  o Delivery Modes
  o Peripheral IVT
  o Central Venous Therapy (CVT)
  o Implantable Venous Devices
Body Fluids
  o Fluid Compartments
  o Body Fluids
  o The Body’s Tissue Cells
  o Serum Osmolality

Types
  o IV Solutions
  o Isotonic Solutions
  o Hypotonic Solutions
  o Hypertonic Solutions
  o Composition of Fluids
  o IV Antibiotics

Delivery Methods
  o Delivery Methods
  o Continuous Infusion
  o Intermittent Infusion
  o Bolus Infusions

Assessment
  o Nursing Assessment

Complications
  o Complications
  o Venous Spasm
  o Infiltration
  o Extravasation
  o Phlebitis
  o IV Catheter Rate
  o Circulatory or Fluid Overload
  o Air Embolism
  o Catheter-related Infections

Documentation
  o Documentation of IV Insertion
  o Documentation of Hanging Fluid
  o Incident of Variance Report

Education
  o Resident Education
  o Geriatric Considerations
  o Nursing Care of the IV
  o Ongoing Nursing Care

Venipuncture
  o Procedure for Venipuncture and Infusion
Procedure for Venipuncture and Infusion (Cont.)

Summary

- Summary
Interpretive Guidelines for Long Term Care Facilities F441 – Infection Control
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Editor: Cindy Smith, RN, MSN,

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Objectives:

1. Define the components of an infection control & prevention program.
2. Identify infection modes of transmission.
3. Identify infection control concerns related to linens.
4. Recognize and contain infectious outbreaks.
5. Define MDROs.
6. Describe the impact devices have on infection control in long term care.
7. Determine what surveyors will be investigating related to infection control.
8. Interview residents and designated infection control representatives and review records.
9. Identify criteria for compliance.
10. Determine the requirements for issuing F Tag 441.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction to CMS Infection Control Changes
  - Introduction to CMS Infection Control Changes (cont.)
  - F441
  - Intent

- Overview
  - Introduction to Infection Control
  - Incidence of Infections
  - Cost/Time

- Infection Prevention and Control Program
  - Program Development and Oversight
  - Additional Activities
  - Personnel
  - Components
  - Policies and Procedures
  - Infection Preventionist (IP)
  - Surveillance
  - Process Surveillance
  - Process Surveillance (cont.)
  - Outcome Surveillance
  - Outcome Surveillance (cont.)
  - Documentation
  - Monitoring
  - Data Analysis
  - Communicable Disease Reporting
  - Education
  - Antibiotic Review

- Spread
  - Factors Associated with the Spread of Infection in Nursing Homes
  - Individual Factors
  - Institutional Factors
  - Other Institutional factors
  - Direct Transmission (Person to Person)
  - Indirect Transmission
  - Spaulding Classification System
  - Single-use Devices
  - Transmission Prevention and Control
  - Approaches to Prevention and Control
  - Standard Precautions
  - More on Standard Precautions
• Disposal of Waste
• Hand Hygiene
• Hand Hygiene Before and After
• Hand Hygiene: After
• Hand Washing
• ABHR
• Staff-Related Prevention Measures
• Staff-Related Prevention Measures (cont.)
• Transmission-based Precautions
• Transmission-based Precautions (cont.)
• Transmission-based Precautions (cont.)
• Transmission-based Precautions (cont.)
• More on Airborne Precautions
• More on Airborne Precautions (cont.)
• Airborne Precautions
• Droplet Precautions
• More on Droplet Precautions
• More on Droplet Precautions (cont.)
• Implementation of Transmission-Based Precautions
• More on Implementation of Transmission-Based Precautions
• More on Implementation of Transmission-Based Precautions (cont.)
• Safe Water Precautions
• Contact Precautions

* Linens
  • Handling Soiled Linen
  • More on Handling Soiled Linen
  • More on Handling Soiled Linen (cont.)
  • Hand washing and Laundry Areas
  • Destroying Microorganisms
  • Laundry Chutes
  • Use of Professional Laundry
  • Cleaning Bedding
  • More on Cleaning Bedding

* Outbreaks
  • Recognizing and Containing Infectious Outbreaks

* MDROs
  • MDROs Overview
  • MDROs

* Devices
  • Introduction to Intravascular Devices
  • Central Venous Catheters (CVCs)
  • Appropriate Infection Control Measures
  • Appropriate Infection Control Measures (cont.)
Investigation
  o Objectives
  o Procedures
  o Observations
Interview/Record
  o Resident Review, Resident and Family Interview
  o Overview of Record Review
  o Designated Infection Control Representative Interviews
Compliance
  o Criteria for Compliance
  o Noncompliance for F 441
  o Potential Tags for Additional Investigation
Deficiencies
  o Introduction to Deficiency Categorization
  o Immediacy of Correction Required
Introduction to an Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Discuss the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act.
2. Discuss hospital readmission rates currently experienced that involve skilled nursing facilities.
3. Describe the joint initiative of the Center for Medicare and Medicaid Innovation (Innovation Center) and the Medicare-Medicaid Coordination Office (MMCO).
4. List some potential interventions that were suggested by the initiative.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- The Problem
  - Introduction to the Problem
  - Introduction to the Problem (cont.)
  - Why are People Being Readmitted
  - March 23, 2010
  - Other Considerations
  - Service Delivery and Strategy
- Background
  - Background
  - Avoidable Hospitalizations among Nursing Facility Residents
  - Evidence That Hospitalizations Can Be Avoided
  - Evidence That Hospitalizations Can Be Avoided (cont.)
- New Initiative
  - Initiative to Reduce Avoidable Hospitalizations Among NF Residents
  - Primary Objectives
  - CMS Partnerships
- Interventions
  - Intervention Requirements
  - Staffing
  - Work In Cooperation
  - Resident Focus
  - Communication and Coordination
  - Monitoring Drugs
  - Demonstration
  - Other Interventions
  - Other Considerations
  - Summary
- Focus
  - Focus
  - Solutions
Introduction to Healthcare for Nursing Assistants
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss OBRA as it relates to role of the nursing assistant.
2. Describe the components of the healthcare delivery system.
3. Define the various positions within healthcare.
4. Discuss the common human needs.
5. Describe how healthcare is reimbursed.
6. Discuss the importance of CMS.

Outline:

- Introduction
Welcome/Objective Page

Navigation

- OBRA
  - The Omnibus Budget Reconciliation

- Delivery
  - Healthcare Delivery Systems

- Roles
  - Healthcare Roles
  - Other Services

- The Resident
  - The Resident in Long Term Care
  - Geriatric or Disability Needs
  - Needs of Those We Care For

- Reimbursement
  - Reimbursement
  - Personal Funds
  - Medicaid
  - LTC Insurance

- CMS
  - Maintaining Functionality
Introduction to Medication Assistance
0.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Define common medication terms.
2. List common side effects of medications.
3. Describe the different types of medication errors that can occur.
4. List the steps that will need to be taken in case of a medication error.
5. List the actions to be taken if the resident refuses to take their medication.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Medication Overview
- Definitions
  - Importance of Medication
  - Prescription Drugs
  - Over the Counter Medication
  - PRN Medications
  - Medication Side Effects
  - Drug Interactions
- Side Effects
  - Common Symptoms and Reporting
- Medication Errors
  - Medication Errors
  - Medication Error: Missed Dose
  - Medication Error: Transcription Error
  - Medication Error: Wrong Drug or Dosage Given
- Refusals
  - Medication Refusals
Introduction to Safety

0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Editor
Cynthia Smith, RN, MSN

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Objectives:

1. Discuss the importance of safety in your facility.
2. Describe your role for providing a safe environment for the residents you care for.
3. Identify when and how protective devices are used.
4. Discuss positioning and transferring a resident.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
Roles
  o CNA Role

Responsibilities
  o The Resident's Environment
  o Preventing Falls
  o Safer Environment
  o The Residents Identity
  o Visit the Resident Frequently
  o Infection control
  o Positioning or Transferring a Resident
  o Side Rails
  o Restraints
  o Protective Devices
  o Oxygen Use
Introduction to the Roles and Responsibilities of Supervision
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. List the roles and responsibilities of a supervisor.
2. Describe the skills and strategies of a successful supervisor.
3. Select ways in which the skills can be utilized in practice.

Outline:

- Introduction
  - Welcome
  - Objectives
  - Terminology
Definition
- Practice Role
- Questions
- Our Focus
- Description
- Leadership and Supervision

Roles
- Four Major Roles and Responsibilities
  - 1st Major Role and Responsibility
  - 2nd Major Role and Responsibility
  - Communicate Your Expectations
  - Identifying Learning Needs
  - 3rd Major Role and Responsibility
  - Create a Supportive Work Environment
  - 4th Major Role and Responsibility
  - Staying Connected
  - Staying Connected (cont.)
  - Case in Point
  - Case in Point: Sue
  - Case in Point: Sue (cont.)
  - Case in Point
  - Case in Point: Barb
  - Case in Point: Barb (cont.)

Connection
- The Five C's
  - Connection: Establish a Relationship
  - Connection: Motivate
  - Connection: Strong Relationships
  - Supervisor + Staff = Partnership
  - How To Make the Connection
  - Step One: Set a Time
  - Step Two: Set Ground Rules
  - Step Three: Set an Agenda
  - Step Four: Be the "Lead Listener"
  - Step Five: Restate What You Heard
  - Step Six: Share Information
  - Maintain Your Connection
  - Case in Point: Barb

Communication
- Communicate
- Communication Tips
- Connection: Motivate
Coaching
  o Coaching
  o Recognizing the Opportunity To Coach
  o Get an Invitation to Coach
  o Coaching Tips and Techniques
  o Coaching Tips and Techniques (cont.)
  o Coaching Techniques
  o Solutions and Actions
  o Actions and Solutions
  o Case Study Question

Collaboration
  o Collaboration
  o Collaboration (cont.)
  o Case Study

Contracts
  o Contracts
  o Contracts Can Be Complex or Simple
  o Steps for Developing a Contract
  o S.M.A.R.T. Technique
  o Verbal or Informal Contracts
  o Case Study Question
Isolation Precautions: A Lesson in Infection Control

1.0 contact hour(s)

Author: Cindy Hickman, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Identify PPE used in implementing standard precautions.
2. Identify 3 times when hand hygiene is indicated.
3. State the proper order for putting on and removing PPE.
4. Identify the mechanisms of transmission and techniques used in implementation of contact, droplet and airborne precautions.
5. Identify 3 other considerations to take into account when caring for patients on contact, droplet or airborne precautions.
6. Be able to provide education to families and patients regarding special precautions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Standard
  - Overview
  - Standard Precautions
  - Standard Precautions (cont.)
  - Standard Precautions (cont.)
PPE
- Safe Work Practices While Wearing PPE
- Putting on PPE
- Removing PPE

Transmission
- Isolation
- Transmission Based Precautions

Precautions
- Precautions
- Transmission based Precautions
- Contact Transmission
- Transmission of Illnesses
- Guidelines
- Droplet Transmission
- Transmissions - Close Contact
- Examples of Illness
- Infectious Agents
- Droplet Transmissions
- Airborne Transmission
- Illnesses
- Airborne precautions

Considerations
- Other considerations
- Handling Waste
- Lab Specimens
- Visitors
- Patient Transport
- Personnel Notification
- Disposal of Equipment
- Dinnerware/Eating Utensils
- Patient Privacy

Education
- Patient and Family Education
IV Therapy
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Reviewers: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Kim Barrows, RN BSN

Kim is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.
Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration. Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Identify the primary uses and methods of IV administration.
2. Identify the two primary fluid compartments in the body.
3. Identify the types of IV solutions.
4. Discuss nursing assessment components when administering intravenous therapy (IVT).
5. List the complications of intravenous therapy (IVT).

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Uses of IV Therapy
  - Definition of IV Therapy
  - Primary Uses of IV Therapy
- Delivery Modes
  - Delivery Modes
  - Peripheral IVT
  - Central venous therapy
  - Implantable Venous Devices
- Body Fluids
  - Fluid Compartments
  - Body Fluids
  - The Body’s Tissue Cells
  - Serum Osmolarity
- Type of IV Solutions
  - IV Solutions
  - Isotonic Solutions
  - Hypotonic Solutions
  - Hypertonic Solutions
  - Composition of Fluids
  - IV Antibiotics
- Delivery Methods
  - Delivery Methods
  - Continuous Infusion
  - Intermittent Infusion
  - Bolus Infusions
 Nursing Assessment
  o Nursing Assessment
 Complications
  o Complications
  o Venous Spasm
  o Infiltration
  o Extravasation
  o Phlebitis
  o IV Catheter Rate
  o Circulatory or Fluid Overload
  o Air Embolism
  o Catheter-related Infections
 Documentation
  o Documentation of IV Insertion
  o Documentation of Hanging Fluid
  o Incident of Variance Report
 Resident Teaching
  o Resident Education
  o Geriatric Considerations
  o Nursing Care of the IV
  o Ongoing Nursing Care
 Venipuncture
  o Procedure for Venipuncture and Infusion
  o Procedure for Venipuncture and Infusion (cont.)
 Summary
  o Summary
Laws and Rules for Nurses Practicing in Ohio

2.5 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify the components of licensure requirements and disciplinary requirements
2. Discern key aspects of the scope of practice for LPNs, RNs, and APRNs.

Outline:
- Introduction
  - Lesson Title Page
  - Disclaimer
  - Objectives
  - References
  - References (Cont.)
- Nurse Practice Act
  - Nurse Practice Act
  - Nurse Practice Act (Cont.)
- Ohio Board of Nursing (OBN)
  - Ohio Board of Nursing (OBN)
  - Ohio Board of Nursing (OBN) (Cont.)
  - Ohio Board of Nursing (OBN) (Cont.)
  - General Provisions
  - The Powers & Duties of the Board of Nursing
  - Board Membership
  - Board Membership (Cont.)
- Professional Nursing Organizations
- Professional Nursing Organizations
- American Nurses Association
- Ohio Nurses Association

Licensure in Ohio
- Licensure in Ohio
- Licensure by Examination
- Licensure by Endorsement
- Licensure by Endorsement (Cont.)
- Licensure by Endorsement (Cont.)
- Temporary Permit
- Criminal Records Check
- Criminal Records Check (Cont.)
- Ineligibility for Licensure
- National Standardized Nursing Examination
- Unlicensed Practice
- Rules Specific to LPNs
- Administration of Adult Intravenous Therapy
- Administration of Adult Intravenous Therapy (Cont.)
- Restrictions
- Authorization
- Therapy Procedure Info
- Therapy Procedure Info (Cont.)
- Therapy Procedure Info (Cont.)
- Therapy Procedure Info (Cont.)
- Intravenous Therapy
- Intravenous Therapy Procedures
- Intravenous Therapy Procedures (Cont.)
- Volunteer Nursing Certificate
- Volunteer Nursing Certificate (Cont.)
- Volunteer Nursing Certificate (Cont.)
- Retiring from Practice
- Certificates
- Renewal

Scope of Nursing Practice
- Scope of Nursing Practice
- Scope of Nursing Practice (Cont.)
- Scope of Nursing Practice (Cont.)
- Standards for Applying the Nursing Process as a Licensed Practical Nurse
- Standards for Applying the Nursing Process as a Licensed Practical Nurse (Cont.)
- Standards for Applying the Nursing Process as a Licensed Practical Nurse (Cont.)
- The Role of the LPN with IV Therapy
- The Role of the LPN with IV Therapy (Cont.)
- Advanced Practice Registered Nurses
- Advanced Practice Registered Nurses (Cont.)
- Additional Practice Parameters
- Additional Practice Parameters (Cont.)
- Additional Practice Parameters (Cont.)
- Additional Practice Parameters (Cont.)
- Additional Practice Parameters (Cont.)
- Additional Practice Parameters (Cont.)
- Additional Practice Parameters (Cont.)
- Standards of Nursing Practice Promotion Patient Safety
- Standards of Nursing Practice Promotion Patient Safety (Cont.)
- Standards of Nursing Practice Promotion Patient Safety (Cont.)
- Standards of Nursing Practice Promotion Patient Safety (Cont.)
- Standards of Nursing Practice Promotion Patient Safety (Cont.)

**License Renewal**
- License Renewal
- License Renewal (Cont.)
- Continuing Education Requirement
- Audits
- Audits (Cont.)
- Inactive Licenses

**Continuing Education**
- Continuing Education
- Continuing Education (Cont.)
- Continuing Education (Cont.)
- Inactive License
- Inactive License (Cont.)
- Renewal Periods
- Specifications
- Renewal Requirements
- Renewal Requirements (Cont.)
- CE Activity
- CE Activity (Cont.)
- Certificate Holder
- Participation in Practice or Activities
- Proof of Completion of Continuing Education
- Certified Shall Included
- Certified Shall Included (Cont.)
- Course Completed for Academic Credit
- Individuals Seeking CE Credit for the First Time
- Board Rules and Audit
- Board Rules and Audit (Cont.)
- Certificate Holder Information

**Fees**
- Fees
- Fees (Cont.)

**Disciplinary Actions**
- Disciplinary Actions
- Disciplinary Actions (Cont.)
- Disciplinary Actions (Cont.)

**Other Nurse Practice Act Rules**
- Other Nurse Practice Act Rules
- Other Nurse Practice Act Rules (Cont.)
- Other Nurse Practice Act Rules
- Remediation
- Chemical Dependency
- Disciplinary Action
- Revised Code
- Monitoring Program
- License Surrender
- Records and Information
- Records and Information (Cont.)
- Records and Information (Cont.)
- Determination of Death
- Individual Status
- Nurses and Pronouncement

Summary
- Summary
Laws and Rules for Nurses Practicing in Texas
2.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify the components of licensure requirements and disciplinary requirements
2. Discern key aspects of the scope of practice for LPNs, RNs, and APRNs.

Outline:
- Introduction
  - Lesson Title Page
  - Disclaimer
  - Objectives
  - Purpose
  - Author Biography
  - References
  - References (Cont.)
  - References (Cont.)
  - References (Cont.)
  - References (Cont.)
- Practicing in Texas: The Texas Board of Nursing
- Nurse Practice Act
  - Nurse Practice Act
  - Nurse Practice Act (Cont.)
- Texas Board of Nursing
  - Texas Nurse Practice Act
  - Texas Occupations Coad Chapters
Texas Board of Nursing
Texas Board of Nursing: Responsibilities
Structure of Texas Board of Nursing

**Licensure**
- Licensure
- Nurse Licensure Compact
- Nurse Licensure Compact: States
- Benefits of Nurse Licensure Compact
- Texas Compact License

**Licensure in Texas**
- License Application
- Licensure by Examination or Endorsement
- Examination or Endorsement
- Examination or Endorsement (Cont.)
- Temporary Permit
- Temporary Permit (Cont.)
- Endorsement
- Temporary License by Endorsement
- Temporary License by Endorsement (Cont.)
- Criminal Background Check
- Criminal Background Check (Cont.)
- Inactive Status
- Inactive Status (Cont.)
- Inactive Status (Cont.)
- License Renewal
- License Renewal (Cont.)
- License Renewal (Cont.)

**Levels of Nursing**
- Licensed Vocational Nurse Practice (LVN)
- Licensed Vocational Nurse Practice (LVN) (Cont.)
- Licensed Vocational Nurse Practice (LVN) (Cont.)
- Professional Nursing
- Professional Nursing (Cont.)
- Professional Nursing (Cont.)
- Nurse First Assistants: Assisting as Surgery by Other Nurses
- Advanced Practice Registered Nurse Specialty
- Advanced Practice Registered Nurse Specialty (Cont.)
- Professional Scope
- Individual Scope
- Individual Scope (Cont.)
- Adding New Procedures and/or Patient Care Activities
- Individual Scope of Practice

**Renewal Requirements**
- Renewal of License of Certificate
- Continuing Education Requirements
- Mandatory CNE Requirements
- Nursing Jurisprudence and Nursing Ethics
- Older Adult or Geriatric Care
- Forensic Evidence Collection CNE
- Continuing Education in Tick-Borne Diseases
- Acceptable CNE
- Acceptable CNE (Cont.)
- Acceptable CNE (Cont.)
- Acceptable Certifications
- Acceptable Certifications (Cont.)
- Requirements for the Advanced Practice Registered Nurse (APRN)
- Requirements for the Advanced Practice Registered Nurse (APRN) (Cont.)
- Academic Courses; Program Development and Presentation; and Authorship
- Activities Not Acceptable for CNE Credit
- Fees

### Standards of Practice
- Standard of Practice
- Standards Applicable to All Nurses
- Standards Applicable to All Nurses (Cont.)
- Standards Applicable to All Nurses (Cont.)
- Standards Applicable to All Nurses (Cont.)
- Standards Applicable to All Nurses (Cont.)
- Standards Specific to Vocational Nurses
- Standards Specific to Vocational Nurses (Cont.)
- Standards Specific to Registered Nurses
- Standards Specific to Registered Nurses with Advanced Practice Authorization
- Standards of Practice Related to Pain Management
- Standards of Practice Related to Pain Management (Cont.)

### Delegation to UAPs
- Delegation to Unlicensed Assistive Personnel (UAPs)
- Acute Care Settings: Delegation of Tasks
- Tasks that are Commonly Delegated
- Tasks Prohibited from Delegation
- Medication Aides
- Medication Aides (Cont.)
- Independent Living Environments
- Health Maintenance Activities (HMSs)
- Health Maintenance Activities (HMSs) (Cont.)
- Tasks That May be Delegated
- Tasks That May be Delegated (Cont.)
- Tasks That May be Delegated (Cont.)
- Tasks Prohibited from Delegation
- Tasks Prohibited from Delegation (Cont.)

### Programs of Study
- Programs of Study and Approval
- Programs of Study and Approval (Cont.)
- Programs of Study and Approval (Cont.)

### Disciplinary Actions
- Grounds or Disciplinary Actions
- Grounds or Disciplinary Actions (Cont.)
- Grounds or Disciplinary Actions (Cont.)
- Unprofessional Conduct
- Unprofessional Conduct Unsafe Practice
- Unprofessional Conduct Unsafe Practice (Cont.)
- Unprofessional Conduct Misconduct
- Unprofessional Conduct Misconduct (Cont.)
- Unprofessional Conduct Misconduct (Cont.)
- Unprofessional Conduct Misconduct (Cont.)
- Unprofessional Conduct Misconduct (Cont.)
- Eligibility and Disciplinary Committee

- Peer Review
  - Peer Review
  - Peer Review (Cont.)
  - Peer Review (Cont.)
  - Peer Review (Cont.)
  - Peer Review (Cont.)
  - Peer Review by Two Entities
  - Request for Peer Review Committee Determination
  - Request for Peer Review Committee Determination (Cont.)
  - Request for Peer Review Committee Determination (Cont.)
  - Confidentiality of Peer Review Proceedings
  - Confidentiality of Peer Review Proceedings (Cont.)
  - Disclosure of Information
  - Disclosure of Information (Cont.)
  - Sharing Information
  - Rebuttal Statement
  - Retaliatory Actions
  - Civil Liability
  - Evaluation by Committee
  - Error Classification System

- Nursing Organizations
  - American Nurses Association
  - American Nurses Association (Cont.)
  - Texas Nurses Associations

- Summary
  - Summary
Latex Allergies
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify the primary cause of latex allergy.
2. Identify the percentage of healthcare workers affected by latex allergy.
3. Identify common products that contain latex.
4. Define who is at highest risk for latex allergy.
5. Identify symptoms of latex allergy.
6. Identify ways to treat latex allergy.
7. Describe employee’s responsibilities when latex allergy exists.

Outline:

- Introduction
Welcome/Objective Page
Navigation

Definition
- Latex Processing
- Latex Allergy
- Exposure
- Allergic Reaction
- Latex Allergy Statistics

Products
- Products

High Risk
- High Risk for Healthcare Workers
- High Risk for Non-healthcare Workers
- High Risks for Other Individuals

Diagnosis
- Symptoms after latex exposure
- Testing

Treatment
- Prevention
- Prevention (cont.)
- Precautionary Measurements

NIOSH
- NIOSH
- Employees Responsibility
- Educate Yourself

Resources
- Resources
Laundry Measures to Control the Spread of Infection
0.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practitioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Describe laundry measures that help control the spread of infection.
2. List the items that contribute to effectiveness of infection control in laundry services.
3. Discuss proper water temperature for controlling the spread of infection.
4. Discuss when it is appropriate to use chlorine bleach for laundry.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Effectiveness
  - Effectiveness of Routine Laundry Procedures
- Water Temperature
  - Proper Water Temperature for Laundry
  - Hot Water Washing and Drying
- Using Bleach
  - Using Bleach for Laundry
Managing Conflict Effectively
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. Define the true nature of conflict.
2. Identify causes of negative conflict.
3. Recognize different styles of dealing with conflict.
4. Describe conflict resolution models.
5. Select concepts presented in the program that fit their real situations.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- 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
  - Negative Attributes of Conflict (cont.)
- Causes
  - Factors That Can Escalate Conflict
  - Ladder of Inference
  - Adaptation
  - Assumptions
  - Character Flaw Thinking
  - Right and left column
  - True Opinion
  - Blind Spot
  - Coalitions
  - Coalitions (cont.)
  - 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
  - Compromise (cont.)
  - 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
- 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
- Stage 5: Evaluate, Develop Best Option (cont.)
- 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
Assessments for the Resident Assessment Instrument (RAI)

1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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.

Outline:

- Introduction
  - Disclaimer
  - Welcome/Objective Page
  - Navigation
  - Introduction to Assessments for the Resident Assessment Instrument (RAI)

- Overview of Assessments
  - Introduction to the Requirements for the RAI
  - Introduction to the Requirements for the RAI (cont.)
  - Introduction to the Requirements for the RAI (cont.)
  - State Designation of the RAI for Nursing Homes
  - Responsibility of Nursing Homes for Completing Assessments
Responsibility of Nursing Homes for Completing Assessments (cont.)

- Assessment Types and Definitions
  - Responsibility of Nursing Homes for Reproducing and Maintaining Assessments
  - Assessment Types and Definitions
  - Assessment Types and Definitions (cont.)
  - Assessment Types and Definitions (cont.)

- Required OBRA Assessments for the MDS
  - 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
    - Guidelines for Determining When A Significant Change Should Result In Referral for A readmission Screening and Resident Review (PASRR) Level II Evaluation
    - Examples of (PASRR and SCSAs)
    - Significant Correction to Prior Comprehensive Assessment (SCPA) (A0310A=05)
  - Non-Comprehensive Assessments
    - Introduction to 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)
    - Discharge Reporting
    - Discharge Assessment-Return Not Anticipated (A0310F)
    - Discharge Assessment – Return Anticipated (A0310F=11)
    - Death in Facility Tracking Record (A0310F=12)
    - Assessment Management Requirements and Tips for Discharge Assessments

- The CAA Process and Care Plan Completion
  - The Care Area Assessment (CAA) Process and Care Plan Completion
  - CAA(s) Completion

- The Skilled Nursing Facility Medicare
  - The Skilled Nursing Medicare Prospective Payment System Assessment Schedule

- MDS Medicare Assessments for SNFs
  - MDS Medicare Assessments for SNFs
  - PPS Scheduled Assessments for a Medicare Part A Stay
  - PPS Unscheduled Assessments for a Medicare Part A Stay

- Combining Medicare Scheduled
Introduction to Combining Medicare Scheduled and Unscheduled Assessments

Combining Medicare Assessments

Medicare and OBRA Assessment Combinations

Factors Impacting the SNF Medicare.

Expected Order of MDS Records

Determining the Item Set for an MDS Record

Additional Item Set

Swing Bed Records
Introduction to the Resident Assessment Instrument (RAI)
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 year experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 year experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0.

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.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o RAI Lesson Resources

• Overview of the RAI
  o Introduction to the RAI
  o RAI
  o Purpose of RAI
  o Quality of Care
  o Quality of Care (cont.)

• Content of RAI for Nursing Homes
  o Introduction to the Components RAI
  o Minimum Data Set (MDS)
  o Care Area Assessment Process (CAA)
  o The RAI Utilization Guidelines (RUGS)

• Completion of the RAI
Introduction to Completion of RAI
Medicare and Medicaid Payment Systems
Monitoring the Quality of Care
Consumer Access to Nursing Home Information
Federal Regulations
Interdisciplinary Team (IDT)
Accurate Assessments
Accurate Assessments (cont.)
CMS and Documentation

Problem Identification Using the RAI
Problem Identification Using The RAI
Problem Identification Using The RAI (cont.)
Problem Identification Flow
Problem Identification Flow (cont.)
The Key to Understanding The RAI Process
Purpose of the RAI
Communication

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
Protecting the Privacy of the MDS Data (cont.)
Protecting the Privacy of the MDS Data (cont.)
Contractual Agreements
Contractual Agreements (cont.)
Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS)
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Implementation of Medicare PPS
  - Background
  - Current Focus
  - Case Mix Reimbursement
  - Using the MDS in the Medicare Prospective Payment System
  - STRIVE Project
  - Using the MDS in the Medicare PPS
  - Medicaid Programs
  - Medicaid Programs (cont.)
RUG-IV
- RUG-IV Classification System
- RUG-IV Classification System (cont.)

Assessment
- Relationship between the Assessment and the Claim
- Relationship between the Assessment and the Claim (cont.)
- Relationship between the Assessment and the Claim (cont.)
- MDS Assessment
- RUG-IV Group Code
- RUG-IV Group Code (cont.)
- Medicare HIPPS Code
- RUG Codes
- Medicare Assessments
- AI Code
- AI Code (cont.)
- First AI Digit
- Second AI Digit
- A Stand-Alone Unscheduled Assessment
- Special Requirements
- The Purpose
- Different Types of Unscheduled Assessments
- Rehabilitation Therapy
- Unscheduled Start of Therapy Assessment
- End of Therapy OMRA
- Scheduled PPS Assessment
- End of Therapy OMRA (cont.)
- End of Therapy OMRA (cont.)
- Change in Therapy OMRA
- Change in Therapy OMRA (cont.)
- Change of Therapy OMRA is not required
- COT OMRA evaluation
- Types of Unscheduled Assessments
- Types of Unscheduled Assessments (cont.)
- Additional AI Codes
- Medicare Short Stay Assessment
- Medicare Short Stay Assessment (cont.)
- 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.
- Calculation of Total Rehabilitation Therapy Minutes RUG-IV, 66-Group Hierarchical Classification (cont.)
- 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
- Missed Assessment (cont.)
- Missed Assessment (cont.)
- Missed Assessment (cont.)
- ARD Outside the Medicare Part A SNF Benefit
Section A: Identification Information
1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview of Section A: Identification of Information
- Provider Info
  - A0050: Type of Record
  - A0410: Submission Requirement
  - A0100: Facility Provider Numbers
  - A0200: Type of Provider
- Assessment Type
  - A0310: Type of Assessment Coding Instructions
A0310: Type of Assessment Coding Instructions
- A0310A: Federal OBRA Reason for Assessment Coding Instructions
- 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

- Resident Info
  - A0410: Unit Certification or Licensure Designation
  - A0410: Unit Certification or Licensure Designation (cont.)
  - 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
  - A1500: PASRR (cont.)
  - A1500: PASRR (cont.)
  - A1500: PASRR (cont.)
  - A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions

- MR/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)
  - Examples

- Discharge
  - A2000: Discharge Date
  - Introduction to 2100

- Assessment
  - A2200: Previous Assessment Reference Date for Significant Correction
  - A2300: Assessment Reference Date
  - A2300: Coding Tips and Special Populations
  - A2300: Coding Tips and Special Populations (cont.)

- Medicare Stay
  - A2400A: Has the Resident Had a Medicare-covered Stay since the Most Recent Entry?
  - A2400: Medicare Stay
Section B: Hearing, Speech and Vision
0.5 contact hour(s)

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Committee Member

Carleen May, MS, PT

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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. Discuss the elements of a communication care plan.
6. Demonstrate accurate coding for resident comprehension and understanding.
7. Discuss the elements of a vision care plan.
8. Discuss the elements of a care plan for residents with corrective lenses.

Outline:
Introduction
  - Welcome/Objective Page
  - Navigation
  - 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

Understand
  - B0800: Ability to Understand Others

Vision
  - B1000: Vision

Lenses
  - B1200: Corrective Lenses
Section C: Cognitive Patterns
.75 contact hour(s)

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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 that the resident interview.
4. Define status items.
5. Define delirium.
6. Define acute mental changes.

Outline:

- Introduction
  - Welcome/Objective Page
Interview
- C0100: Should Brief Interview for Mental Status Be Conducted?

BIMS
- C0200-C0500: Brief Interview for Mental Status (BIMS)
- C0200-C0500: Brief Interview for Mental Status (BIMS) (cont.)
- Planning for Care
- Steps for Assessment
- Coding Tips
- Examples of Incorrect and Nonsensical Responses
- C0200: Repetition of Three Words
- C0200: Repetition of Three Words Planning for Care
- 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)
- C0300A: Orientation to Year Coding Examples
- C0300B: Able to Report Correct Month
- 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
- C0400: Recall Examples
- C0500 Summary Score
- C0500: Summary Score Planning for Care
- C0500: Summary Score Planning for Care (cont.)
- C0500 Summary Score (continued)

Status Item
- C0600: Should the Staff Assessment for Mental (C0700-C1000) Be Conducted?
- C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted? Care Planning
- C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted?
- C0700-C1000: Staff Assessment of Mental Status Item
- C0700-C1000: Staff Assessment of Mental Status Item Planning for Care
- C0700: Short-term Memory OK
- C0700: Short-term Memory OK (cont.)
- C0700: Short-term Memory OK (cont.)
- C0700: Short-term Memory OK (cont.)
- C0800 Long-term Memory OK
- C0800: Long-term Memory OK Steps for Assessment
- C0800: Long-term Memory OK Steps for Assessment (cont.)
- 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 Additional Information, Steps for Assessment
- C1000 Cognitive Skills for Daily Decision Making Additional Information, Steps for Assessment (cont.)
- C1000 Cognitive Skills for Daily Decision Making Coding Instructions
- C1000: Cognitive Skills for Daily Decision Making Examples

- Delirium
  - C1300: Signs and Symptoms of Delirium
  - C1300: Signs and Symptoms of Delirium Steps for Assessment
  - C1300: Signs and Symptoms of Delirium Steps for Assessment (cont.)
  - C1300A: Inattention Steps for Assessment
  - C1300A: Inattention
  - C1300A: Inattention Examples
  - C1300B Disorganized Thinking
  - C1300C Altered Level of Consciousness
  - C1300D Psychomotor Retardation

- Acute Change
  - C1600: Acute Onset of Mental Status Change
Section D: Mood
0.5 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
Interview
- D0100: Should Resident Mood Interview Be Conducted?
- D0100: Should Resident Mood Interview Be Conducted?

PHQ-9
- D0200: Resident Mood Interview (PHQ-9©)
  - D0200: Resident Mood Interview (PHQ-9©) (cont.)
  - 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©) (cont.)
  - Column 1: Symptom Presence Coding Instructions
  - Column 2: Symptom Frequency Coding Instructions
  - D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) Planning For Care and Steps for Assessment
  - Examples of Staff Responses
  - Examples of Staff Responses (cont.)

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

Follow-up to D0500I
- D0650: Follow-up to D0500I
Section E: Behavior
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. List symptoms of psychosis.
2. List reversible and treatable behavioral symptoms.
3. Code for overall presence of behavioral symptoms as demonstrated by accurately coding using a case study.
4. Describe behaviors that put residents at risk.
5. Describe behaviors that put others at risk.
6. List behaviors that may be manifested that indicate care rejection.
7. Discuss the elements of planning for care for residents that wander.
8. Code the act of wandering correctly as demonstrated by properly coding a case study.
9. List the steps for assessing behavior symptoms.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - 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: Psychosis Examples
- Presence & Frequency
  - 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 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
  - Coding Tips and Special Populations
- 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
- Care Rejection
  - E0800: Rejection of Care - Presence & Frequency
  - E0800: Rejection of Care - Presence & Frequency
- 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
- 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

### 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
Section F: Preferences for Customary Routine & Activities
1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
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
- 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 Respondent
- F0600: Daily and Activity Preferences Primary Respondent
Assessment Staff
  o F0700: Should The Staff Assessment Of Daily And Activity Preferences Be Conducted?
Assessment
  o Introduction to F0800: Staff Assessment of Daily and Activity Preferences
Section G: Functional Status

0.5 contact hour(s)

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Objectives:

1. Describe the importance of an activities program for a resident in a nursing home.
2. Code bathing correctly as demonstrated by the utilization of a case study.
3. Code balance correctly as demonstrated by the utilization of a case study.
4. Discuss the potential functional impairment for the resident with limited range of motion.
5. Discuss the elements for planning of care for a resident with mobility devices.
6. Lists the steps for assessment when the RN believes the resident is capable of increased independence in ADLs.

Outline:
Introduction

- Welcome/Objective Page
- Navigation
- Coding Instructions
- Overview of Functional Status

ADL Assist

- G0110: Activities of Daily Living (ADL) Assistance
- G0110: Activities of Daily Living (ADL) Assistance (cont.)
- G0110: Activities of Daily Living (ADL) Assistance Care Planning
- G0110: Activities of Daily Living (ADL) Assistance (cont.)
- G0110: Activities of Daily Living (ADL) Assistance (cont.)
- G0110: Activities of Daily Living (ADL) Steps for Assessment
- G0110: Activities of Daily Living (ADL) Steps for Assessment (cont.)
- G0110: Activities of Daily Living (ADL) Coding Instructions
- G0110: Activities of Daily Living (ADL) Coding Instructions (cont.)
- G0110: Activities of Daily Living (ADL) Coding Instructions (cont.)
- Coding Instructions (cont.)
- Coding Instructions for G0110, Column 1, ADL-Self Performance
- 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

Bathing

- G0120: Bathing
- G0120A: Self-Performance Coding Instructions
- G0120B: Support Provided Coding Instructions
- G0120: Bathing Examples

Balance

- G0300: Balance During Transitions and Walking
- G0300: Balance During Transitions and Walking Steps for Assessment
- 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
- G0400A: Upper Extremity (Shoulder, Elbow, Wrist, Hand) - G0400B, Lower Extremity (Hip, Knee, Ankle, Foot) Coding Instructions
- Examples of G0400: Functional Limitation in Range of Motion

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 Coding Instructions
Section H: Bladder and Bowel
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.
7. List potential adverse symptoms of fecal impaction.

Outline:
IntRODUCTION

Welcome/Objective Page
Navigation
Coding Instructions
Overview of Bladder and Bowel

APPLIANCES

H0100: Appliances
H0100: Appliances Care Planning
Coding Instructions

URINARY TOILETING

H0200: Urinary Toileting Program Planning for Care
H0200A: Trial of a Toileting Program Steps for Assessment
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
Examples

URINARY CONTINENCE

H0300: Urinary Continence
H0300: Urinary Continence Steps of Assessment and Planning for Care
H0300: Urinary Continence Coding Instructions
H0300: Urinary Continence Examples

BOWEL CONTINENCE

H0400: Bowel Continence Steps for Assessment and Planning for Care
H0400: Bowel Continence Coding Instructions

BOWEL TRAINING

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
H0600: Bowel Patterns Steps for Assessment and Coding Instructions
Section I: Active Diagnoses
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify sources of information for identifying active diagnosis.
2. Discuss how to code active diagnosis.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview to Active Diagnoses
Active Diagnosis

- Section I: Active Diagnoses in the Last 7 Days
- Section I: Active Diagnoses in the Last 7 Days Steps for Assessment
- Section I: Active Diagnoses in the Last 7 Days Coding Instructions
- Cancer
- Heart/Circulation
- Gastrointestinal
- Genitourinary
- Infections
- Metabolic
- Musculoskeletal
- Neurological
- Nutritional
- Psychiatric/Mood Disorder
- Pulmonary
- Vision, None of Above and Other
- Coding Tips
- Examples of Active Disease
- Examples of Inactive Diagnoses (do not code)
Section J: Health Conditions
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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 facilitating 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.
Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
  - 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**
  - Introduction to J0200
  - J0200: Should Pain Assessment Interview Be Conducted? Coding Instructions

- **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)
  - 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?
  - 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

**Tobacco Use**
- J1300: Current Tobacco Use
- J1300: Current Tobacco Use Coding Instructions

**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: Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Coding Instructions
- J1700B: Did the Resident Have a Fall Any Time in the Last 2-6 Months Prior to Admission/Entry or Reentry? Coding Instructions
- J1700C: Did the Resident Have Any Fracture Related to a Fall in the 6 Months Prior to Admission/Entry or Reentry? Coding Instructions
- J1800: Any 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
- J1900A: No Injury Coding Instructions
- J1900B: Injury (Except Major) Coding instructions
- J1900C: Major Injury Coding Instructions
- J1900A - J1900C Examples
Section K: Swallowing/Nutritional Status
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation
  - Coding Instructions
  - Overview of Swallowing/Nutritional Status
- Swallowing
  - K0100: Swallowing/Nutritional Status
  - K0100: Swallowing/Nutritional Status Coding Instructions
- Height and Weight
  - K0200: Height and Weight
  - K0200A: Height Steps for Assessment
  - K0200B: Weight Steps for Assessment
- Weight Loss
  - K0300: Weight Loss
  - 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
- 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
  - K0710: Percent Intake by Artificial Route
Section L: Oral/Dental Status
.25 contact hour(s)

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Committee Me

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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
- Overview of Oral/Dental Status
- Dental
  - Introduction to L0200
  - L0200: Dental Steps for Assessment
  - L0200: Dental Coding Instructions
Section M: Skin Conditions

1.0 contact hour(s)

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Objectives:

1. Describe the risk that residents experience in long term care.
2. Discuss the health related quality of life issues concerning unhealed ulcers.
3. Describe the stages of pressure ulcers.
4. Describe the health related quality of life issues concerning severe tissue injury.
5. Describe worsening skin conditions.
6. Describe the difference between arterial and venous ulcers.
7. Describe other types of wounds other than pressure ulcers.
8. List treatment measures for skin conditions.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Overview of Skin Conditions

• Risk
  o M0100: Determination of Pressure Ulcer Risk
  o M0100: Determination of Pressure Ulcer Risk (cont.)
  o M0100: Determination of Pressure Ulcer Risk (cont.)
  o Introduction to M0150: Risk of Pressure Ulcers

• Unhealed Ulcers
  o M0210: Unhealed Pressure Ulcer(s)
  o M0210: Unhealed Pressure Ulcer Coding Instructions

• Stages
  o M0300: Current Number of Unhealed Pressure Ulcers at Each Stage - Steps for completing M0300A-G
  o M0300A: Number of Stage 1 Pressure Ulcers
  o M0300A: Number of Stage 1 Pressure Ulcers Coding Tips
  o M0300B: Stage 2 Pressure Ulcers
  o Coding Instructions to M0300B
  o Introduction to M0300C
  o Coding Instructions to M0300C
  o M0300D: Stage 4 Pressure Ulcers
  o Coding Instructions to M0300D
  o M0300E: Unstageable Pressure Ulcers Related to Non-removable Dressing/Device
  o Introduction to M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar
  o M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar Coding Tips
  o M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar Examples
  o M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury
  o M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury Coding Instructions
  o M0610: Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Pressure Ulcer Due to Slough and/or Eschar
  o M0610 Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Due to Slough and/or Eschar Coding Instructions

• Severe Tissue
  o M0700: Most Severe Tissue Type for Any Pressure Ulcer
  o Coding Instructions to M0700
  o M0700: Most Severe Tissue Type for Any Pressure Ulcer Examples

• Worsening
  o M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry
- M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Steps for Assessment
- M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Coding Instructions
- M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Examples

- Healing
  - M0900: Healed Pressure Ulcers
  - M0900: Healed Pressure Ulcers Steps for Assessment
  - M0900A and M0900B, C and D Coding Instructions

- 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
  - M10400: Other Ulcers, Wounds and Skin Problems Examples Continued

- Treatment
  - M1200: Skin and Ulcer Treatments
  - Coding Instructions
  - Coding Tips
  - Examples
  - Scenarios for Pressure Ulcer Coding
Section N: Medications
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Write a care plan for injections that will document the coding for MDS 3.0.
2. List the steps for assessment of insulin relative to MDS 3.0.
3. Describe special populations relative to the MDS 3.0 item Medications received.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - 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 (cont.)

- **Medications**
  - N0410: Medications Received
  - N0410: Medications Received (cont.)
  - N0410: Medications Received: Planning for Care
  - N0410: Medications Received: Planning of Care (cont.)
  - N0410: Medications Received: Steps for Assessment
  - N0410: Medications Received: Coding Instructions
  - N0410: Medications Received: Example
Section O: Special Treatments, Procedures and Programs
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
Overview
- Introduction 00100: Special Treatments and Procedures and Programs
- 00100: Special Treatments, Programs and Procedures Column 1 Coding Instructions
- 00100: Special Treatments, Programs and Procedures Column 2 Coding Instructions

Influenza
- 00250: Influenza Vaccine
  - 00250A: Did the Resident Receive the Influenza Vaccine in This Facility for This Year's Influenza Vaccination Season? Coding Instructions
  - 00250B: Date Vaccine Received Coding Instructions
  - 00250C: If Influenza Vaccine Not Received, State Reason Coding Instructions
- 00250: Influenza Vaccine Examples

Pneumococcal
- 00300: Pneumococcal Vaccine
  - 00300A: Is the Resident's Pneumococcal Vaccination Up to Date? Coding Instructions
  - 00300B: If Pneumococcal Vaccine Not Received, State Reason Coding Instructions
- 00300: Pneumococcal Vaccine Examples

Therapies
- 00400: Therapies
  - 00400: Therapies (continued)
  - Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies: Coding Instructions
  - Respiratory, Psychological and Recreational Therapies: Coding Instructions
  - 00400: Therapies Coding Tips and Special Populations
  - Non-Skilled Services
  - Therapy Aides and Students
  - 00400: Therapies Example
  - 00420: Distinct Calendar Days of Therapy
  - 00450: Resumption of Therapy
  - 00400: Therapies (continued)

Restorative
- 0500 Restorative Nursing Care
  - 00500: Restorative Nursing Care Coding Instructions
  - Technique
  - Training and Skill Practice
  - Examples

MD Exams
- 00600: Physician Examinations

MD Orders
- 00700: Physician Orders
Section P: Restraints
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
o Restraints
o CMS Information on Restraints
o Are Restraints Prohibited by CMS?
  o Are Restraints Prohibited by CMS?
  ▪ Px Restraints
    o P0100: Physical Restraints
    o P0100: Physical Restraints (cont.)
    o P0100: Physical Restraints Steps for Assessment
    o P0100: Physical Restraints Clarifications
    o P0100: Physical Restraints Coding Instructions
    o P0100: Physical Restraints Coding Tips and Special Populations
  ▪ More Info
    o Additional Information
Section Q: Participation in Assessment & Goal Setting
1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation
- 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 Coding Instructions
  - Examples

### 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
  - Examples

### Community
- Introduction to Q0500
- Introduction to Q0500 (cont.)
- 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
  - Q0550: Resident’s Preference to Avoid Being Asked Question Q0500B again Coding Instructions

### Referral
- Q0600: Referral
- Examples
Section V: Care Area Assessment (CAA) Summary

0.5 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview of Section V: Care Area Assessment (CAA) Summary
Overview of Section V: Care Area Assessment (CAA) Summary (cont.)

- OBRA/PPS
  - Items From the Most Recent Prior OBRA or PPS Assessment
  - Prior Assessment Federal OBRA Reason for Assessment/Tracking (A0310A: Value from Prior Assessment) Coding Instructions
  - Prior Assessment PPS Reason for Assessment (A0310B: Value from Prior Assessment) Coding Instructions
  - Prior Assessment Reference Date (A2300: Value from Prior Assessment) Coding Instructions
  - Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500: Value from Prior Assessment) Coding Instructions
  - Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300: Value from Prior Assessment) Coding Instructions
  - Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV©) Total Severity Score (D0600: Value from Prior Assessment) Coding Instructions

- CAA and Care Plan
  - CAA Results Coding Instructions
  - Coding Instructions for C0200B
Section X: Correction Request

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0.

Committee Member

Carleen May, MS, PT

Carleen graduated with a Master’s Degree in Physical Therapy from the College of Mount St. Joseph in 2000. In the past 14 years, Carleen has worked in various settings but spent the majority of those years providing a hands-on approach in a multidisciplinary practice. Her skill in manual therapy and craniosacral therapy has provided patients with a unique blend of treatment melding traditional physical therapy, massage, and craniosacral therapy to maximize therapeutic outcomes. Outside of physical therapy, she owns her own massage and craniosacral therapy business.

Objectives:

1. Code corrections correctly utilizing a case study.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Introduction to Correction Request
Introduction to Correction Request (cont.)

- 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

- 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
Section Z: Assessment Administration
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - 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
  - Z0150B: RUG Version Code Coding Instructions
- Medicaid
  - 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 Signatures
  - Z0500: Signature of RN Assessment Coordinator Verifying Assessment Completion
Medicare Payment System
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Describe how Medicare reimburses hospital regarding discharge and readmission.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Background
  - Result of Current Design
  - Hospitals Incentives to Discharge Patients
  - Possible Hospital Impact
  - Inpatient Prospective Payment System
  - Result
  - Comparable Incentives
  - Importance of Hospital Discharge Care Instructions
  - Hospital Discharge and Payment
  - Medicare Reimbursement
  - Transitional Care and Follow Up
Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

8.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels. In addition, she has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Identify acronyms that are relevant to the proposed requirements.
2. Discuss the purpose of the proposed requirements.
3. Describe the basis and scope of the proposed requirements.
4. List the proposed statutory authorities proposed in the regulations.
5. Describe resident rights.
7. List prevention of abuse neglect and exploitation.
8. Discuss transitions of care.
9. Define person centered care planning.
10. List the members of the interdisciplinary team.
11. Define the elements of discharge planning.
12. Define the proposed quality of care and quality of life regulations.
13. Discuss the proposed physician’s services regulation.
14. Describe the proposed regulatory changes for behavioral health services.
15. Describe the proposed regulations for pharmacy services.
16. Describe the proposed regulations for laboratory, radiology, and other diagnostic service.
17. Describe the proposed regulations for dental services.
18. Describe the proposed regulations for food and nutrition services.
19. Describe the specialized rehabilitative services.
20. Describe the specialized outpatient rehabilitative services.
21. List administrative responsibilities.
22. Describe the QAPI proposed regulations.
23. Discuss the infection control proposed regulations.
24. List compliance and ethics proposed regulations.
25. Describe the physical environment proposed regulations.
26. List the additional training requirements that are proposed.
27. List the cost implications for the proposed regulations.
28. List the benefits of the proposed regulations.
29. Discuss the rationale for changing the LTC requirements.
30. Define Competency Based Approach.
31. List the current HHS Quality Initiatives.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
- Acronyms
- Background
- Executive Summary
- Summary of the Major Provisions
  - Basis and Scope
  - Definitions
  - Resident Rights
  - Facility Responsibilities
  - Freedom from Abuse, Neglect, and Exploitation
  - Transitions of Care
  - Comprehensive Person-Centered Care Planning
  - Interdisciplinary Team
  - Discharge Planning
  - Quality of Care and Quality of Life
  - Physician Services
  - Nursing Services
  - Behavioral Health Services
  - Pharmacy Services
  - Laboratory, Radiology, and other Diagnostic Services
  - Dental Services
  - Food and Nutrition Services
  - Specialized Rehabilitative Services
  - Outpatient Rehabilitative Services
  - Administration
  - Quality Assurance and Performance Improvement
  - Infection Control
  - Compliance and Ethics Program
  - Physical Environment
  - Training Requirement
- Summary of Costs and Benefits
- Statutory and Regulatory Authority of the Requirements for Long-Term Care Facilities
- Summary of Stakeholder Comments
- Why Revise the LTC Requirements
- Facility Assessment and Competency-Based Approach
- Current HHS Quality Initiatives
Reducing Avoidable Hospitalizations
Healthcare Associated Infections
Behavioral Health
Health Information Technology
Trauma Informed Care
Requirements of Long Stay Residents
Implementation of the Affordable Care Act Provisions
Executive Order 13563

Provisions of the Proposed Regulation
- Reorganization of Part 483 Subpart B
- Cross Cutting Proposals
- Unnecessary Hospitalizations
- Reduction in Inappropriate Use of Antipsychotic Medications
- Healthcare Associated Infections
- Basis and Scope
- Definitions
- Resident Rights
- Facility Responsibilities
- Freedom from Abuse, Neglect, and Exploitation
- Transitions of Care
- Resident Assessments
- Comprehensive Person-Centered Planning
- Quality of Care and Quality of Life
- Physician Services
- Nursing Services
- Behavioral Health Services
- Pharmacy Services
- Laboratory, Radiology, and other Diagnostic Services
- Dental Services
- Food and Nutrition Services
- Specialized Rehabilitative Services
- Outpatient Rehabilitative Services
- Administration
- Quality Assurance and Performance Improvement
- Technical Assistance for Facilities
- Infection Control
- Compliance and Ethics Program
- Physical Environment
- Training Requirements

Optional: Long-Term Care Facilities Crosswalk
Optional: Collection of Information Requirements
Optional: Response to Comments
Regulatory Impact Analysis (RIA)
Medicare Part C and D: General Compliance Training
0.5 contact hour(s)

Author: Centers for Medicare and Medicaid Service (CMS)

Objectives:
1. Recognize how a compliance program operates.
2. Recognize how compliance program violations should be reported.

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
  - Introduction
  - Introduction (Cont.)
  - Course Content
  - Requirements
  - Sponsors Responsibility
  - Medicate Learning Network (MLN)
  - MLN Offers
  - Why Do I Need Training?
  - Training Requirements, Plan Employees, Governing Body Members, and First-Tier, Downstream, or Related Entity (FDR) Employees
  - Medicare Part C and D
  - Compliance Program Requirement
- Compliance Program
  - What is an Effective Compliance Program
  - Seven Core Compliance Program Requirements
  - Compliance Training-Sponsors and their FDR’s
  - Ethics-Do the Right Thing!
  - Standards of Conduct
  - Policies and Procedures
  - What is Non-Compliance?
  - Know the Consequences of Non-Compliance
  - Disciplinary Standards
  - Non-Compliance Affects Everybody
  - How to Report Potential Non-Compliance
  - What Happens After Non-Compliance is Detected?
  - What are Internal Monitoring and Audits?
  - Compliance is Everyone’s Responsibility
Summary

Definition
- Definition of Alzheimer’s Disease and Dementia
- Facts about Alzheimer’s Disease
- Facts about Alzheimer’s Disease (Cont.)
- The Impact of Alzheimer’s Disease
- Life Expectancy
- Complex Disease

Pathophysiology
- Pathophysiology of Alzheimer’s Disease
- Changes in the Brain
- Types of Alzheimer’s Disease
- Progression of Alzheimer’s Disease
- The 3 Stage Model
- The 7 Stage Model

Causes
- Causes of Alzheimer’s Disease
- Potential Risk Factors
- Epidemiology
- Genetic Factors

Diagnosis
- Diagnosis
- New Diagnostic Criteria
- Goal of the Guidelines
- First Phase: Preclinical Alzheimer’s Disease
- Second Phase: Mild Cognitive Impairment (MCI)
- Final Phase: Dementia Due to Alzheimer’s
- Differences Between Alzheimer’s and Typical Age-Related Changes
- Ten Warning Signs
- Tests and Evaluations for Alzheimer’s Disease

Signs and Symptoms
- Early Behavioral Signs
- Identifying Depression in Alzheimer’s Disease
- Identifying Depression in Alzheimer’s Disease (Cont.)
- The First Step
- Diagnoses
- Treatment for Depression in Alzheimer’s Disease
- Late Behavioral Signs
- Late Behavioral Signs (Cont.)

Care Guidelines
- Pharmacologic Interventions for Memory Loss
- Vitamin E
- Vitamin E (Cont.)
- Medication
- Non-Pharmacologic Management of Common Changes in Behavior
- Non-Pharmacologic Management of Common Changes in Behavior (Cont.)
- Behavioral Symptoms
- Non-Pharmacologic Interventions
- No Medications Approved
- Medication Classes
- Summary
Medication Administration
1.0 contact hour(s)

Author: Cindy Smith, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Discuss the impact of medication errors.
2. Identify common pharmacokinetic changes in the elderly that affect medication administration.
3. Describe the presentation of adverse reactions in elderly clients.
4. Describe special precautions and guidelines that should be considered when administering select medications to the elderly.
5. State the definition of a medication error, based on the federal definition.
6. Identify the correct way to document medication administration.
7. Identify the 4 components that a medication order should contain.
8. Discuss tips to use to prevent medication errors.
9. Identify the 6 rights of medication administration.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Medication Administration
  - Medication Errors
  - Medication Administration Process
  - Blaming Doesn't Work
  - Summary
Changes
  ○ Pharmacokinetic Changes in the Elderly

Effects
  ○ Effects of Medication
  ○ Signs of Adverse Drug Reactions in the Elderly Client
  ○ Cognitive Changes
  ○ Serious Reactions
  ○ Diuretics
  ○ Antihypertensives
  ○ Digoxin
  ○ Corticosteroids
  ○ Anticoagulants
  ○ Sleeping Aids
  ○ Over the counter drugs
  ○ Guidelines for Administration

Policies
  ○ Federal Regulation
  ○ Facility policies

Orders
  ○ Complete/Clearly Written Orders
  ○ Telephone Orders
  ○ Common Mistakes
  ○ Legibility and Computerized Orders

Administration
  ○ Guidelines for Medication Administration
  ○ Storage
  ○ Expiration Date
  ○ Shake well
  ○ Insulin
  ○ Crushing Medications
  ○ Eye Medication
  ○ Sublingual Tablets
  ○ Inhalers
  ○ Adequate Fluids
  ○ Medications That Must be Taken With Food or Antacids
  ○ Transdermal Patch
  ○ Medication Administrative Functions

Errors
  ○ Avoiding Medication Errors
  ○ Summary
Mental Health in Older Adults
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe mental illness in older adults.
2. Identify the signs and symptoms of mental disorders affecting older adults.
3. Identify medications used to treat mental illness in older adults.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Introduction
- Prescription Medications
- Medications
- Four Primary Medications to Treat Depression
- Relief from Symptoms

- Disorders
  - Depression
  - Major Depression
  - Psychosis
  - Bipolar
  - Anxiety
Methods for Defining Potentially Preventable Readmissions and Rates

0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Kim Barrows, RN BSN

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Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. List several ways to define hospital readmission.
2. List the different types of hospital readmissions.
3. Describe how private companies have defined hospital readmission.
4. Discuss how MedPac defines hospital readmission.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Introduction to PPR
  - Approaches for Determining PPR Rates
  - Defining PPRs
- Jencks
  - Proposed Framework for Understanding PPR, by Jencks
- Private Industry
  - Private Industry
- MedPac
  - MedPac
  - Refining the Hospital Readmissions Reduction Program
Addressing the Needs of the Caregiver
0.5 contact hour(s)

Author: Cindy Smith, RN, BS, MA

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Objectives:

1. Define stress.
2. Describe the effects of stress.
3. List the risk factors associated with stress.
4. Utilize and demonstrate knowledge of stress management techniques.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition of Stress
  - Acute or Chronic Stress
  - Situational Stress
  - Stress and Burnout
- Effects of Stress
  - Effects of Stress
  - Other Health Problems
- Risk factors
  - Stress Factors
- Personality and Stress
- Stress in the Workplace
- Stress in the Workplace (cont.)

Management
- Signs That You Are Overstressed
- The Key to Managing Stress
- Summary
Nursing Assessment and Care of the Cardiac Patient

1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Identify basic anatomy of the heart.
2. Describe what is included in a nursing history of the cardiac system.
3. Differentiate normal and abnormal findings on cardiac assessment.
4. Describe laboratory findings indicative of cardiac abnormality.
5. Identify non-invasive studies that are used to evaluate cardiac function.

6. Identify invasive studies that are used to evaluate cardiac function.

Outline:

• Introduction
  o Welcome/Objectives Page
  o Navigation

• Review Anatomy
  o Review Anatomy
  o Pericardium
  o Chambers of the Heart
  o Valves
  o The Heart
  o Blood Supply
  o Conduction System

• History
  o History

• Inspection
  o Physical Examination
  o Inspection
  o Inspection (cont.)
  o Findings

• Palpation
  o Landmarks Used in Palpation
  o Palpation
  o Palpation Rate
  o Common Sites for Palpation
  o Abnormal Findings

• Percussion
  o Percussion

• Auscultation
  o Auscultation
  o Auscultation (cont.)
  o Dysrhythmia
  o Deviations
  o Blood Pressure
  o Systolic Blood Pressure
  o Pulse pressure

• Diagnostic Studies
  o Laboratory

• Noninvasive Studies
  o Noninvasive Studies
Noninvasive Studies (cont.)

- Invasive Studies
  - Invasive Studies
Nursing Assessment and Care of the Resident with CHF
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Editor: Cindy Smith, RN, MSN

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Objectives:

1. Discuss the prevalence of congestive heart failure.
2. Identify the primary function of the heart.
3. Describe the pathophysiology of congestive heart failure.
4. Identify the risk factors of congestive heart failure.
5. Identify the symptoms of congestive heart failure.
6. Identify medical and nursing interventions important in the care of the patient with congestive heart failure.
7. List the teaching points used when educating the patient about congestive heart failure.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Heart Failure
  - Heart Failure Statistics
- Normal Heart
  - The Normal Heart
  - Cardiac Chambers
  - Flow of Blood
  - Valves
  - Conduction System
  - Coronary Arteries
  - Normal Heart
- Pathophysiology
  - Pathophysiology of Congestive Heart Failure
  - Pathophysiology of Congestive Heart Failure (cont.)
  - Systolic and Diastolic Heart Failure
  - Left-Sided Heart Failure
  - Right-Sided Heart Failure
  - End Result of Heart Failure
- Risk Factors
  - Risk Factors
  - Risk Factors (cont.)
- Signs Symptoms
  - Clinical Signs and Symptoms
- Treatment
  - Management of CHF
  - Treatment of CHF
  - Medication Management
  - Non Pharmacologic treatment
  - Nursing Assessments
  - Desired outcomes
- Patient Education
  - Patient Education
  - Medication Management
  - Dietary Changes
  - Lifestyle Changes
  - Physician Support
Nursing Care of the Resident with Advanced Alzheimer's Disease
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify strategies to minimize behaviors associated with advanced Alzheimer's disease.
2. Discuss pharmacological treatment of Alzheimer's disease.
3. List the primary components of care during end-stage Alzheimer's disease.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Overview
  o Alzheimer's Disease
• Behaviors
  o Early Stages of Alzheimer's Disease
  o Behaviors
  o Quick Tips
  o Assessment of Behaviors
  o Behavioral and Environmental Therapy
  o Bathing
  o Nutritional Considerations
  o Mentally Challenging Activities
  o Mentally Challenging Activities (cont.)
Interactions
Interactions (cont.)
Indications for medication in dealing with behaviors

Treatment
Pharmacologic Treatment for Alzheimer's Disease
Medications
Acetylcholine
Cholinesterase Inhibitors
Antiglutamatergic Therapy
Combination Therapy

Communication
Communication With The Family

End Stage Care
End Stage Care
Advance Directives
Pain Management
Goals of Palliative Care
Nutritional Care
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Identify the 6 components of the food pyramid and their sources and functions.
2. Identify at least 3 changes that affect the nutritional status of the older adult.
3. Describe the guidelines and interventions used to promote good nutritional intake.
4. Identify 2 effects of malnutrition.
5. Identify 3 risk factors associated with malnutrition.
6. Identify 3 warning signs indicating the potential for weight loss.
7. Describe the components of a nutritional assessment.
8. Implement strategies for managing weight loss.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Food Pyramid
  - Nutrients
  - New Dietary Guidelines
- Factors
  - Factors Affecting Nutritional Status: Aging
  - Effects of Medication on Nutritional Status
Feeding Guidelines
  o Guidelines for Feeding a Client
  o Feeding Tips
  o Dysphagia
  o Feeding the Client
  o Interventions

Malnutrition
  o Effects of Malnutrition

Risk factors
  o Risk Factors and Conditions Associated with Anorexia and/or Weight Loss
  o Risk Factors for Malnutrition

Warning Signs
  o Warning Signs

Nutritional Assessment
  o Nutritional Assessment
  o Height
  o Body Mass Index
  o Lab
  o Food Preferences
  o Mealtime Observations
  o Parameter Assessments

Strategies
  o Strategies for Managing Weight Loss: Nutritional Interventions
  o Strategies for Managing Weight Loss: Nutritional Interventions (cont.)
  o Summary
Pain Recognition
0.25 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define pain.
2. Identify common signs and symptoms of pain.
3. Describe the role of the multidisciplinary team in identification and management of pain.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Definition
  - Definition
  - Effects of unrelieved pain
  - Nonverbal Descriptors
- Barriers
  - Barriers
  - Key Points to Overcoming the Barriers
- Screening
• Pain Screening
• Under-Detected and Under-Treated Pain
• The Healthcare Team

⊗ Signs and Symptoms
• Signs and Symptoms
• Indications of pain

⊗ Management
• Pain Scale
• Reporting Pain

⊗ Summary
• Summary
Pain Screening for Certified Nursing Assistants (CNA)
0.25 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Define pain.
2. Identify common signs and symptoms of pain.
3. Describe the nursing assistant’s role in identification and management of pain.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Definition
  - Definition
  - Effects of unrelieved pain
  - Nonverbal Descriptors
- Barriers
  - Barriers
  - Key Points to Overcoming the Barriers
- Screening
  - Pain Screening
  - Pain Screening (cont.)
- Signs Symptoms
- Signs Symptoms
- Indications of pain

Management
- Pain Scale
- Reporting Pain

Summary
- Summary
- Quiz Intro Page
Parallels of Time: A History of Development Disabilities

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the history of developmental disabilities.
2. Describe current perceptions of developmental dualities.
3. Discuss your personal perceptions concerning developmental disabilities.

Outline:

- Introduction
  - Welcome/Objective Page
  - Introduction
  - Quiz Intro
Parkinson's Disease
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define Parkinson’s Disease.
2. Identify the causes of Parkinson’s Disease.
3. Describe five signs and symptoms of Parkinson’s Disease.
4. Describe how Parkinson’s Disease is diagnosed.
5. Describe how to treat Parkinson’s Disease.
6. Describe important concepts in the care of the person with Parkinson’s Disease.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition of Parkinson’s Disease
  - Changes In the Brain: Dopamine
  - Changes In the Brain: Norepinephrine
  - Lewy Bodies
- Causes
  - Causes of Parkinson’s Disease
¶ Signs and Symptoms
  o Signs & Symptoms of Parkinson’s Disease
  o Signs and Symptoms
  o Symptoms of PD
¶ Diagnosis
  o Diagnosis of Parkinson’s Disease
  o Symptom Recognition
  o Diagnostic Tests
¶ Care Guidelines
  o Care Guidelines for Parkinson’s Disease
  o Medication Therapy
  o Other Care Options
  o Surgery
¶ Notify Physician
  o Side Effects
  o When to Notify the Physician
Patient Safety: Prevention of Medical Errors

2.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the magnitude of the problem related to medical errors.
2. Identify 5 different types of medical errors.
3. List at least 3 causes of medical errors.
4. Describe special populations that are more vulnerable to medical errors.
5. Identify strategies to prevent medical errors.
6. Describe the role of documentation in the prevention of medical errors.
7. Discuss ways to address medical errors.
8. Discuss regulatory standards that address medical errors.
9. Discuss initiatives to address medical errors.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Overview of the Problem
  - Financial Impact of Medical Errors
  - Preventable Medical Errors
  - Common Medical Errors
  - Medical Errors in Healthcare Settings
  - Statistics
  - Sentinel Event
- Patient Safety
  - Patient Safety Movement
Evidence-Based Practice (EBP)
- Five Core Competencies
- Seven Steps of Evidence-Based Practice
- Continuous Quality Improvement
- Steps of the CQI Process
- Four Key Principles

**Types of Medical Errors**
- Definition of Medical Error
- Never Events
- Types of Medical Errors
- Surgical Errors
- Reporting of Wrong Site Surgeries (WSS)
- Diagnostic Errors
- Radiologic Diagnostic Errors
- Adverse Drug Events
- Adverse Drug Events (cont.)
- Medical Device/Equipment Errors
- Infections
- HAI and Medical Procedures
- Falls
- Fatal Falls

**Causes of Medical Errors**
- Eight Root Causes of Medical Errors
- Factors that Increase the Risk of Medical Errors

**Vulnerable Population**
- Infants/Children
- Neonates
- Intensive Care Patients
- Patients with Limited Communication
- Diverse Cultural and Ethnic Background
- Geriatrics
- Polypharmacy
- Other Factors

**Best Practice & Prevention**
- Surgical Errors
- Components of the Universal Protocol
- Diagnostic Errors
- Adverse Drug Events
- Medical Device/Equipment Errors
- Medical Device/Equipment Errors (cont.)
- Preventing Infections
- Fall Risk Assessment
- Risk Assessment
- Intervention to Prevent Patient Falls
- Documentation & Communication
  - Documentation
  - Communication
  - SBAR
  - SBAR (cont.)
- Approaches to Address Medical Errors
  - Culture of Safety
  - Techniques
  - Root Cause Analysis
- Joint Commission Standards and Goals
  - National Patient Safety Goals
  - National Patient Safety Goals (cont.)
- Institute for Healthcare Improvement Initiative
  - Five Million Live Campaign
  - Partnership for Patients
  - Patient Family Education
- Summary
  - Summary
  - Summary (cont.)
Performance Management
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. Define performance management.
2. List activities associated with the performance management cycle.
4. Recognize the difference between directing and delegating.
5. Examine goals and make them SMARTER (specific, measurable, relevant, time-specific, evaluate, revise).
6. Describe how to provide feedback.
7. Describe how to prepare performance related documentation.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- 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
  - Quantitative Measures (continued)
  - Qualitative Measures
  - Qualitative Measures (continued)
- Delegate or Direct
  - Determine Whether to Delegate or Direct
  - Delegation
  - Delegation (cont.)
  - Directing
  - Directing (cont.)
- 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 as Motivator (continued)
  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
Getting Personal with Personal Protective Equipment (PPE)
0.5 contact hour(s)

Author: Yvette Dulohery

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Cindy Smith, RN, MSN,

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Objectives:

1. Identify the reasons you would use personal protective equipment (PPE).
2. Describe how to use gloves effectively.
3. Articulate the proper use of eye and face protection.
4. Identify the steps of putting on a gown.
5. Define advanced safe work practices related to PPE.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o PPE Overview

• Reasons
  o The Bad Guys
  o OSHA
  o Who Should Be Concerned About PPE?
  o What is PPE?
  o Use PPE Correctly

• Gloves
  o Gloves
  o Latex Allergies, Sensitivities and Other Glove Materials
  o Removing Gloves
  o Removing Gloves (cont.)
  o Reducing Risk of Glove Failure

• Eye/Face
  o When Should You Use Eye Protection
  o Eye Protection
  o What if I Wear Glasses?
  o Care for Eye Protection
  o Masks
  o Respirators
  o Removing Your Mask

• Gowns
  o Gowning
  o Removing Your Gown
  o Order of Putting on PPE
  o Order of Removing PPE

• Advanced
  o Summary
Pneumonia
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define pneumonia.
2. Define the risk factors for pneumonia.
3. Identify the types of pneumonia.
4. Describe the pathophysiology of pneumonia.
5. Identify the clinical manifestations of pneumonia.
6. Describe the treatment for pneumonia.
7. Identify complications of pneumonia.
8. Describe measures to prevent pneumonia.
9. Describe important concepts in the care of the person with pneumonia.
10. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Definition
  - Impact
  - Classification of Pneumonia
Classification
- Classification by Clinical Setting: CAP
- Classification by Clinical Setting: HCAP
- Classification by Clinical Setting: Aspiration
- Classification by Causative Agent
- Classification by Causative Agent: Bacterial
  - Streptococcus Pneumonia and Tuberculosis
- Classification by Causative Agent: Other Bacteria
- Other Pneumonia-Causing Agents
- Classification by Causative Agent: Viral
- Classification by Causative Agent: Fungus

Pathophysiology
- Background
- Introduction of Pneumonia
- Development of Pneumonia
- Risk Factors
- Predisposition
- Predisposition (cont.)

Clinical Findings
- Classic Symptoms
- Symptoms in the Elderly
- Symptoms of Bacterial Pneumonia
- Symptoms of Viral Pneumonia
- Diagnosis

Treatment
- Background
- Hospitalization
- Medications
- Common Antibiotics
- Critically Ill
- Other Interventions
- Goals of Nursing Care

Complications
- Introduction
- Complications

Prevention
- General Prevention
- VAP Prevention

Concepts
- Care Concepts
- Physician Notification

Summary
- Summary
Preparing for the MDS 3.0
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the Resident Assessment Instrument (RAI).
2. Discuss general background information of the Minimum Data Set (MDS).
3. Determine the reasons for changing MDS 2.0.
4. Verbalize the improvements expected in MDS 3.0.
5. List the implementation time line associated with the switch from MDS 2.0 to MDS 3.0.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- RAI
  - OBRA’87
  - RAI
  - Resident Assessment - Ftag 272
  - Assessment Team
  - RAI Components
- What is MDS
  - Background
  - MDS Overview
  - MDS
MDS 2.0
  - MDS 2.0 Sections
  - MDS 2.0
  - Why Change MDS 2.0?
  - MDS 2.0 Improvement

MDS 3.0
  - MDS 3.0 Implementation
  - Why the Change?
  - Goals
  - Key Changes
  - Revisions
  - Major Revisions (cont.)

Timeline
  - Timeline
Pressure Ulcer Determination and Management
0.5 contact hour(s)

Author: Catherine (Cathy) Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Describe the effects of aging on the skin.
2. Describe the process of pressure ulcer development.
3. Identify risk factors for the development of pressure ulcers.
4. Identify the causes of pressure ulcer development.
5. Properly assess a pressure ulcer.
6. Describe the stages of pressure ulcers.
7. Describe interventions used in the prevention and management of pressure ulcers.
8. Describe how to be prepared for a state survey.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - The Skin
  - Layers of Skin
  - Effects of Aging
  - Disease Processes
Definition
  o Prevention is Key
  o Prevention is Key (cont.)

Risk factors
  o Risk Factors for Pressure Ulcer Development
  o Risk Factor Assessment

Causes
  o Causes of Pressure Ulcers

Assessment
  o Bony Prominences

Prevention
  o Patient Rights
  o Risk Factor Interventions

Management
  o Ongoing Monitoring
  o Pressure Ulcers
  o Pressure Ulcer Assessment - Stage 1
  o Pressure Ulcer Assessment - Stage 2
  o Pressure Ulcer Assessment - Stage 3
  o Pressure Ulcer Assessment - Stage 4
  o Unstageable
  o Suspected Deep Tissue Injury
  o Pressure Ulcer Assessment
  o Pressure Ulcer Assessment (cont.)
  o Pressure Ulcer Assessment: Progress Toward Healing
  o Pressure Ulcer Assessment: Infection
  o Pain
  o Pressure Ulcer Treatment
  o Suggested Dressings
  o Dressing Change

State Survey
  o F 314
  o At Risk For Pressure Ulcers
  o Pressure Ulcers
  o The Survey Team
  o Surveyors May Ask Questions
  o Surveyors May Ask Questions (cont.)
  o Summary
Preventing Workplace Violence: A Lesson in Safety Promotion

.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify workplace violence.
2. Discuss the causes of workplace violence.
3. Identify the verbal and non-verbal warning signs of workplace violence.
4. Discuss strategies to use in implementing an appropriate response plan.
5. Discuss a personal violence prevention plan.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Workplace Violence in Health Care
  - Statistics
- Identifying
  - Employee Safety
  - The Definition of workplace violence
  - Categories of Workplace Violence
  - Workplace Violence Facts
  - Risk factors
  - Be your own security officer
Causes
- Who initiates workplace violence
- Our environment
- 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
- Scenario Verbal Warning Signs
- Non-Verbal Warning Signs

Strategies
- General Strategies
- Strategies

Prevention
- What should I do?
- Workplace safety assessment
- Controls

Bullying
- Definition of Bullying in the Workplace
- Bullying is Not
- Bullying Situations
- Examples of Bullying
- Signs of Bullying
- The Effects of Bullying
- The Consequences of Bullying
- The Consequences of Bullying (cont.)
- What can be done about bullying
Principles of Assisted Living
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the philosophy of assisted living.
2. List the types of services that are provided in assisted living facilities.
3. Identify the principles of assisted living.
4. Describe the regulations specific to assisted living facilities.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
  - Demographics
- Philosophy of AL
  - Philosophy of AL
  - Specialized Care
- Principles of AL
  - Guiding Principles
  - Principles of Assisted Living (cont.)
- Regulations
- Regulations
- Kansas Regulations
- Initial Orientation and Ongoing Education
- Disaster and emergency preparedness
- Records and Resident Council
- Documented Conditions
- Functional screening
- Negotiated service agreement
- Preventing the spread of infection

Transition
- Transition

Summary
- Summary
Psychosocial Needs of the Resident
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Discuss the developmental tasks associated with the elderly resident.
2. Differentiate between myths and facts about aging.
3. Identify common adjustments that are associated with aging.
4. Identify sensory changes common to the older adult.
5. Develop questions to help determine activities appropriate for your resident.
6. Differentiate between delirium, dementia and depression.
7. Identify strategies you can use to make a positive impact on an older adult’s life.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Introduction
  o Introduction (cont)
  o Statistics on Aging
• Stages
  o Developmental Tasks of the Older Adult
  o Ego Integrity vs Despair
  o Integrity versus Failure

  o Goals of the Older Adult
- Strategies to Accomplish Goals
  - Myths or Facts
    - Myths of Aging
  - Adjustments
    - Adjustments Common to Aging
  - Sensory Changes
    - Sensory Changes in the Older Adult
  - Activities and Alone Time
    - Activities and Alone Time
    - Question to Determine Appropriate Activities
    - Activities for Your Residents
  - Psychosocial Assessment
    - Psychosocial Assessment
    - Tools to Assess Cognitive Status
    - Delirium
    - Dementia
    - Depression
    - Geriatric Depression
  - Caregiver Strategies
    - Caregiver Strategies
    - Communicating with Your Residents
Psychotropic Medications
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

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Dr. Sonntag is a Medical Advisor for Care Choice and the medical director for 8 nursing facilities in Minneapolis. In his medical director role, his primary purpose is to educate others and as a result, provide better care to those in long term care.
Objectives:

1. Describe the difference between conventional and atypical antipsychotics.
2. Identify three indications for the use of antipsychotics.
3. Describe how conventional and atypical antipsychotics work.
4. Identify three adverse consequences of antipsychotics.
5. Identify nursing interventions that can be implemented to address select side effects of antipsychotics.
6. Define the current FDA stance on the use of antipsychotics in the elderly.
7. Describe the implications of F-329 on the use of antipsychotics in the elderly.
8. Identify at least three key behaviors that staff must know when addressing behavioral symptoms.
9. Describe the purpose of the Nursing Home Quality Measures.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Introduction to Antipsychotic Medications

• Antipsychotics
  o Conventional vs. Atypical Antipsychotics

• Indications
  o Disorders
  o Conditions Treated With Atypical Antipsychotics
  o Consideration For the Underlying Cause of Behaviors

• Conventional vs Atypical
  o Symptoms
  o Initial Clinical Effects
  o Mechanism of Action
  o Dosing Effects
  o Controlling Symptoms
  o Potency

• Consequences
  o Side Effects
  o Side Effects Due to Receptor Blocking

• Considerations
  o Nursing Considerations
  o Psychoeducation
  o Adjuncts to antipsychotics
  o Monitoring Effects
  o Age Related Changes in The Distribution of Medications
  o Comorbidities and Age Related Side Effects
  o Mortality Rates
  o FDA Warning
  o Black Box Warning
- CMS Regulations
- Symptoms of Dementia
- Identifying the Cause

**FDA Stance**
- FDA Stance
- Antipsychotic Use in Dementia
- Treating the Underlying Cause of the Symptom
- Medication Management

**Risks**
- Risks Associated with Antipsychotics
- Risks Associated with Antipsychotics (cont.)

**Implications**
- F-329 Unnecessary Drugs
- Contraindications to Dosage Reduction
- Documentation
- Interdisciplinary Approach
- Guidelines For Documentation
- Process Used When Prescribing Medications
- Education
- Medication Review
- Alternatives to Antipsychotic Medications

**Behaviors**
- Staff training
- Case Study

**Quality Measures**
- Nursing Home Quality Measures
- Summary
Pulmonary Assessment
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

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Reviewer: Kim Barrows, RN BSN

Kim is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success. Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration. Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

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Objectives:

1. List the main purpose of the pulmonary system.
2. Describe the elements of a thorough history of the pulmonary system.
3. Describe the elements of a thorough physical assessment of the pulmonary system.
4. Describe the purpose of various pulmonary diagnostic tests.
5. Identify significant pulmonary findings that may indicate dysfunction.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Pulmonary AP
  o The Pulmonary System
  o The Pulmonary System (cont.)
  o Respiration
  o The Airways
  o The Upper Airway
  o The Upper Airway (cont.)
  o The Lower Airways
  o Alveoli
  o The Lungs
  o Bony Thorax
  o Anatomy and Physiology: Anatomical Lines
  o Diaphragm
  o Accessory muscles
  o Pulmonary Circuit
  o Oxygen Diffusion
  o Oxygenation
Acid Base Balance
CO₂ Elimination
Summary

Medical History
- History of Present Illness
- Chief Complaints
- Medical History
- Family History
- Social History
- Medications

Crisis
- Crisis Assessment

Physical Assessment
- Physical Assessment
- Physical Examination Inspection
- Palpation
- Percussion
- Auscultation
- Percussion (cont.)
- Normal Sounds
- Sound Classification
- Adventitious Breath Sounds

Key Pulmonary Symptoms
- Key Pulmonary Symptoms
- Dyspnea
- Chest Pain
- Chest Pain Characteristics
- Sputum
- Hemoptyisis
- Cyanosis
- Crepitus
- Palpation
- Fremitus

Diagnostic Testing
- Arterial Blood Gases (ABGs)
- Sputum Analysis
- Guidelines for Sputum Specimens
- Bronchoscopy
- Consent
- Complications
- Chest x-rays
- Magnetic Resonance Imaging (MRI)
- Positron-Emission Tomography (PET)
- Pulmonary Angiography and Arteriography
- Person Education
- CT Scan: Nursing Considerations
- CT Scan: Nursing Considerations (cont.)
- Ventilation-Perfusion (V/Q)
- Pulse Oximetry: Oxygen saturation
- Pulse Oximetry: Accuracy Effected
- Thoracentesis
- Nursing Considerations
- Types of Biopsies
- Nursing Considerations (cont.)
- Pulmonary Function Tests (PFTs)
- Summary
Pulmonary Rehabilitation
1.5 contact hour(s)

Author: Cindy Smith, RN, MSN

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Objectives:

1. Discuss the impact of persons with pulmonary diagnoses on the hospital readmission program.
2. Discuss the advantages that the implementation of a pulmonary rehabilitation program will afford an extended care facility.
3. Discuss the primary components of a successful pulmonary rehabilitation program.
4. Identify the components of staff competencies.
5. Identify the components of a comprehensive pulmonary assessment.
6. Identify significant assessment findings that may indicate disease progression.
7. Identify findings that would indicate the physician should be notified.
8. Discuss CMS (Center for Medicaid and Medicare Services) reimbursement issues.
9. Identify components of a good pulmonary rehabilitation marketing program

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - CMS Readmission Program
  - Applicable Conditions
  - Penalties for Excessive Readmissions
  - Quality of Life
- Pulmonary Rehab
  - Implementing a Pulmonary Rehabilitation Program
  - Facility Goal
  - Advantages
  - Patient Education
  - The Global Initiative for Chronic Obstructive Lung Disease (GOLD)
    - GOLD Objectives
- Pulmonary AP
The Pulmonary System
- The Pulmonary System (cont.)
- Respiration
- The Airways
- The Upper Airway
- The Upper Airway (cont.)
- The Lower Airways
- Alveoli
- The Lungs
- Bony Thorax
- Anatomy and Physiology: Anatomical Lines
- Diaphragm
- Accessory muscles
- Pulmonary Circuit
- Oxygen Diffusion
- Oxygenation
- Acid Base Balance
- CO₂ Elimination
- Summary

Medication
- Bronchodilators
- Common Medication/Doses
- Combination Bronchodilators
- Combination Bronchodilator and Corticosteroids
- Long acting Bronchodilators
- Xanthine Derivatives
- Corticosteroids
- Oxygen
- Oxygen Delivery Devices
- Antibiotics
- Antibiotics (cont.)
- Mucolytics
- Expectorants

Components
- Components
- Physician Prescribed Exercise
- Individually Prescribed Exercise
- Breathing Strategies
- Education/Training
- Physiologic Assessment
- Psychosocial Assessment
- Nutritional Counseling
- Outcome Assessment
- Outcome Results
Staff Competencies
  o Staff Education

Assessment and Warning Signs
  o Detailed History
  o Chief Complaints
  o Medical History
  o Family History
  o Social History
  o Crisis Assessment
  o Adventitious Breath Sounds
  o Pulmonary Symptoms
  o Palpation
  o Arterial Blood Gases (ABGs)
  o Sputum Analysis
  o Bronchscopy
  o Bronchscopy Complications
  o X-rays
  o Magnetic Resonance Imaging (MRI)
  o Positron-emission Tomography (PET)
  o Pulse Oximetry
  o Oxygen Saturation
  o Pulmonary function tests (PFTs)

Comorbid Conditions
  o Comorbid Conditions

Interact Care Pathway
  o INTERACT
  o Tools
  o Care Plans

Medicare Reimbursement Issues
  o Pulmonary Rehabilitation Toolkit
  o HCPCS Code
  o Claims and Reimbursements

Marketing
  o Marketing Your Pulmonary Rehabilitation Program

Summary
  o Summary
QAPI in the Nursing Home
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define QAPI in the nursing home.
2. List the elements of QAPI.
3. Discuss the action steps to a successful QAPI.
4. Identify the principles of QAPI.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - QAPI Initiative
  - QAPI Initiative (cont.)
  - What is QAPI
  - What is QAPI (cont.)
  - QAPI Plan
- QAPI Features
  - QAPI Features
- Elements
  - Five Strategic Elements
  - Element 1: Design and Scope
  - Element 2: Governance and Leadership
- Element 2: Governance and Leadership (cont.)
- Element 3: Feedback, Data Systems and Monitoring
- Element 4: Performance Improvement Projects
- Element 5: Systematic Analysis and Systemic Action
- Element 5: Systematic Analysis and Systemic Action (cont.)

Action Steps to QAPI
- Action Steps to QAPI
  - 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 3: Take your QAPI “Pulse” with a Self-Assessment (cont.)
  - Step 4: Identify Your Organization’s Guiding Principles
  - Step 4: Identify Your Organization’s Guiding Principles (cont.)
  - Step 5: Develop Your QAPI Plan
  - Step 6: Conduct a QAPI Awareness Campaign
  - Step 7: Develop a Strategy for Collecting and using QAPI Data
  - Step 8: Identify Your Gaps and Opportunities
  - Step 8: Identify Your Gaps and Opportunities (cont.)
  - Step 8: Identify Your Gaps and Opportunities (cont.)
  - Step 9: Prioritize Quality Opportunities and Charter PIPs
  - Step 10: Plan, Conduct and Document PIPs
  - Step 10: Plan, Conduct and Document PIPs (cont.)
  - Step 11: Getting to the “Root” of the Problem
  - Step 11: Getting to the “Root” of the Problem (cont.)
  - Step 12: Take Systemic Action
  - Step 12: Take Systemic Action (cont.)
  - Step 12: Take Systemic Action (cont.)
  - Hierarchy of Actions

Summary
- QAPI Principles Summarized
- QAPI at A Glance
Abuse Prohibition
A QIS Triggered Task
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Abuse Prohibition.
2. Discuss the survey process associated with the QIS Abuse Prohibition.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Policy/Procedure
  - Overview
  - Policy and Procedure
  - Evaluation
- Violations
  - Introduction
  - Resident Selection
  - Reporting
  - Investigating
  - Resident Protection
  - Corrective Action
  - Summary
- Resident/Family
  - Overview
  - Information Gathered
- Staff
  - Direct-care Staff Interviews
  - Information Gathered
- Supervisor
  - Front-line Supervisor Interviews
  - Information Gathered
- Pre-Screening
  - Introduction
  - Pre-screening Evidence
  - Criteria
  - Information Gathered
- Compliance
  - Overview
  - F225
  - F226
Accidents
A QIS Critical Element Pathway
.25 contact hour(s)

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure

• Observation
  o Observation

• Interview
  o Resident and/or Representative
  o Nurse Aide Interview
  o Social Services Interview
  o Therapy and/or Restorative Manager Interview
  o Nurse Interview
  o Nurse Interview (cont.)

• Record
  o Record Review
- Record Review (cont.)
- Compliance Decisions
- F272
- F279
- F282
- F280
- F323
- Additional Ftags
- Additional Ftags (cont,)
Activities of Daily Living (ADL)
A QIS Critical Element Pathway
.25 contact hour(s)

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Interview
  - Resident and/or Representative Interview
  - Resident and/or Representative Interview (cont.)
  - Therapy and/or Restorative Manager Interview
  - Therapy and/or Restorative Manager Interview (cont.)
  - Therapy and/or Restorative Manager Interview (cont.)
  - Nurse Aide and/or Restorative Nurse Aide Interview
  - Nurse Aide and/or Restorative Nurse Aide Interview (cont.)
  - Nurse Interview
- Nurse Interview (cont.)

- Record
  - Record Review
  - Record Review (cont.)
  - Compliance Decisions
  - F272
  - F279
  - F282
  - F280
  - F310
  - F311
  - F312
  - Additional Ftags
  - Additional Ftags (cont.)
Activities
A QIS Critical Elements Pathway
.25 contact hour(s)

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Objectives:
1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
  - In Room Activities
- Resident
  - Resident/Representative Interview
- Staff
  - Activity Staff Interviews
- CNA Interview
- Social Service Staff Interview
- Nurse Interview

**Assessment**
- Review
- Does the Assessment Accurately and Comprehensively Reflect Resident Status?
- Significant Change
- F274 and F272
- F272

**Care Planning**
- Care Planning
- Special Needs Residents
- F279

**Implementation**
- Care Plan Implementation by Qualified Persons
- F282
- Care Plan Revisions
- F280

**Care and Services**
- Provision of Care and Services
- F248

**Concerns**
- Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Admission, Transfer and Discharge Review A QIS Triggered Task
.25 contact hour(s)

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Admission, Transfer & Discharge Review.
2. Discuss the survey process associated with the QIS Admission, Transfer & Discharge Review.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Overview
  o Triggered Events
• Medicare/Medicaid Benefit Application
  o Introduction
  o Family Interview
  o Next Steps
  o F208
• Inform of Rights
  o Introduction
  o Background
  o Family Interview
  o Next Steps
  o F156
Room Change
  - Introduction
  - Background
  - Family Interview Stage 1 Question
  - Resident Interview Stage 1 Question
  - Next Steps
  - F247

Third Party
  - Background
  - Third Party Guarantee
  - Family Interview Stage 1 Question
  - Next Steps
  - F208

Bed Hold
  - Background
  - Introduction
  - Family Interview Stage 1 Question
  - Next Steps
  - F205

Transfer/Discharge
  - Background
  - Closed Record Review
  - Next Steps
  - Closed Record Review Concerns
  - F201
  - F250
  - F309
  - Closed Record Review Concerns
  - Closed Record Review Concerns (cont.)
  - F204
Behavioral and Emotional Status
A QIS Critical Element
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations (if the resident is still in the facility)
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
Assessment
  - Assessment (cont.)
  - Significant Change
    - F274 and F272
    - F272

Care Planning
  - Care Planning
    - F279 / F281

Implementation
  - Observe Care and Interview Staff
    - F282

Revision
  - Care Plan Revisions
    - F280

Care & Services
  - Provisions of Care and Services
    - F319
    - F320
    - F309

Concerns
  - Concerns with Independent...
Communication and Sensory Problems (Includes Hearing and Vision)
A QIS Critical Elements Pathway
.25 contact hour(s)

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5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure
• Observation
  o Observations
• Resident
  o Resident/Rep Interview
• Staff
  o Staff Interview
- Assessment
  - Assessment
    - F272
    - F272 (cont.)
- Care Planning
  - Care Planning
    - F279
- Implementation
  - Care Plan Implementation
    - F282
- Revision
  - Care Plan Revision
    - F280
- Care & Services
  - F310
    - F tag 310
    - F311
      - F tag 311
      - F313
        - F tag 313
- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Death
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
- Record Review
  - Record Review
  - Record Review (cont.)
- Interview
  - Nurse Interview
  - Compliance Decisions
  - F272
  - F279
  - F282
  - F309
  - Additional Ftags
  - Additional Ftags (cont.)
Dental Status and Services
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Staff
  - Staff Interview
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Plan Revision
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282 (cont.)
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - Provision of Care and Services
  - F411
  - F412
- Concerns
  - Concerns
Dining Observation A QIS Mandatory Task
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Dining Observation.
2. Discuss the survey process associated with the QIS Dining Observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Purpose
  - Selection of Meals
  - Selection of Meals (cont.)
  - Oversight
  - Meals
  - Concerns
  - Stage 2
  - Elements
- Choices
  - Choices
  - Staff Interview
  - Surveyor Review
- Assistance
  - Background
  - Lack of Sufficient Staff
- Assistance
- Appropriate Diet
- Liquids
- Residents in Need of Assistance

*Food*
- Food Quantity
- Food Quality Concerns
- Food Quality Concerns (cont.)
- Food Quality F tag
- Food Substitutes
- Food Substitutes F tag

*Dignity and Respect*
- Dignity
- Dignity F tag

*Timing and Safety*
- Meal Services
- Meal Services F tag
- Staff Infection Control
- Staff Infection Control F tag
- Frequency of Meals
- Resident and Staff Interview
- Frequency of Meals F tag

*Environment*
- Homelike Environment
- Homelike Environment (cont.)
- Homelike Environment (cont.)
- Homelike Environment F tag
- Lighting
- Lighting F tag
- Ventilation
- Ventilation F tag
- Sound Levels
- Sound Level F tag
- Comfortable and Safe Temperatures
- Comfortable and Safe Temperatures F tag
- Furnishings
- Furnishing F tag
- Space
- Space F tag
Environmental Observations
A QIS Triggered Task
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Environmental Observations.
2. Discuss the survey process associated with the QIS Environmental Observations.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
- Overview
  - Background
  - Policy and Procedure
- Observation
  - F Tags
  - F460
  - F254
  - F Tags (cont.)
  - F Tags (cont.)
  - F Tags (cont.)
  - F256
  - F257
- F469
- F323
- F323 (cont.)
- F Tags (cont.)
- F323 (cont.)
- F323 (cont.)
- F253
- F252
- F246
- F Tags

Condition
- F465
General

**A QIS Critical Elements Pathway**

.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure

- **Observation**
  - Observations (if the resident is still in the facility)

- **Resident**
  - Resident/Representative Interview

- **Staff**
  - Nursing Staff Interviews
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282
- Revision
  - Care Plan Revision
  - F280
- Interviews
  - Interviews to Conduct Only If Problems Have Been Identified
Hospice, End of Life and/or Palliative Care
A Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure
• Observation
  o Observations
• Resident
  o Resident/Representative Interview
• Staff
  o Staff Interviews (Direct Care Staff)
  o (Practitioners and Professionals)
- Record Review (Review of Facility Practices)
  - Assessment
    - Assessment
    - F272
  - Care Planning
    - Care Planning
    - F279
  - Implementation
    - Care Plan Implementation by Qualified Persons
    - F282
  - Revision
    - Care Plan Revision
    - F280
  - Care & Services
    - Provision of Care and Services
    - F309
  - Concerns
    - Concerns
    - Concerns (cont.)
Hospitalization
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Interview
  - Resident and/or Representative Interview
  - Resident and/or Representative Interview (cont.)
  - Nurse Interview
  - Nurse Interview (cont.)
- Record
  - Record Review
  - Record Review (cont.)
  - F272
- F279
- F282
- F280
- F309
- Additional Ftags
- Additional Ftags (cont.)
Hydration Status
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure

• Observation
  o Observations
  o Risk for Urinary Tract Infection

• Resident
  o Provisions of Care and Services

• Staff
  o Staff Interviews
Assessment
  - Assessment
  - F272

Care Planning
  - Staff Interviews
  - F272 (cont.)

Implementation
  - Care Plan Implementation
  - F282

Revision
  - F282 (cont.)
  - F280

Care & Services
  - Provision of Care and Services
  - F327

Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Infection Control & Immunizations
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on infection control & immunizations observation.
2. Discuss the survey process associated with the QIS infection control & immunizations observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Regulations
  - Surveyors
  - Observations
  - Surveyor Review
  - Surveyor Observations
  - Influenza/Pneumococcal Immunization Review
  - Influenza/Pneumococcal Immunization Review (cont.)
  - Influenza/Pneumococcal Immunization Review (cont.)
Introduction to the Quality Indicator Survey (QIS), the New Survey Process
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Define QIS.
2. Describe the QIS process steps.
3. Compare and contrast the traditional survey process to the QIS.
4. Develop a personal plan in preparation for the QIS.
5. Discuss communication techniques that will facilitate the QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Why Change the Process
  - QIS Overview
  - QIS Objectives
- Preparation
  - QIS Process Surveyor Preparation
  - QIS Process Onsite Preparation
  - QIS Process Preparation Onsite – Tour
- Stage Definitions
  - Stage I Definition
  - Stage II Definition
Stage I
- QIS Process: Stage I Preliminary Investigation
- Stage I - Census Sample
- Census Sampling Process
- Stage I Admission Sample
- Stage I Census and Admission
- Stage I MDS Sample
- Other Samples

Stage II
- Transition from Stage I to Stage II
- Stage II
- Care Areas
- Critical Element Pathways
- Additional Facility Level Investigations
- Survey Results

Plan for Success
- Learn
- Communicate on a Different Level
- Implement a QIS Quality Assurance Program
Kitchen Food Service Observation A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Kitchen/Food Service Observation.
2. Discuss the survey process associated with the QIS Kitchen/Food Service Observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Introduction
• Initial Brief Tour of the Kitchen
  o Initial Tour
  o Sanitary Food Storage
  o Sanitary Food Storage F tag
  o Staff Infection Control
  o Staff Infection Control F Tag
  o Preparation in Sanitary Conditions
• Follow-up
  o Background
  o Storage Temperatures
  o Storage Temperatures F Tags
  o Food Storage
  o Food Storage F tag
  o Food Preparation and Service
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service F Tags
- Dinnerware Sanitation and Storage
- Dinnerware Sanitation and Storage (cont.)
- Dinnerware Sanitation and Storage F Tag
- Clean Preparation Equipment
- Staff Interview
- F tags
- Refuse/Pest Control
- Refuse/Pest Control F Tags
- Refuse/Pest Control (cont.)
- Unit Refrigerators
Liability Notices & Beneficiary Appeal Rights Review
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on the Liability Notices & Beneficiary Appeal Rights Review process.
2. Discuss the survey process associated with the Liability Notices & Beneficiary Appeal Rights Review.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Introduction
  - Notification
  - Notification (cont.)
  - Non-Coverage
  - Exceptions
  - SNF Requirements
  - Failure to Provide Written Notice(s)
  - Demand Bill Review
  - Surveyor Questions
  - Definitions for Fi and MAC
* Demand Bills
  - Record Review
  - Billing Requirement Violation
  - Surveyor Questions

* Discharges
  - Surveyor Questions
  - Required Timeframe for Submission
  - Bill Submission Violation
  - Surveyor Questions
Medication Administration Observation
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on medication administration observation.
2. Discuss the survey process associated with the QIS medication administration observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Process
  - Surveyor Observation
  - Resident Observation Selection
  - Coordination of Instructions
  - Surveyor Observation
  - Medication Administration Observation Checklist
- Findings
  - Calculations
  - Step 1
  - Step 2
  - Step 3
  - Application
Medication Storage and Labeling
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Identify the CMS resources available to supplement this lesson on medication storage and labeling.
2. Discuss the survey process associated with medication storage and labeling.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
- Part 1
  - Introduction
  - Schedule II Medications
  - Receipt and Disposition
  - Records
  - Labeling
  - Surveyor Questions
Nutrition
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure

• Observation
  o Observation
  o Observation (cont.)

• Interview
  o Resident and/or Representative Interview
  o Nurse Aide, Dietary Aide and/or paid Feeding Assistant Interview
  o Nurse Aide, Dietary Aide and/or paid Feeding Assistant Interview (cont.)
  o Nurse Interview
  o Registered Dietitian
  o Registered Dietitian (cont.)

• Record
- Record Review
- Record Review (cont.)
- Compliance Decisions
- F272
- F279
- F282
- F280
- F325
- Additional Ftags
- Additional Ftags (cont.)
- Additional Ftags (cont.)
Pain Recognition and Management
A Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview: Nurse Aide(s) Interview
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282
- Revision
  - Care Plan Revision
  - F280
- Interview
  - Interviews to Conduct Only if Problems
  - Have Been Identified
Personal Funds Review
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Personal Funds.
2. Discuss the survey process associated with the QIS Personal Funds.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Background
  - Expired Residents
  - Personal Funds Interview
  - Closed Record Review
- Review
  - Cost Changes
  - F156
  - F159
  - Separate Accounting
  - F159 (cont.)
  - Generally Acceptable Accounting Principles
  - F159 (cont.)
- Medicare/Medicaid Charges
- Medicare/Medicaid Sample
- Non-covered services
- F162
- Medicare/Medicaid
- F159 (cont.)
- Medicaid Recipients
- F159 (cont.)
- Statements
- F159 (cont.)
- Final Accounting

- Supplementation
  - Sample Supplementation
  - Surveyor Review
  - Staff Interview
  - Resident/Family Interview

- Surety Bond
  - Background
  - F161
Positioning
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
  - Observation (cont.)
- Interview
  - Resident and/or Representative Interview
  - Nurse Aide Interview
  - Nurse Interview
  - Nurse Interview (cont.)
  - Therapy/Restorative Interview
  - Therapy/Restorative Interview (cont.)
- Record
- Record Review
- Compliance Decisions
- F272
- F279
- F282
- F280
- F309
- Additional Ftags
- Additional Ftags (cont.)
Preadmission Screening and Resident Review  
A QIS Critical Elements Pathway  
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
  - Use
    - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Planning
  - F279
- Care Plan Implementation
  - Care Plan Implementation by Qualified Persons
  - F282
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - Provision of Care and Services
  - F406
- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Preparing Your Residents, Families and Staff for QIS
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Conduct a discussion with residents, family members and staff about how to prepare for a QIS survey.
2. Conduct a QIS survey simulation with residents, family and staff.
3. Develop a Quality Assessment and Assurance (QAA) program for your organization.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview of QIS
  - QIS Overview
  - Why Change the Process?
- Resident Interviews
  - Stage I
  - Census Sample
  - CPS Scores
  - Preparing the Resident for the QIS Interview
  - Resident Interview Questions
  - Additional Interview Tips
- Family Interview
  - Overview
  - Family Interviews
- Staff interviews
  - Staff Interview
  - Additional Information
- QIS Survey
  - Survey Simulation
Pressure Ulcers
A QIS Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List the five critical elements of this CEP.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Observations and Interviews
- Observation
  - Observation
  - Observation (cont.)
- Interview
  - Interview
- Record Review
  - Record Review
  - Record Review (cont.)
Critical Elements
  o Critical Elements
  o F272
  o F279
  o F282
  o F280
  o F314
  o Other Tags and Care Areas to Consider
Psychoactive Medications
A QIS Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
  - For the Resident Who is on a Hypnotic
  - For the Resident Who is on an Antipsychotic and/or Anti-anxiety Medication
- Resident
  - Resident/Representative Interviews
- **Staff**
  - Staff Interviews

- **Assessment**
  - Assessment
  - F272

- **Care Planning**
  - Care Planning
  - Care Planning Review for Specific Conditions
  - F279

- **Implementation**
  - Care Plan Implementation by Qualified Persons
  - F282

- **Revision**
  - Care Plan Revisions
  - F280

- **Care & Services**
  - Provisions of Care and Services
  - F329

- **Concerns**
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
QIS Extended Survey
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:
1. Identify the CMS resources available to supplement this lesson on the QIS Extended Survey.
2. Discuss the survey process associated with the QIS Extended Survey.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:
• Introduction
  o Welcome/Objective Page
  o Navigation
• Overview
  o Background
  o Purpose
  o Timing
  o Care Area Initiation
  o F Tags
• Nursing Services
  o Nursing Services
• Physician Services
  o Physician Services
• Qualifications
  o Staff Qualifications
• Administration
  o Administration
Quality Assessment and Assurance
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on the Quality Assessment and Assurance (QA & A).
2. Discuss the survey process associated with the QIS Quality Assessment and Assurance (QA & A).
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Part 1
  - Introduction
  - Introduction (cont.)
  - Entrance Conference
  - Offsite preparation
  - Gathering information
  - Team Meetings
  - Surveyor Questions
- Part 2
  - Introduction
  - QAA Representative Interview
  - Staff Interview
- Identification of concerns
- Additional Information
- Additional Information (cont.)
- Surveyor Questions
Quality Resident Care: Guidance for Surveyors  
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the stages of QIS.
2. Discuss the relevance of the QIS Care Areas to stage 2 investigations.
3. Describe at least 3 ways that a long term care facility can prepare for a QIS survey.
4. List at least 4 specialized care areas that may be subject to stage 2 investigation.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - QIS Overview
  - QIS Objectives
  - Stage 1
  - Stage 2
- Care Areas
  - Guidance to Surveyors
  - Care Areas
  - Abuse 483.13(b)
  - Abuse
  - Abuse (cont.)
  - Choices (Self-determination and Participation) 483.15 (b)
  - Choices
  - Dignity 483.15(a)
- Food Quality 483.35(d)
- Food Quality
- Notification of Change 483.10(b)(11)
- Notification of Change
- Participation in Care Plan 483.25
- Personal Property 483.10(1)
- Privacy 483.10(e)
- Privacy
- Social Services 483.15(g)
- Social Services
- Unnecessary Drugs
- Unnecessary Drugs (cont.)

### Specialized Care
- Introduction to Specialized Care Areas
- Introduction to Specialized Care Areas (cont.)
- Colostomy, Ureterostomy, Illiostomy Care 483.25(k)(3)
- Parenteral and Enteral Fluids 483.25(k)(2)
- Naso-Gastric Tubes 483.25(g) F 321
- Naso-Gastric Tubes
- Foot Care 483.25(k)(7)
- Prosthesis 483.25(k)(8)
- Respiratory Care 483.25(k)(6)
- Tracheostomy Care 483.25(k)(4) (Includes tracheostomy site)
- Tracheal Suctioning 483.25(k)(5)
- Resident Room 483.70(d)
Range of Motion (ROM)  
A QIS Critical Element Pathway  
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Interview
  - Resident and/or Representative Interview
  - Resident and/or Representative Interview (cont.)
  - Nurse Aide and/or Restorative Nurse Aide Interview
  - Nurse Aide and/or Restorative Nurse Aide Interview (cont.)
  - Nurse Interview
  - Nurse Interview (cont.)
  - Therapy and/or Restorative Interview
  - Therapy and/or Restorative Interview (cont.)
Record
  o Record Review
  o Record Review (cont.)
  o Compliance Decisions
  o F272
  o F279
  o F282
  o F280
  o F317
  o F318
  o Additional Ftags
  o Additional Ftags (cont.)
Rehabilitation and Community Discharge  
A QIS Critical Elements Pathway  
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
Assessment
  o Assessment
  o F272

Care Planning
  o Care Planning
  o F279

Implementation
  o Care Plan Implementation by Qualified Persons
  o F282

Revision
  o Care Plan Revisions
  o F280

Care & Services
  o Provision of Care and Services
  o F311
  o Provisions of Care and Services (cont.)
  o F406
  o For Residents Who Require Medically-Related Social Services
  o F250

Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (Cont.)
Resident Council President/Representative Interview
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on the Resident Council President/Representative Interview.
2. Discuss the survey process associated with the QIS Resident Council President/Representative Interview.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Process
  - Overview
  - Starting the Interview
  - Confidentiality
  - Other Interview Points
  - Establishing Rapport
  - Additional items
- F Tags
  - Introduction
  - Council
  - Grievances
- Rules
- Rights
- Additional Information
Resident Who Receives Dialysis Treatments
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interviews
- Interview
  - Interviews and Medical Record Review
- Assessment
  - Assessments
  - F272
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - Observe Care and Interview Staff
  - F282
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - Provision of Care and Services
  - F309
- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Sufficient Nursing Staff Review
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Sufficient Nursing Staff Review.
2. Discuss the survey process associated with the QIS Sufficient Nursing Staff Review.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Sufficient Nursing Staff Review
  - Sufficient Nursing Staff Review (cont.)
- Licensed Nursing
  - Licensed Nursing Staff Schedule Review
  - Required Coverage
- Registered Nursing
  - Registered/Licensed Nursing Staff Schedule Review
- Supervisory Staff
  - Care Plan Concerns
- Nursing/Other
  - CNA & Other Nursing Staff Interviews
- Nursing Assistant
  - Nursing Assistant Assignment Review
- Resident/Family
  - Resident, Family and/or Other Resident Representative Interview
- Compliance
  - Overview
  - F353
  - F354
The Importance of Avoiding Stage II
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Describe how surveyors prepare for the QIS.
2. Explain the process of stage I of the QIS.
3. Define facility level tasks.
4. Identify triggered tasks.
5. Identify the components and process of stage II of the QIS.
6. Describe how surveyors will analyze stage II findings.
7. Explain the process of avoiding stage II.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - What is QIS?
  - Overview of QIS
  - Process Introduction
- Survey Preparation
  - Offsite Preparation
  - Onsite Preparation Activities
  - Entrance Conference
  - Concurrent Activities
  - Initial Tour
Stage 1 Survey
  - Introduction to Stage I: Survey Tasks – DCT
  - Sample Overview
  - Reconciling the Census Sample
  - Team Meeting
  - Resident Level Preliminary Investigation
  - Relevant Findings
  - Admission Sample Review
  - Census Sample Review
  - Resident Interviews
  - Resident Observation
  - Family Interview
  - Staff Interview
  - Clinical Record Review

Facility Level
  - Facility Level Survey Tasks
  - Liability Notices
  - Dining Observation
  - Infection Control
  - Kitchen/Food Service Observation
  - Medication Administration Observation
  - Quality Assessment and Assurance (QAA) Review
  - Resident Council President or Representative Interview

Triggered Facility
  - Introduction to Triggered Facility-level Tasks
  - Abuse Prohibition
  - Admission, Transfer and Discharge
  - Environmental Observation
  - Sufficient Nursing Staff
  - Personal Funds

Stage II Survey
  - Transition from Stage I to Stage II
  - Introduction to Stage II Survey Tasks
  - Sample Selection
  - Stage II In-depth Investigation
  - Stage II Information Validation
  - Introduction to Critical Elements (CE) Pathways
  - Critical Elements (CE) Pathways
  - Unnecessary Drug Review
  - Systematic Review and Documentation of CEs
  - Completing CE Documentation in the QIS DCT
Stage II Analysis
  o Overview
  o Potential Citations
  o Scope and Severity Matrix
  o Exit Conference

Case Study
  o Being Prepared
  o Case Study 1 Without Preparation
  o Case Study 1 With Preparation
  o Summary
Tube Feeding Status
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
  - CNA Interview
- Health Care Practitioners and Professionals Interviews
  - Record Review
- **Assessment**
  - Assessment
  - F272
- **Care Planning**
  - Care Planning
  - F279
- **Implementation**
  - Care Plan Implementation by Qualified Persons
  - F282
- **Revision**
  - Care Plan Revision
  - F280
- **Care & Services**
  - Provision of Care and Services
    - F322
    - Provisions of Care and Services: For a resident who is being fed by a feeding tube and is receiving enteral fluids.
    - F328
- **Concerns**
  - Concerns
  - Concerns (cont.)
Unnecessary Medications and Medication Regimen Review
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Review
  - Use
  - Observations and Interviews
- Observation
  - Observations
- Interview
  - Resident/Representative Interview
- Record Review
  - Record Review
- Algorithm
  - Overview
  - Final Sampling Rule
  - Exclusions
- Concerns
  - Concerns
- F272
- F279
- F282
- F280
- F329
- F428
- Other Tags and Care Areas
- Other Tags and Care Areas (cont.)
Urinary Catheter or Urinary Tract Infection
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
  - Indwelling Catheter Observations
  - For the Resident who has Experienced Leakage Around the Catheter
  - Hydration Observations
  - Resident/Representative Interview
  - Indwelling Catheter Observations
  - Urinary Tract Infection
Staff Interview
  o Nursing Assistant Interview

Assessment
  o Assessment
  o F272
  o F281

Care Planning
  o Care Planning
  o F279

Care Plan Implementation
  o Care Plan Implementation
  o F282

Care Plan Revision
  o Care Plan Revision
  o F80
  o Interviews to Conduct Only if problems Have Been Identified

Provision of Care and Services
  o Provisions of Care and Services
  o Risk for urinary Tract Infection
  o F315

Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Urinary Incontinence
A QIS Critical Element Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:
1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Interview
  - Resident and/or Representative Interview
  - Nurse Aide Interview
  - Nurse Aide Interview (cont.)
  - Therapy and/or Restorative Manager Interview
  - Nurse Interview
  - Nurse Interview (cont.)
- Record
  - Record Review
- Compliance Decisions
- F272
- F279
- F282
- F280
- F315
- F312
- Additional Ftags
- Additional Ftags (cont.)
Use of Physical Restraints
A Critical Element Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Goal
  - Would This Care Area Have Not Triggered Without This Resident?
  - Would This Care Area Have Not Triggered Without This Resident? (cont.)
  - Procedure
- Observation
  - Observations (if the resident is still in the facility)
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interviews
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - Provision of Care and Services
  - F221
- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Ventilator Dependent Residents
A QIS Critical Element
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident Interview
- Staff
  - Staff Interview
Assessment
  o Assessment
  o F272
Care Planning
  o Care Planning
  o Care Planning (cont.)
  o F279
Implementation
  o Qualified Persons
  o F282
Revision
  o Care Plan Revision
  o F280
Care & Services
  o Provision of Care and Services
  o F328
Concerns
  o Concerns with Independent by Associated Structure, Process, and/or Outcome Requirements
Recognizing Impairment in the Workplace

2.0 contact hour(s)

Author: Linda Shubert, RN, MSN

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:

1. State the definition of impairment
2. Discuss the state mandatory reporting law
3. Identify three (3) signs and/or symptoms that may indicate an impaired coworker
4. List (2) resources that are used to provide assistance.

Outline:

- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
- Recognizing
  - The Face of Impairment
  - Impaired Worker
  - Substance Abuse
  - American Nurses Association
  - Impaired Provider
  - Common Terminology
  - Types
Impaired Provider
- History of Substance Abuse
- Workplace Statistics
- Most Commonly Diverted/Used Medications
- Meet Janet
- Recognizing the Unobvious: Super Nurse
- Janet
- Impairment
- Janet
- Janet (Cont.)
- Job Performance Issues (IPNFL)
- Personality/Mental Status Changes
- Physical Changes
- Janet
- Addiction Behavior Checklist
- Story of Impaired Nurse
- Screening Tools
- Exercise

**Responsibility**
- Considerations
- Drastic Measures
- Duty to Report
- Complaint Report Form
- What is MY Responsibility?
- Legal
- Ethical Responsibility
- ANA Code of Ethics for Nurses
- Implications
- Why Should You Become Involved?
- Barriers to Reporting
- Why Should You Become Involved?
- Intervening with the Impaired Provider
- Janet
- Reporting
- Reporting Options
- Initiatives
- Reporting Options

**Promoting Safety**
- Alternate to Discipline Program
- Timeline for Treatment
- Recovery Story Video
- Creating a Safety Culture
- Promoting a Culture of Safety
- Key Components to an Alternative Discipline Program
- Safe Systems: Being Proactive
- Security Systems
- Resources
- Summary
Recommended Practices: Continence Management
0.5 contact hour(s)

Author: Kimberly Owen, BBA, LPN, RAC-CT

Kim is the eNurse for First Quality Products. She has been part of the First Quality team since 2008, previously working throughout the east coast as a sales clinician. Kim provides educational resources via webinars and live video conferencing on a variety of topics including: continence management, restorative nursing, regulatory compliance, MDS consultation, and overall guidance on the urinary system components.

Prior to joining First Quality Kim held positions within the Social Security and Federal Disability Administration that included Virginia Medicaid/Medicare and other state funded healthcare plans. Her previous clinical experience included management at an ears, nose, throat and plastic surgery practice.

Michele Mongillo, RN, MSN, RAC-CT

Michele is the Senior Clinical Director for First Quality Products. She has over 20 years of nursing experience in a variety of settings including acute care, head/spinal cord injury rehabilitation and long-term care. Michele has held a variety of roles in Long-Term care including Director of Nursing, Regional Nurse and VP of Nursing Services. She oversees the development and implementation of the clinical programs and services at First Quality Products for the past eight years. Michele works closely with all divisions in the family of companies at First Quality providing clinical guidance and leadership.

Objectives:

1. Discuss First Quality’s recommended practices.
2. Describe tools that are appropriate for sizing tool.
3. Discuss the basics principals of First Quality's order calculator.
4. Describe the implementation of in-room distribution.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation
- Introduction
- Recommended Practices

- Product Screening
  - Background
  - Completing the Form
  - Using MDS Information
  - Using Section G and H of the MDS
  - Utilizing Incontinence products
  - Sizing the Resident
  - Survey
  - Bowel Incontinence
  - Bowel Incontinence (cont.)

- In Room Distribution
  - Set-up
  - Implementation Recommendations

- Order Calculator
  - Background
  - Post Implementation
  - To Set up Order Calculator
Reducing Acute Transfers Related to Urinary Tract Infections (UTI)
0.5 contact hour(s)

Author: Kimberly Owen, BBA, LPN, RAC-CT

Kim is the eNurse for First Quality Products. She has been part of the First Quality team since 2008, previously working throughout the east coast as a sales clinician. Kim provides educational resources via webinars and live video conferencing on a variety of topics including: continence management, restorative nursing, regulatory compliance, MDS consultation, and overall guidance on the urinary system components.

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Michele Mongillo, RN, MSN, RAC-CT

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Objectives:

1. Identify signs and symptoms of a urinary tract infection (UTI).
2. Identify approaches to preventing acute transfers related to urinary tract infection.
3. List opportunities to improve the assessment, evaluation, and the management of urinary tract infections.

Outline:

- Introduction
  - Welcome/Objective Page
Navigation

Background
- Urinary Tract Infections Create Challenges in LTC
- Just the facts
- Rehospitalization Top Conditions
- UTI's in Long Term Care

Clinical Aspects
- Understanding Urinary Tract Infections
- Signs and Symptoms of Urinary Tract Infection
- Urinary Tract Infection (UTI)

Prevention and Care
- Peri Care Education
- Indwelling Catheters and UTI's
- Eliminate Double Padding

FTags
- Understanding Ftags

QI Tools
- The Goal for Quality improvement
- Interact
- Interact Care Path
- Interact II SBAR
- Interact Quality Improvement Tool
- Tracking Basic Outcomes
- First Quality's Quality Improvement Tool
- First Quality References
Rehabilitative and Restorative Nursing
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN, CNE

Cindy has over 30 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Define restorative/rehabilitative nursing.
2. Identify 3 benefits of a restorative nursing program for residents.
3. Identify 2 benefits of a restorative nursing program for staff.
4. Determine factors to consider when determining the need for a restorative nursing program.
5. Verbalize the components of a restorative nursing program.
6. Identify ways to implement specific activities within an individualized program.
7. Document the restorative nursing program in the resident’s medical record.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
- Definition / Criteria
  - Definition
  - Purpose
  - Keys to a Successful Program
  - Restorative Program
  - The Importance of a Restorative Nursing Program
  - Benefits of a Restorative Nursing Program
  - Criteria
  - Goals
- Assessment
  - Assessment
Assessment (Cont.)

Categories
  o Restorative Programs

Implementation
  o A Baseline Assessment
  o Plan For Certified Nursing Assistants
  o The Plan of Care
  o Maintaining Range of Motion (ROM)
  o Range of Motion Exercises
  o Upper Extremities
  o Lower Extremities
  o Ambulation
    o Assist Resident with Ambulation
  o Scheduled Toileting Program and /or Bladder Retraining Program
  o Scheduled Toileting Program and /or Bladder Retraining Program (Cont.)
  o Individualized and Resident Specific
  o Falls and Fall Prevention
  o Fall Prevention Strategies
    o Fall Prevention Strategies for High Risk

Documentation
  o Documentation
    o Charting on the Flowsheet

Program Evaluation
  o Program Evaluation
  o Summary
  o Summary (Cont.)
Resident Adjustment to Transfer
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify the primary factors determining a resident’s relocation experience.
2. Identify common concerns and feelings of newly admitted residents.
3. Identify strategies to assist individuals with the transition.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Primary Factors
  - Primary Factors
  - Concerns and Feelings
- Staff
  - Resident’s Expectations of Staff
  - What Staff Should Not Do
  - Getting Acquainted
  - Getting Acquainted (cont.)
- Adjustments
  - Loss of Independence
  - Loss and Grief
- Loss and Grief (cont.)
- Loss of Control
- Adjustment Difficulty
- Loss of Health
- Loss of Home
- Loss of Home (cont.)
- Socialization
- Socialization (cont.)
- Socialization (cont.)
- What Residents Say is Helpful
- What Residents Say is Helpful (cont.)
- Helping Families

Summary
- Summary
- Summary (cont.)
Resident and Family Education
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the importance of education for residents with chronic disease and their families.
2. Define the learning process and review the activities that occur in the brain.
3. Differentiate the child and adult learning process as described by Malcolm Knowles.
4. Explain the effects of hospitalization and potential effects of aging for the elderly learner.
5. Identify three basic considerations and teaching implications to be considered when teaching the elderly.
6. Identify four barriers to elderly learning and discuss the implications to teaching.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- 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
  - Motivation and Anxiety (cont.)
Restorative Care
1.0 contact hour(s)

Author: Cindy Smith, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Define restorative care.
2. Explain the purpose of restorative care.
3. Define the characteristics of the sick role and the well role.
4. List six rehabilitation modalities that are the responsibility of the caregiver.
5. Differentiate between active and passive range of motion.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Terminology
- Definition
  - Definition Restorative Care
  - Mind, Body, Spirit
- Purpose
  - Quality of Life
  - Multiple Losses
  - Loss in Each State of Being: Loss of Motivation/Depression
  - Loss in Each State of Being: Loss of Independence and Self-Esteem
  - Loss in Each State of Being: Loss of Life’s Meaning and of Purpose
- Minimizing Losses

**Sick vs. Well**
- Sick Role Versus Well Role
- The Sick Role
- The Well Role
- Well Role
- Offering Choices
- Ways to Foster Independence
- Assistive Devices

**Modalities**
- Rehabilitation Modalities
- Ambulation
- Ambulation Techniques
- Ambulation Techniques (cont.)
- Bowel and Bladder Evaluation
- Reality Orientation
- Ask the Experts
- Minimize Confusion
- Sensory Stimulation
- Re-motivation
- Range of Motion

**ROM**
- Passive versus Active Range of Motion
- Range of Motion (ROM) Exercises – Shoulder
- ROM Exercises – Elbow
- ROM Exercises – Wrist
- ROM Exercise – Hand
- ROM Exercises – Hip
- ROM Exercises – Knee
- ROM Exercises – Ankle
- ROM Exercises – Foot
- Positive Attitude
Right on Target: Respecting Patient’s Rights
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss our freedom as Americans.
2. Articulate your facility’s responsibilities related to patient’s rights.
3. List your patient’s rights.
4. Verbalize how patients rely on you.
5. Protect patient's rights.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Freedom
  o Democracy and Freedom
  o Democracy and Freedom (cont.)
  o The Constitution and The Bill of Rights
  o Federal Bill of Rights
  o Patient's Bill of Rights
• Facility
  o Information
  o Informed Employees
  o Chain of Command
• Patient’s Rights
  o American Hospital Association (AHA)
  o Patient’s Rights
- Patient’s Bill of Rights
- Patients Responsibilities
- Individual patient’s Rights
- Overall Goal

- Put Into Practice
  - The Golden Rule
  - Orientation
  - Communication
  - Assistance
  - Personal Possessions
  - Personal Privacy

- Protecting
  - Vulnerable Populations
  - The Needs of Vulnerable Populations
  - Protecting Residents Rights
Right on Target: Respecting Resident’s Rights
1.0 contact hour(s)

Author: Yvette Dulohery, RN, MSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/ trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. Discuss our freedom as Americans.
2. Articulate your facility's responsibilities related to residents rights.
3. Identify your resident's rights.
4. Verbalize how residents rely on you.
5. Protect resident's rights.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Freedom
  - Democracy and Freedom
  - Democracy and Freedom (cont.)
  - The Constitution and The Bill of Rights
  - Resident's Bill of Rights
  - Resident's Bill of Rights (cont.)
Facility
  o OBRA 87
  o The Ombudsman
  o The Patient Self-Determination Act
  o Employee Orientation
  o Operational Guidelines
  o Chain of Command

• Resident’s Rights
  o Individual Resident's Rights
  o Individual Resident's Rights (cont.)
  o Polly's Rights
  o Arthur's Rights
  o Helen's Rights
  o George's Rights
  o Resident's Rights

• Put Into Practice
  o The Golden Rule
  o Orientation
  o Communication
  o Assistance
  o Personal Possessions
  o Personal Privacy

• Protecting
  o Vulnerable Populations
  o The Needs of Vulnerable Populations
  o Reporting Elder Abuse
  o Protecting Resident’s Rights
Risk Management
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the purpose of a risk management program.
2. Describe how risk management and quality improvement work together to ensure the delivery of safe and high-quality care.
3. Describe the employee’s role in the risk management program. (RCA)
4. Describe the steps in a root cause analysis.
5. Discuss risk management in practice using a case study.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Risk Management
  - What is Risk Management
  - Risk Management and Quality Improvement
  - Risk Management Initiatives
  - Patient Safety
  - Safe Practices
  - How Does Risk Management Work?
  - Quality Improvement
Risk Management and QI Functions
- What is Your Role in Risk Management

Variances
- What is a Variance?
- Facts About Variances
- Reporting Variances
- Common Key Concepts

RCA
- Root Cause Analysis
- Conduct A Root Cause Analysis
- Case Study for Risk Management
- Root Cause Analysis
Risk Management  (Long Version)
1.0 contact hour(s)

Author: Linda Shubert, RN, MSN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. Describe the purpose of a risk management program.
2. Describe how risk management and quality improvement work together to ensure the delivery of safe and high-quality care.
3. Identify components of a risk management system.
4. Describe the employee’s role in a risk management program.
5. Describe the steps in a root cause analysis (RCA).
6. Discuss risk management in practice using a case study.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
- Risk Management
  - What is Risk Management?
  - History of Risk Management
  - Who is Involved in Risk Management?
  - Key Benefits
  - Safe Practices
  - Risk Management Initiatives
  - Can You Identify the Risk Officer in Your Facility?
  - Quality Improvement (QI) Program
Quality Improvement
- Risk Management vs. Quality Improvement
- Risk Management and QI Functions
- What is Your Role in Risk Management?
- Just Culture
- Resident Safety

Occurrences
- Risk Management Model
- How Does Risk Management Work?
- What is Your Role in Risk Management?
- Tools and Initiatives
- Team Approach
- What is an Occurrence?
- Facts About Occurrences
- Reporting Occurrences
- Serious Reportable Events (SRE)

Root Cause Analysis
- Root Cause Analysis
- Steps In Root Cause Analysis
- Case Study for Risk Management
- Using Root Cause Analysis
- Common Key Concepts
Safe Food Handling

1.0 contact hour(s)

Author: Cindy Smith, RN, MSN, CNE

Cindy has over 30 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:
1. Identify symptoms of foodborne illness.
2. Define the food “Danger Zone.”
3. Describe how food can be contaminated.
4. Identify ways to minimize the danger of food contamination.
5. Describe the relationship between personal hygiene and food safety.
6. Identify the relationship between time and temperature with respect to foodborne illness.
7. Identify methods of preventing food contamination in all stages of food handling.
8. Demonstrate proper methods for cleaning and sanitizing equipment and utensils.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
- Overview
  - Overview
  - Definition of Food Handler
  - Knowledge of Food Safety
  - Sanitary Conditions
  - Foodborne Illness
  - Susceptible Populations
- Types
  - Types of Food Contamination
Biological Contamination

- Biological Contamination: Pathogenic Bacteria
- Pathogenic Bacteria: Viruses
- Pathogenic Bacteria: Toxins
- Pathogenic Bacteria: Spores
- Pathogenic Bacteria: Parasites

Chemical Contamination

- Guidelines for Chemical Storage

Physical Contamination

- Factors
  - Pathogens Related to Foodborne Outbreaks
- Prevention
  - Prevention of Foodborne Illness
- Receiving / Storage
  - Approved Sources
  - Dry Food Storage
  - Safe Practices for Refrigerated Storage
- Preparation
  - Safe Food Preparation
  - Temperature Control
  - Rules for Preparation
  - Cross-Contamination
  - Thawing
  - Final Cooking Temperatures
  - Final Cooking Temperatures (Cont.)
  - Thermometers
  - Accuracy of Thermometers
  - Reheated Cooked Foods
  - Heating Ready to Eat Foods
  - Improper Cooling
  - Factors Contributing to Foodborne Illness
  - Modified Consistency
  - Eggs
  - Eggs (Cont.)
  - Food Service and Distribution
    - Tray Line and Alternative Meal Preparation and Service Area (Cont.)
  - Food Distribution
  - Snacks
  - Special Events
  - Transported Foods
    - Ice
  - Refrigeration
- Cleaning / Sanitization
- Equipment and Utensil Cleaning and Sanitization
- Food-Contact Surfaces
- Machine Washing and Sanitizing
- Manual Washing and Sanitizing
- Manual Washing and Sanitizing (Cont.)
- Cleaning Fixed Equipment

Summary
- Summary
Safe Resident Handling for Caregivers: Ergonomics for the Prevention of MSDs
1.0 contact hour(s)

Author: Catherine Garvin, RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has co-authored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult-learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Define safe resident handling and the importance of a good ergonomics program in a nursing home.
2. Discuss the impact of lifting and repositioning on caregivers.
3. Discuss the types and causes of MSDs.
4. List two types of MSDs.
5. Describe the purpose of the OSHA guidelines for Nursing Homes.
6. Describe OSHA recommendations to minimize MSDs in nursing homes.
7. Identify the factors that contribute to MSDs.
8. Identify the key assessment techniques related to potential injury of caregivers.
9. Discuss the importance of using an assessment tool appropriate to the nursing home conditions and review algorithms.
10. Define a bariatric resident and discuss the algorithms used for repositioning and lifting bariatric residents.
11. Describe equipment used for resident lifting and repositioning including appropriate points for use.

Outline:

- Introduction
  - Welcome/Objective Page
Overview
- Definition
- Facts and Figures
- Required Safe Patient Handling States
- Legislation
- OSHA

Impact
- Impact
- Environment
- Outlook

MSDs
- Definition
- Conditions
- Early Signs
- MSDs and the Workplace
- Other Causes
- OSHA Guidelines
- Recommendations

Risk
- Risk Factors
- Moving Residents
- Body Mechanics

Lifting/Repositioning
- Resident Assessment
- Transfer Algorithms
- Bariatric Algorithms

Solutions
- Solutions
- Equipment
- Examples of Solutions
- Examples of Solutions (cont.)
- Additional Items

Other Activities
- Other Activities
- Examples
Safe Resident Handling for Housekeepers: Ergonomics for the Prevention of MSDs  
0.5 contact hour(s)

Author: Catherine (Cathy) Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Describe other activities resulting in work-related MSDs.
2. Describe examples of solutions for other activities including points to remember.

Outline:

• Introduction  
  o Welcome/Objective Page  
  o Navigation  
• OSHA  
  o OSHA Guidelines  
  o Recommendations  
  o Definition  
  o Conditions  
  o Early Indications  
  o MSDs and the Workplace  
  o Other Causes  
• Risk  
  o Risk Factors  
• Solutions
Safe Resident Handling for Managers: Ergonomics for the Prevention of MSDs
1.5 contact hour(s)

Author: Catherine Garvin, RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has co-authored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult-learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Define safe resident handling and the importance of a good ergonomics program in a nursing home.
2. Discuss the impact of lifting and repositioning on caregivers.
3. Identify the benefits of a safe resident handling program.
4. Discuss the types and causes of MSDs.
5. Describe the purpose of the OSHA guidelines for Nursing Homes.
6. Describe OSHA recommendations to minimize MSDs in nursing homes.
7. Identify the factors that contribute to MSDs.
8. Identify the key assessment techniques related to potential injury of caregivers.
9. Discuss the importance of using an assessment tool appropriate to the nursing home conditions and review algorithms.
10. Define a bariatric resident and discuss the algorithms used for repositioning and lifting bariatric residents.
11. Review the range of options for solutions and criteria for selection of equipment.
12. Describe equipment used for resident lifting and repositioning, including appropriate points for use.
13. Describe other activities resulting in work-related MSDs.
14. Describe examples of solutions for other activities, including points to remember.
15. Identify the components of training.
16. Discuss results of the ergonomics program presented in a nursing home case study.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Purpose
- Overview
  - Definition
  - Facts and Figures
  - Required Safe Patient Handling States
  - Legislation
  - OSHA
- Impact
  - Impact
  - Environment
  - Outlook
- Benefits
  - Handling Program: Benefits For Residents
  - Handling Program: Benefits For Employers
  - Handling Program: Benefits For Caregivers
- MSDs
  - Definition
  - Conditions
  - Early Signs
  - MSDs and the Workplace
  - Other Causes
  - OSHA Guidelines
  - Recommendations
  - OSHA Recommendations
- Risk
  - Risk Factors
  - Moving Residents
  - Body Mechanics
- Lifting/Repositioning
  - Identifying Problems
  - Techniques
  - Resident Assessment
o Assessment Team
o Direct Care Staff
o Transfer Algorithms
o Protocols
o Bariatric Algorithms

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- Final Phase
- Providing Training
- Providing Management Support
- Evaluating Efforts
- Workers Compensation
- Worker Satisfaction
- Resident Dignity
Get the point? A Blunt Look at Preventing Needlesticks and Injuries from Sharps
.5 contact hour(s)

Author: Yvette Dulohery, RN, MSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Editor: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify 3 health care team members who are at risk for injury from used needles or sharps.
2. Describe at least 3 work practices that put you at risk for injury.
3. List 3 life threatening diseases that are caused by needlesticks or sharps injuries.
4. Analyze the benefits of vaccination for hepatitis B.
5. Discuss at least 3 mechanisms that reduce injuries.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
Incidence
  - Incidence of Needlesticks
  - Reporting Needlesticks
  - Who is at Risk?

Transmission
  - World Health Organization (WHO)
  - Serious Concerns

Causes
  - Get the Point
  - When do Injuries Occur?

Action
  - What Should I Do If I Get Stuck?
  - Mucous Membrane and Eye Exposure
  - Report and Follow Up

Reducing
  - Reducing Your Risk of Exposure
  - OSHA/FDA/WHO
Seasonal Influenza (Flu)
.25 contact hour(s)

Author: Catherine Garvin, RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult-learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. Define influenza and its symptoms.
2. Describe the method of flu transmission.
3. Identify three prevention measures to implement in long term care.
4. Describe the appropriate control measures used in long term care.
5. Relate clinical assessment leading to treatment.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Current Industry Changes and Updates
  - Introduction
  - Introduction (cont.)
  - Protection
- Influenza
  - The Influenza (Flu) Viruses
  - Type A and B
  - Antigenic Drift vs. Antigenic Shift
Prevention
- Prevention Strategies
- Recommendations
- Prevention
- Vaccines
  - Inactivated Influenza Vaccine
  - Vaccine Issues

Control & Treatment
- Infection Control Measures
- Influenza testing
- Treatment
- Antiviral Treatment
  - Antiviral Treatment (cont.)
- Antiviral Treatment Exposed Individuals
- Respiratory Hygiene/Cough Etiquette Programs
- Other Considerations
- Outbreak control
- Outbreak control Measures
- Outbreak control Measures (cont.)

Summary
- Everyday Control Measures
Seating & 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 book.

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.
Outline:

- Seating and Positioning
  - Brief History of Seating and Positioning
  - Seating and Positioning
  - What is Seating and Positioning
  - What is Seating and Positioning (Cont.)
  - What is Seating and Positioning (Cont.)
  - 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
  - Optimize Skin Integrity (Cont.)
  - Improves Cardiovascular Functioning
  - Improves Gastrointestinal Functioning
  - Improve Pulmonary Functioning
  - Increased Pulmonary Functioning
  - Functional Benefits
  - Functional Benefits (Cont.)
  - Functional Benefits (Cont.)
  - Functional Benefits (Cont.)
  - Personal Benefits
  - Other Program Affiliations
  - Restraint Reduction Program
  - Fall Prevention Program
  - Rehab Dining Program
  - Rehab Dining Program (Cont.)
  - Wound Care Program
  - Wound Care Program (Cont.)
  - Wound Care Program (Cont.)
  - Wound Care Program (Cont.)
  - Wound Care Program (Cont.)
  - 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 Referral Process (Cont.)
  - The Physician’s Order
• Evaluation and Establishment of the Individualized POC (Plan of Care)
  • Evaluation and Establishment of the Individualized POC (Plan of Care)(Cont.)
  • Documentation
  • Suggestions that Put the Medicare Documentation Guidelines into Practice
  • Suggestions that Put the Medicare Documentation Guidelines into Practice (Cont.)
  • 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
  • Assessment Components (Cont.)
  • Criteria for Evaluation
  • Criteria for Evaluation (Cont.)
  • Determining Goals and Objectives
  • Examples of General Topics for Goals for Seating and Positioning
  • Determining Goals and Objectives
  • Determining Goals and Objectives (Cont.)
  • Example of a Narrative of a Seating and Positioning Assessment
  • Determining Goals and Objectives – Long Term Goals
  • Specific Goals
  • Short Term Goals
  • Short Term Goals (Cont.)
  • Summary of Important Documentation Points
  • WHY and NOW
  • Summary of Important Documentation Points
  • Summary of Important Documentation Points (Cont.)

• Seating and Positioning – Principles of Good Body Alignment
  • Rule #1 – Start with the Pelvis
  • Pelvis (Cont.)
  • Pelvic Tilt
  • Pelvic Obliquity
Pelvic Obliquity (Cont.)
Problems Associated with Pelvic Obliquity
Experiential Activity
Sacral Sitting
Sacral Sitting (Cont.)
Rule #2 – Determine What is Fixed and What is Flexible
Determine What is Fixed and What is Flexible (Cont.)
Some Possible Causes for Pathological Sitting Posture
Some Possible Causes for Pathological Sitting Posture (Cont.)
Rule #2 – Determine What is Fixed and What is Flexible (Cont.)
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
Sacittal Plane
Sacittal Plane (Cont.)
Safety
Rule #4 – For Upper Extremities, Begin Proximally
For Upper Extremities, Begin Proximally (Cont.)
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
Wheelchair Terminology (Cont.)
Standard Wheelchair Parts
Other Terms
Wheelchair Types and Dimensions
Planar versus Contour Seating
Planar versus Contour Seating (Cont.)
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
Selection Interview
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. Describe two (2) out of seven (7) steps of the selection interview process.
2. Explain one (1) purpose of a selection interview.
3. List two (2) out of five (5) skills associated with being an effective selection interviewer.
4. Describe the two (2) components of an effective selection interview.
5. Define three (3) out of the eight (8) components of good interview questions.

6. Explain one (1) follow-up step after the interview.

7. Describe one (1) reason that you can ensure that an interview is compliant with relevant statutes.

Outline:

- Introduction
  - Title Page
  - Objectives/Author Bio
  - Learning Outcomes
  - Navigation
- Selection Process
  - Selection Process
  - Purpose of Selection Interview
  - Purpose of Selection Interview (Cont.)
  - Evaluate Applicant
  - Evaluate Applicant (Cont.)
  - Weigh Results of Interview
  - Timing of Selection Interview
- Interviewing Skills
  - Interviewing Skills
  - Emotional Intelligence
  - Emotional Intelligence (Cont.)
  - Emotional Intelligence (Cont.)
  - Questioning
  - Communication
  - Listening
  - Listening (Cont.)
  - Staying on Topic
  - Interpreting and Analysis
  - Interpreting and Analysis (Cont.)
  - Interpreting and Analysis (Cont.)
  - Decision Making
  - Effective Decision Making
- Components
  - Components of an Effective Selection Interview: Preparation
  - Panel Interview
  - Panel Interview (Cont.)
  - Panel Interview (Cont.)
  - Interview Guide and Evaluation Criteria
Interview Guide and Evaluation Criteria (Cont.)

- 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
  - Evaluation of the Candidate (Cont.)
  - Common Errors When Evaluating Applicants
  - Follow-up After the Interview
  - Follow-up After the Interview (Cont.)

- Compliance
  - Compliance
  - Questions
  - Requirements
  - Hiring Practices
  - Recordkeeping and Reporting Requirements
  - Transfer Learning
Sexual Harassment
0.5 contact hour(s)

Author: Cindy Smith, RN, BS, MA

Cindy has over 20 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Director of Nursing for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy directs the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Define sexual harassment.
2. Develop an awareness of actions that could be taken as sexual harassment.
3. Identify the effect of sexual harassment in the workplace.
4. Describe how to prevent sexual harassment in the workplace.
5. Describe how to handle and report sexual harassment.
6. Identify the components of sexual harassment investigation.
7. Define the legal responsibilities of a company related to a sexual harassment allegation.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Definition
  o Definition of Sexual Harassment
  o Reports of Sexual Harassment
  o Sexual Harassment in the U.S. Workforce
  o Unwanted or Threatening Conduct
  o The Victim
  o The Harasser
Forms
  - Forms of Sexual Harassment
  - Forms of Sexual Harassment (cont.)
  - Forms of Sexual Harassment (cont.)
  - Unlawful Harassment
Effects
  - Effects of Sexual Harassment
  - Sexual Harassment
  - Effects of Sexual Harassment (cont.)
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
  - Offensive Behavior
  - Confronting Sexual Harassment
  - Submitting a Complaint of Sexual Harassment
  - EEOC
Investigation
  - Investigation of a Sexual Harassment
  - Investigation Interview
  - Investigation Interview (cont.)
Responsibilities
  - Company Responsibilities
  - Company Responsibilities (cont.)
  - Negative Work Environment
Skin Care Basics for Nursing Assistants
0.5 contact hour(s)

Author: Linda Shubert, RN, MSN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. Identify risk factors for development of skin tears.
2. Identify risk factors for development of pressure ulcers.
3. Describe interventions used in the prevention of skin tears.
4. Describe interventions used in the prevention of pressure ulcers.
5. Discuss documentation and reporting related to skin issues.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Functions of the Skin
  - Skin Issues
  - F314
- Risk Factors
  - Changes in the Elderly
  - Risk Factors for Skin Issues
  - Risk Factors Specific to the Institutionalized Older Adult
- Common Skin Issues
  - Common Skin Issues
  - Pressure Ulcer
  - What Happens When Pressure is Not Relieved...
- Areas of Risk
- Friction and Shearing
- Rule of 30s
- Pressure Reduction Counts
- Moisture
- Skin Breakdown Prevention
- Skin Breakdown Prevention (Cont.)
- High Risk Residents: Skin Breakdown
- Skin Tears
- Handle with Care to Prevent Skin Tears
- Skin Tear Prevention
- High Risk Residents: Skin Tears

Documentation
- Report Problems to Nurses
Smoking Cessation
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.
Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.
Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Discuss the harmful effects of cigarette smoking.
2. List resources available for smoking cessation.
Outline:

- Introduction
  - Welcome/Objectives Page
  - Navigation
- Background
  - The Public Health Dilemma
  - US Surgeon General Report
  - US Surgeon General Facts
  - Resources
Spiritual Care
0.5 contact hour(s)

Author: Cynthia Smith RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the goal in addressing patients' spiritual needs.
2. Identify ways to approach the issue of spirituality.
3. Identify barriers to providing spiritual care.
4. Identify ways to respond to patients about spirituality.
5. Identify complementary therapies that promote a spiritual environment.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Spiritual Bond
  - Meaning of Life
  - Balance of Mind, Body and Soul
  - Spiritual Relationships
  - Meeting Spiritual Needs
  - Listen to the Patient
  - Spirituality Is...
  - Spiritual Needs
 Spiritual Assessment
  o Addressing Spiritual Needs
  o Barriers to Spiritual Care
  o Opening Up About Spirituality
 Spiritual Responses
  o Respond to Patients
  o Listening Involves...
  o Meeting Spiritual Needs
  o Coping with Illness
  o Anger and Vulnerability
  o Choices in Care
  o Answer to Spiritual Questions
  o Chaplains can...
  o Benefits from Spiritual Care
 Therapy
  o Controlled Healing Environment
Staff Development

Lesson I: Introduction to Staff Development
Lesson II: Adult Learning Principles and Learning Assessment
Lesson III: Effective Teaching and Learning Strategies for Adults
Lesson IV: Evaluation, Orientation, and Required Learning

4.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Lesson I: Introduction to Staff Development

Outline:

- Introduction
  - Introduction
  - Welcome
- Curriculum Overview
  - Curriculum Overview
  - Assignment
  - Completion of Lesson I: Introduction to Staff Development

Lesson II: Adult Learning Principles and Learning Assessment

Objective:

1. Identify individual learning style and styles of other learners.
2. Design an education program utilizing adult learning and continuing education principles.
3. Conduct a needs assessment choosing from approved needs assessment strategies.

Outline:

- Introduction
Lesson III: Effective Teaching and Learning Strategies for Adults

Objective:

1. Demonstrate the use of an effective icebreaker.
2. Demonstrate principles of course design by presenting an outline to the learning group.

Outline:

• Introduction
  o Objectives
Lesson IV: Evaluation, Orientation, and Required Learning

Objectives:

1. Construct a course evaluation.
2. Prepare and present a program that reflects expertise in the following topic areas:
   - Adult learning principles
   - Needs assessment strategies
   - Planning a program
   - Motivating participants
   - Appropriate visuals for the classroom environment
   - Proficiency with audiovisual equipment.
   - Using creativity in the classroom.
   - Understanding the continuing education model in the healthcare environment
3. Utilize online learning as an education tool.

Outline:

- Introduction
  - Objectives
  - Evaluating
  - Introduction
- Feedback
  - Feedback
  - Self-Awareness
Evaluation
  o Evaluation
  o Informal and Formal Evaluation
  o Informal and Formal Evaluation (cont.)
  o Carkhuff Model
  o Integration of The Phases of Helping With The Use of Feedback and Evaluation
  o Feedback and Evaluation

Formal Evaluation Example
  o Evaluation
  o Test Your Knowledge
Suicide Risk
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Shelli L. Burch, BA, LSW

Over the course of her career she has counseled patients/residents in regards to suicidal thoughts, ideations, and attempts. Ms Burch has presented resident’s rights, misappropriation, and abuse and neglect in-services for the past 15 years to new associates and annually for associates.

Objectives:

1. Define the categories of suicide.
2. Discuss the statistics related to suicide.
3. Identify predisposing factors associated with suicide.
4. Identify risk factors associated with suicide.
5. Describe the elements of a suicide assessment.
6. Identify interventions used in addressing suicide.
7. Discuss the treatment for suicidal patients.
8. Identify suicide prevention methods.

Outline:

- Introduction
Welcome/Objective Page

Navigation
Definition
Suicide in the US
Behavior

Statistics
Suicide Feelings
Suicide in the Elderly

Predisposing Factors
Psychiatric Diagnosis
Factors
Predisposing Factors
Genetic Predisposition
Suicide in Veterans of War
Case Study

Risk Factors
Environmental Risk Factors
Depression in the Elderly
Risk Factors in the Elderly
Case Study

Suicide Assessment
Discussing Suicide
Overt and Covert Clues
Non-Verbal Clues
Screening Tool
Assess Intent and Ideations
Detailed Plans
Focused Questions

Intervention
Immediate Action
Suicide Precautions
On-Going Support

Treatment
Treatments
Substance Abuse
Treatment for Major Depression
Psychotherapy
Electroconvulsive Therapy (ECT)

Prevention
Prevention
Elderly Risk Factors
Warning Signs
Summary
Taking Vital Signs
0.5 contact hour(s)

Author: Cynthia Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define vital signs.
2. Identify the purpose of monitoring vital signs.
3. Measure and assess temperature.
4. Measure and assess pulse.
5. Measure and assess respiration.
6. Measure and assess blood pressure.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Purpose
  - Four Vital Signs
  - Vital Signs Monitor a Person’s State of Health
  - Accurate Reading of Vital Signs
- Temperature
  - Fahrenheit vs. Celsius Thermometers
  - Normal Body Temperature
Elevated or Increased Body Temperature
Decreased Body Temperature
Five Sites Temperature is Measured
Tympanic Temperature Measurement
Oral Temperature Measurement
Forehead Temperature Measurement
Rectal Temperature Measurement
Axillary Temperature Measurement

Pulse
- Pulse Rate
- Quality and Regularity of Pulse Rate
- Pulse Sites
- Taking a Radial Pulse

Respiration
- Respiration
- Additional Factors
- Procedure for Assessing Respirations

Blood Pressure
- Arteries and Veins
- Systolic and Diastolic Pressure
- Changes in Blood Pressure
- Normal Range for Systolic and Diastolic Pressures
- Blood Pressure Equipment
- Placement of Cuff Over Brachial Artery
- Korotkoff Sounds
- Blood Pressure Gauges
Telephone Etiquette
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. List the basic rules of telephone etiquette.
2. Demonstrate professional communication techniques for taking incoming calls.
3. Demonstrate how to make proper outbound calls.
4. Demonstrate how to handle a complaint.
5. Demonstrate how to use voicemail.
6. Discuss how to close a call properly.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Rules
  o Who Are You Representing
  o Courtesy
  o Impressions
  o Proper Etiquette
  o Appropriate and Non-Appropriate Phrases
• Incoming Calls
  o Greetings
First Impressions
- Be Courteous
- Placing Someone on Hold
- Transferring a call
- Taking a Message

Making Calls
- Making Calls

Complaints
- Rules for Managing Complaints

Voice Mail
- Voice Mail should be functional
- Make Your Greeting Personal
- Voicemail
- Leaving a Message

Closing the Call
- Closing the Conversation
- Summary
The Fundamentals of Delegation
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Reviewer: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define delegation.
2. State the purpose of delegation.
3. List and implement the steps in delegation.
4. Correctly answer questions relevant to real life case studies.

Outline:

- Introduction  
  - Welcome/Objective Page  
  - Navigation  
- Definition  
  - The Objective of Delegating  
  - The Responsibility of Delegation  
- Purpose  
  - The Purpose of Delegation  
  - The Three Needs of Delegation
Steps

- The Six Steps of Successful Delegation
  - Step One: Create Delegation Plan
  - Step Two: Plan the Delegation Together
  - Step Three: Finalize a Safe and Acceptable Plan
  - Step Four: Implement the Plan
  - Step Five: Monitor the Plan
  - Step Five: Monitor the Plan

Case Study

- Case Study on Delegation I
- Case Study on Delegation II
- Case Study on Delegation III
- Case Study on Delegation IV
- Case Study on Delegation V
- Case Study on Delegation VI
The Role of the Hospital Readmission Specialist

.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

Kim Barrows is the Corporate Director of Nursing for the Health Care Management Group (HCMG) overseeing six long term care facilities. She has initiated and facilitated multiple advancements within the organization including survey compliance, risk management, electronic charting and staff training programs. Her latest accomplishment includes developing cutting edge programs, such as a cardiac recovery program, that has reduced readmissions putting HCMG at the forefront of its competitors. The program’s initiatives have also allowed them to create relationships with top local hospitals unlike any other within the industry. These partnerships have been instrumental in dramatically improving resident outcomes and the organization’s overall success.

Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Identify residents at risk.
2. List the steps of the admission process.
3. Describe how to reduce resident complications.
4. Describe how to enhance relationships while in the role of Hospital Readmissions Specialist.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Hospital Readmission Specialist
  - Your Focus
  - Evidence Support
  - In Summary
- At Risk Residents
  - Identify those at High Risk
- Admission Process
  - Admission Process
  - Coordination with Hospital
  - Resident Assessment and Documentation
- Complications
  - Assessments
  - Care Planning
- Relationships
  - Hospital Relationships
  - Involve the Patient Resident and Family
  - Staff Relationships
  - Things to Consider
  - Utilizing Tools
The Role of the Nursing Assistant: Prevention of Medical Errors
0.5 contact hour(s)

Author: Linda Shubert, RN, MSN, CHSE

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 compensation and long term care. Linda has held a variety of clinical, administrative and teaching positions. These positions include 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 – taking advantage of the wonderful Florida weather!

Objectives:
1. Define medical errors.
2. Describe the most common medical errors seen in LTC setting.
3. State the prevalence of medical errors in LTC setting.
4. Describe nursing assistant role & responsibilities related to medical errors.
5. Apply strategies to reduce medical errors.

Outline:
- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
- Definition
  - Definitions
  - Medical Errors Goals
  - National Patient Safety Goals
  - Mistakes
  - Common Medical Errors in Long Term Care
  - Approaches
  - You Decide
- Prevalence & Impact
  - 3rd Leading Cause of Death
  - Financial Impact of Medical Errors
Roles
- Know Your High-Risk Residents
- Review the Care Plan Before Starting Care
- Best Practices for Communication: Talk about it!

Approaches
- Quick Tips
- Do Your Part to Reduce Medical Errors
- Summary
The Roles and Responsibilities of Supervision
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Reviewer: Cindy Smith, RN, MSN,

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Objectives:
1. List the roles and responsibilities of a supervisor.
2. Describe the skills and strategies of a successful supervisor.
3. Select ways in which the skills can be utilized in practice.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Practice Role
  - Questions
  - Our Focus
  - Description
  - Leadership and Supervision
- Roles
Four Major Roles and Responsibilities

1st Major Role and Responsibility

2nd Major Role and Responsibility

Communicate Your Expectations

Identifying Learning Needs

3rd Major Role and Responsibility

Create a Supportive Work Environment

4th Major Role and Responsibility

Staying Connected

Staying Connected (cont.)

Case in Point: 1

Case in Point: Sue

Case in Point: Sue (cont.)

Case in Point: 2

Case in Point: Barb

Case in Point: Barb (cont.)

Connection

The Five C's

Connection: Establish a Relationship

Connection: Motivate

Connection: Strong Relationships

Supervisor + Staff = Partnership

How To Make the Connection

Step One: Set a Time

Step Two: Set Ground Rules

Step Three: Set an Agenda

Step Four: Be the "Lead Listener"

Step Five: Restate What You Heard

Step Six: Share Information

Maintain Your Connection

Case in Point: Barb (cont.)

Communication

Communicate

Communication Tips

Connection: Motivate

Coaching

Coaching

Recognizing the Opportunity To Coach

Get an Invitation to Coach

Coaching Tips and Techniques

Coaching Tips and Techniques (cont.)

Coaching Techniques

Solutions and Actions

Actions and Solutions
Case Study Question

Collaboration
- Collaboration
- Collaboration (cont.)
- Case Study Question

Contracts
- Contracts
- Contracts Can Be Complex or Simple
- Steps for Developing a Contract
- S.M.A.R.T. Technique
- Verbal or Informal Contracts
- Case Study Question
Time Management
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 the key elements of time management
2. Identify time-wasting behaviors
3. Examine the causes and cures for common procrastination
4. Recognize the important differences between planning and scheduling
5. Define an effective to-do list
6. List the self-management behaviors needed for good time management

Outline:
- Introduction
  - Lesson Title Page
  - Objectives with Disclosure
  - Navigation
- Time Management
  - Time Management Overview
  - Time Management Overview - Cont
- Traits of people who don’t use time wisely
- Effective time management
- Be Clear About Your Goals
- Do Not Get Distracted
- Do Not Get Distracted - Cont
- Life is About Choices
- Life is About Choices - Cont
- Setting Goals
- Learn How to Keep Your Work Area Organized
- More Time for Fun
- Develop Good Habits
- Time Orientations

时间为零
- Baker’s Dozen of Time Wasters

省时
- Procrastination
  - Procrastination
  - Overcoming the Tendency to Procrastinate

计划和时间管理
- Laws
- Developing good planning and scheduling skills
- Plan Effectively
- Schedule Effectively
- Determine Priorities
- 80 20 Rule
- Understand the difference
- Urgent and important activities
- Urgent and important activities cont
- Unimportant and Non Urgent
- Knowledge Workers

待办事项
- An Effective To Do List
- To Do List - Cont

自我管理行为
- Common Behaviors
- Get Others to Help You By
- Practice the 4 Ds
- Reward Yourself for Success
Tuberculosis: It's Just a Cough Away

1.0 contact hour(s)

Author: Yvette Dulohery

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. Identify the cause of TB.
2. Relate how TB is usually transmitted.
3. Describe at least 3 common symptoms of TB.
4. Describe the difference between TB infection and TB disease.
5. Recognize a positive TB test.

Outline:

• Introduction
  • Welcome/Objective Page
  • Navigation
• Cause
  • Mycobacteria Tuberculosis
  • Transmission of M. Tuberculosis
• Incidence
  • WHO: TB is a Global Emergency
  • The TB Emergency
  • TB in the U.S.
• Transmission
  • TB Transmissions
- Probability of Transmission
  - Pulmonary TB
  - Extrapulmonary TB
  - Latent TB Infection (LTBI)

- Difference
  - TB Infection vs. TB Disease
  - TB Infection vs. TB Disease (cont.)

- Symptoms
  - Signs and Symptoms of TB

- High Risk
  - High Risk Groups

- Testing
  - TB Testing Recommendations
  - TB Skin Test
  - Reading the TB Skin Test
  - Positive TB Skin Test Follow Up

- Treatment
  - New Tools: For Drug Treatment
  - Multi-Drug Therapy
Understanding Bloodborne Pathogens
.5 contact hour(s)

Author: Catherine Garvin, RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has co-authored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult-learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Objectives:

1. List the three most significant bloodborne pathogens that concern those of us who work in healthcare.
2. Describe how the hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV) are transmitted or spread from one person to another.
3. List three ways that you can prevent the spread of each virus.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Blood Borne Pathogens
  - Risk for Healthcare Workers
  - Bloodborne Pathogens
- Viruses
  - Viruses
  - Information is power
  - Facts About Hepatitis B and C
  - Hepatitis B
  - Hepatitis C
- HIV
  - Prevention and Exposure Plan
    - How Can We Prevent the Spread
    - The Risk of Transmission
    - What Should You Do if Exposed to a Possible Bloodborne Pathogen?
    - Report Exposure Immediately
Understanding Dementia
.75 contact hour(s)

Author: Cindy Smith, RN, MSN

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define dementia
2. Identify the two most common causes of dementia.
3. Describe five common signs and symptoms of dementia.
4. Describe how dementia is diagnosed.
5. Describe how to treat dementia.
6. Describe important concepts in the care of the person with dementia.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition
  - Effects of Dementia
- Causes
  - Causes of Dementia
  - Dementia: Reversible
  - Dementia: Non-reversible
- Signs & Symptoms
Signs & Symptoms

Diagnosis
- Diagnosis of Dementia
- Tests and Evaluations: Medical History
- Tests and Evaluations: Physical Examination
- Cognitive Test: MMSE
- Cognitive Tests: Clock Drawing Test
- Cognitive Test: Time and Change Test
- Cognitive Test: Sniff Test
- Cognitive Test: Other Tests
- Cognitive Test: Neurological Evaluation
- Cognitive Test: MMSE (cont.)
- Cognitive Test: Laboratory Tests
- Cognitive Test: Psychiatric Evaluation

Care Guidelines
- Introduction to Care Guidelines
- Medications
- Caregivers

Notify Physician
- Progression of the Disease
Understanding Diet Modifications for Certain Health Conditions
0.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Identify what type of diet has been prescribed by the physician.
2. List several purposes for a therapeutic or modified diet.
3. Discuss the most common types of diet.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Diet Modifications
  - Purpose of Therapeutic or Modified Diet
- Textures
  - Modification in Texture: Mechanical Soft
  - Pureed or Dysphagia Diet
  - Nectar Thick Fluids
  - Honey Thick Fluids
  - Pudding or Spoon Thick Fluids
- Types of Diet
  - Types of Diet
  - No Salt Added Diet
  - Carbohydrate Controlled
  - Low Fat or Low Cholesterol Diet
  - Low Calorie Diet
- High Calorie Diet
- Low Residue Diet
Understanding Long Term Care
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Describe the trends associated with the aging population.
2. Identify the types of long term care facilities in the current market.
3. Discuss current quality programs in long term care.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Aging Population
  - The Aging Population
  - The Need for Long Term Care
  - Supply of Direct Care Workers
  - Demand for Long-Term Care Services
  - Informal Caregivers
- Types of Long Term Care Facilities
  - Types of Long Term Care Facilities
  - Community Based Services
  - Home HealthCare Services
  - Homecare
  - In-law Apartments
  - Housing for Aging and Disabled Individuals
  - Board and Care Homes
Assisted Living
Community Care Retirement Community (CCRC)
Nursing Homes
Nursing Home Compare

**Employee Types**
- Employee Types in Long Term Care
- Nursing Aides, Orderlies and Attendants
- Home Health Aides
- Personal and Home Care Aides
- Nursing Assistants in Nursing Homes
- Occupations

**Quality in Long Term Care**
- Quality in LTC
- Resident Rights
- QIS Overview
- MDS Overview
- Five Star Rating
- Nursing Home Surveys and Inspections
- Quality Assurance Performance Improvement
- Five Key Elements
Understanding MDROs (Multi-drug Resistant Organisms)
0.5 contact hour(s)

Author: Catherine (Cathy) Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Cindy Smith, RN, MSN,

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Objectives:
1. Define Multi-drug Resistant Organisms (MDROs).
2. Identify the most common Multi-drug Resistant Organisms (MDROs).
3. Identify the signs and symptoms of Methicillin-resistant Staphylococcus Aureus (MRSA) and Vancomycin-Resistant Enterococci (VRE).
4. Define Clostridium Difficile (C. difficile).
5. Describe the tests and treatments for C. difficile.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction to MDRO's
  - Introduction to MDRO's continued
  - Antimicrobial Resistance
  - MDRO Infection Control
  - Cost of MRSA
- MRSA
  - MRSA
  - Staphylococcus Aureus
  - Healthcare Settings
  - Healthcare Settings Protection
  - Who Gets Staph Infections?
  - Signs and Symptoms
  - Diagnosis
  - Treatment
  - Prevention and Control
- VRE
  - Enterococci Bacteria
  - Enterococci Bacteria (cont.)
  - Vancomycin-Resistant Enterococci (VRE)
  - Risk Factors for LTC Patients
  - Tests and Treatment
  - Tests and Treatment (cont.)
  - Treatment
  - Transmission and Prevention
- VRE/MRSA
  - Definition
  - Definition (cont.)
- C. Difficile
  - Definition
  - Transmission and Prevention
  - Tests and Treatment
Understanding Stroke
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define stroke.
2. Identify the common causes of stroke.
3. Identify common symptoms of a stroke.
4. Describe how stroke is diagnosed.
5. Distinguish the type of treatments for each type of stroke.
6. Identify social and functional consequences for the person surviving a stroke.
7. Express the importance of rehabilitation.
8. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition
- Causes
  - Causes
  - Ischemic Stroke
  - Hemorrhagic Stroke
Types of Hemorrhagic Strokes
  - Transient Ischemic Attack (TIA)

Risk Factors
  - Risk Factors
  - Uncontrollable Risk Factors
  - Controllable Risk Factors

Signs and Symptoms
  - Signs and Symptoms
  - FAST

Diagnosis
  - Diagnosis of Stroke
  - Medical History
  - Physical Examination/Neurological Examination
  - Blood Tests
  - Computerized Tomography (CT) Scan
  - Magnetic Resonance Imaging (MRI or MRA Scan)
  - Doppler Ultrasound
  - Arteriography

Treatment / Care Guidelines
  - Treatment/Care Guidelines
  - Ischemic Stroke
  - Hemorrhagic Stroke

Consequences of Stroke
  - Effects of a Stroke
  - Residual Effects

Rehabilitation
  - Rehabilitation
  - Preventive Actions

Notify Physician
  - Progression of the Disease
Understanding the Aging Process
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Understand the physical, sensory and psychosocial changes in the resident you care for.
2. Identify each body system change that occurs with aging.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Changes
  - The Aging Process
  - Systems Changes
- Sensory Changes
- Psychosocial Changes

Roles
- The CNA's Responsibilities
- The CNA's Role
- Summary
Urinary Incontinence Assessment
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

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Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. Explain the assessment of the resident with incontinence.
2. Relate the type of urinary incontinence to the potential cause.
3. Discuss interventions for the resident experiencing urinary incontinence.
4. Discuss the management options for residents experiencing urinary incontinence.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Urinary Incontinence
  - Purpose
  - Introduction to Assessment of the Resident with Incontinence
  - Causes of Incontinence
  - Treating and Managing
  - Documentation
  - Medication Review
  - Monitoring
  - Other Factors
  - Assessment Considerations
  - Physical Factors
  - Tests for Urinary Incontinence
- Causes
  - Identification
  - Treating the Physiological Causes
- Interventions
  - Interventions
  - Care Process
  - Influencing Factors
  - Facility Practices
- Management
  - Management Options
  - Behavioral Programs
  - Resident Capability
  - Voiding Records
- Programs
  - Program Types
  - Other Program Types
  - Prompted Voiding: Overview
  - Prompted Voiding: Resident Ability
  - Prompted Voiding: Tools
  - Prompted Voiding: Protocol
  - Prompted Voiding: Reassessing
  - Habit Training: Overview
  - Habit Training: Timing
Products
- Supportive Devices Overview
- Intermittent Catheterization
- Medication Therapy
- Risks and Benefits
- Absorbent Products
- Selection of Absorbent Products
- Evaluation of Need
- Disadvantages of Absorbent Products
- Guidelines
- Catheterization
- Potential Risks
- Consideration
Vulnerable Adult Protection (Abuse Prohibition)
.5 contact hour(s)

Author: Yvette Dulohery, RN, MSN

Yvette initially received her associate degree in nursing at Austin Community College in Austin, Minnesota. She completed her BSN at Northern Illinois University in DeKalb, Illinois and went on to obtain a MSN with a medical-surgical and oncology emphasis. She completed her Adult Nurse Practitioner at the University of Wisconsin-Madison. Her clinical focus includes obstetrics, labor and delivery, nursery, medical-surgical nursing, emergency/trauma, oncology and hospice, chemical dependency, home health, administration and education. She has been a Trauma Nurse Specialist, a Certified Emergency Nurse, an Oncology Certified Nurse and is currently a certified Medical-Surgical Clinical Nurse Specialist, a certified Adult Nurse Practitioner. She has been a hospice director, a home health director and has taught in 4 colleges, including Northern Illinois University, Rockford College and Minnesota State University, Mankato. She has an avid interest in informatics completed training as an online learning manager.

Objectives:

1. Define the types of harm: abuse, neglect and financial exploitation.
2. Discuss your state statutes regarding the definition of a vulnerable adult.
3. Identify causes of potential abuse, neglect or financial exploitation.
4. Identify potential abuse, neglect or financial exploitation.
5. Describe ways to prevent maltreatment of a vulnerable adult.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Definition
• Definition
  o Incidents of Elderly and Vulnerable Adults
  o Abuse Prevention Laws
  o Definition of Vulnerable Adult
  o 1 in 4 Cases of Abuse are Actually Reported
- Individuals at High Risk
- You Must Protect Your Clients and/or Residents
- Consequences

- Types
  - Categories
  - 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 Harm

- Reporting
  - Mandatory Reporting
  - Prevention: Managing Your Stress
  - Prevention: IRIS
Wandering: Elopement Prevention
.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define elopement.
2. Describe when elopement is most likely to occur.
3. Identify clients at higher risk for elopement.
4. Identify strategies to prevent client wandering and elopement.
5. Describe the importance of conducting elopement drills.
6. Identify the components of a search plan.
7. Describe how QA monitoring can also be used in elopement prevention.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Wandering
  - Challenges
  - Departure
  - Lawsuits
  - Elopement
  - Case Studies
Risk Assessment
  - Clients at Risk
  - Resident History
  - Be Alert

Prevention
  - Policies and Procedures
  - Overview
  - Precautions
  - Protection
  - Prevention
  - Electronic System
  - Communication

Management
  - Staff Responsibility
  - Plan of Action
  - Search Plan
  - Notification
  - Information on the Client/Resident
  - Documentation of Elopement
  - Safe Return Assessment
  - Evaluate Electronic Wander Prevention System

Quality
  - Quality Assurance
  - Quality Assurance Monitoring
  - Summary
Working With Families and Those They Care For
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify feelings family members have regarding their loved ones.
2. Discuss the role that family members play in the residents care.
3. Identify the communication skills needed as a CNA.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
The Residents Family
  o Residents Family
  o Valuable Part of the Healthcare Team
  o Emotions

Responsibilities
  o Communication
  o Encouragement
  o CNA's Roles
Your Role as a Nursing Assistant
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

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Objectives:

1. Discuss the role of the nursing assistant.
2. Define the responsibilities of the certified nursing assistant (CNA).
3. Describe ethical issues associated with being a certified nursing assistant.
4. List the attributes necessary to present a positive professional image.
5. List the requirements for maintaining certification as a nursing assistant.

Outline:

• Introduction
  o Welcome/Objective Page
Roles
- Nursing Assistant
- Why Did You Become A Nursing Assistant?
- Share Your Goals

Responsibilities
- Provision of Care
- Ethics
- Obey the Law
- Know Your Job Description
- Create a positive Image
- Certification
- Nurse Aide Registry
- Renew your license
Your Role in an Assisted Living Facility
0.5 contact hour(s)

Author: Danielle Fontaine, RN, BSN

Ms. Fontaine is currently the Director of Nursing at Laurels Peak Rehabilitation Center in Mankato, MN. She has been working with long-term care and assisted living since 1996. Ms. Fontaine received her BSN from Minnesota State University, Mankato and is currently enrolled to obtain her MSN to become a Family Nurse Practitioner. Before joining The Thro Company at Laurels Peak, Danielle held positions including staff nurse, case manager, nurse manager and assisted living nurse consultant.

Objectives:

1. Define assisted living.
2. Identify your responsibilities in an assisted living facility.
3. List the signs of unhealthy boundaries
4. Identify your clients services and needs.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Introduction
  o Assisted Living Today
• Definition
  o Definition
• Responsibility
  o Your Responsibility
  o Maintaining Professional Boundaries
  o Communication
  o Goals
  o Plan of Care
Cardiac Nursing Curriculum
Cardiac Medications I, II, and III
Cardiovascular Anatomy and Physiology
Cardiovascular Pathophysiology with a Focus on Coronary Artery Disease
Electrocardiograms (ECGs)

3.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cardiac Medication I

Objectives:

1. Identify the indications, actions, side effects and nursing precautions related to:
   - Anti-thrombotics
   - Morphine
   - Oxygen

Outline:

- Introduction
  - Objectives
  - Navigation
  - Blood Clotting
- Anti-thrombotics
  - Antithrombotics
  - Platelet Inhibitors
  - Indications
  - Platelet Inhibitors
Cardiac Medication II

Objectives:

1. Identify the indications, actions, side effects and necessary nursing precautions related to:
   - Ace Inhibitors
   - Angiotensin II Receptor Blockers
   - Beta Blockers
   - Calcium Channel Blockers

Outline:

- Introduction
  - Objectives
  - Navigation
  - Management

- ACE Inhibitors
  - Action
  - Examples of ACE Inhibitors
  - Indications
  - Side Effects
  - Drug and Other Interactions
  - Nursing Considerations

- Angiotensin
  - Angiotensin II Receptor Blockers
Cardiac Medication III

Objectives:

2. Identify the indications, actions, side effects and necessary nursing precautions related to:
   - Digitalis
   - Nitrates
   - Diuretics
   - Potassium
   - Lipid-lowering agents

Outline:

• Introduction
  o Objectives
  o Navigation
  o Management

• Digitalis
  o Digitalis
  o Indications
  o Actions
  o Side Effects
  o Drug and Other Interactions
  o Nursing Precautions
• Nitrates
  o Nitrates
  o Actions
  o Indications
  o Side Effects
  o Forms
  o Drug and Other Interactions
  o Nursing Considerations
• Diuretics
  o Diuretics
  o Actions
  o Indications
  o Side Effects
  o Nursing Precautions
• Potassium
  o Potassium
  o Actions
  o Indications
  o Side Effects
  o Nursing Precautions
• Lipid-Lowering
  o Lipid-Lowering Agents
  o Indications
  o Class of Drugs
  o Side Effects
  o Nursing Precautions

Cardiovascular Anatomy and Physiology

Objectives:

1. Identify the anatomical structures of the normal heart.
2. Identify both the right and left coronary artery systems.
3. Distinguish the differences between an artery and a vein.
4. Discuss blood components and their relationship with the anatomy and physiology of the cardiovascular system.

Outline:

• Introduction
  o Objectives
  o Navigation
• Structures
  o Cardiovascular System
  o Cardiovascular System (continued)
Cardiovascular Pathophysiology with a Focus on Coronary Artery Disease

Objectives:

1. Discuss the incidence and risk factors associated with coronary artery disease (CAD).
2. List the steps for the development of a lesion within the coronary arteries.
3. Describe the progression of heart disease.
4. List the steps for the development of a thrombus.

Outline:

• Introduction
  o Objectives
  o Navigation

• Background CVD
  o Incidence of Coronary Artery Disease
  o Structures of the Blood Vessels
  o Endothelium
  o Risk Factors
  o Risk Factor Challenge
 Electrocardiograms (ECGs)

Objectives:

5. Describe the electrical system of the heart.
6. Discuss the different components of an ECG.
7. Evaluate the ECG.
8. Identify Arrhythmias.

Outline:

- Introduction
  - Objectives
  - Navigation
- Introduction to ECG
  - Introduction to ECG
  - The Amazing Heart
  - Action Potential
- Electrical System
  - Electrical System
  - SA Node
  - AV Node
  - Ventricular Conduction
- Identifying Arrhythmias
  - Electrical System
  - Monitoring and Diagnosing
  - Patient Monitoring
- Electrical Impulses
- P wave
- QRS Complex
- Watch Clinicians Watch
- Rate
- What is the Heart Rate
- Intervals
- Complex Analysis
- Rhythm Classifications
- Normal Sinus Rhythm
- Sinus Arrhythmias
- Ectopic Foci
- Atrial Fibrillation
- Atrial Flutter
- Heart Block
- Second Degree Block
- Third Degree or Complete Block
- Premature Ventricular Contractions (PVCs)
- Ventricular Tachycardia
- Ventricular Fibrillation
- Asystole
- Artifact

- Evaluating ECG
  - 12 Lead ECG
  - ST and T Wave Changes: St Segment Depression
  - ST Segment Elevations
  - 12 Lead ECG Example
Resident and Family Education
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the importance of education for residents with chronic disease and their families.
2. Define the learning process and review the activities that occur in the brain.
3. Differentiate the child and adult learning process as described by Malcolm Knowles.
4. Explain the effects of hospitalization and potential effects of aging for the elderly learner.
5. Identify three basic considerations and teaching implications to be considered when teaching the elderly.
6. Identify four barriers to elderly learning and discuss the implications to teaching.

Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
- **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
  - Motivation and Anxiety (cont.)
Chronic Obstructive Pulmonary Disease
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define COPD.
2. Identify the two most common causes of COPD.
3. Describe five common signs and symptoms of COPD.
4. Describe how COPD is diagnosed.
5. Describe important concepts in the care and treatment of the person with COPD.
6. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Introduction to Chronic Obstructive Pulmonary Disease
  - Chronic bronchitis
  - Incidence of Chronic Bronchitis
  - Emphysema
- Causes
  - Three Primary Causes of COPD
  - Cigarette Smoking
Other Irritants
- Genetic Disorders

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

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

**Care Guidelines**
- Goals
- Treatment of COPD
- Things to Avoid

**Notify Physician**
- Progression of the Disease
Congestive Heart Failure (CHF)
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define congestive heart failure.
2. Identify common causes of congestive heart failure.
3. Describe five common signs and symptoms of congestive heart failure.
4. Describe how congestive heart failure is diagnosed.
5. Describe how to treat congestive heart failure.
6. Describe important concepts in the care of the person with congestive heart failure.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - The Heart
  - The Heart as a Pump
  - The Heart and Congestive Heart Failure
  - The Heart and Congestive Heart Failure (cont.)
  - Incidence of CHF
- Causes
  - Diseases Affecting CHF
  - Most Common Causes of CHF

- Signs & Symptoms
  - Signs and Symptoms

- Diagnosis
  - Diagnosing CHF
  - Physical Exam
  - Diagnostic/Laboratory Tests

- Treatment
  - Treatment of CHF
  - Lifestyle Changes
  - Surgery

- Medical Devices
  - New Medical Devices

- Care Guidelines
  - Care Guidelines

- Notify Physician
  - Progression of the Disease
Diabetes Basics
0.75 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define diabetes.
2. Identify the causes of diabetes.
3. Describe five signs and symptoms of diabetes.
4. Describe how diabetes is diagnosed.
5. Describe how to treat diabetes.
6. Describe important concepts in the care of the person with diabetes.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - What Is Diabetes?
  - Anatomy of Diabetes
  - Elevated Blood Sugar
- Types of Diabetes
  - Types of Diabetes
- **Causes**
  - Causes of Diabetes

- **Signs Symptoms**
  - Signs and Symptoms

- **Diagnosis**
  - Diagnosis

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

- **Care Guidelines**
  - Care Guidelines
  - Diet
  - Exercise
  - Monitoring Blood Sugar
  - Foot Care

- **Notify Physician**
  - Progression of the Disease
  - Long-term Complications
  - When to Call the Physician
  - Foot Changes
Parkinson's Disease
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define Parkinson’s Disease.
2. Identify the causes of Parkinson’s Disease.
3. Describe five signs and symptoms of Parkinson’s Disease.
4. Describe how Parkinson’s Disease is diagnosed.
5. Describe how to treat Parkinson’s Disease.
6. Describe important concepts in the care of the person with Parkinson’s Disease.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition of Parkinson’s Disease
  - Changes In the Brain: Dopamine
  - Changes In the Brain: Norepinephrine
  - Lewy Bodies
- Causes
  - Causes of Parkinson’s Disease
Signs and Symptoms
  - Signs & Symptoms of Parkinson’s Disease
  - Signs and Symptoms
  - Symptoms of PD

Diagnosis
  - Diagnosis of Parkinson’s Disease
  - Symptom Recognition
  - Diagnostic Tests

Care Guidelines
  - Care Guidelines for Parkinson’s Disease
  - Medication Therapy
  - Other Care Options
  - Surgery

Notify Physician
  - Side Effects
  - When to Notify the Physician
Understanding Dementia
0.75 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define dementia.
2. Identify the two most common causes of dementia.
3. Describe five common signs and symptoms of dementia.
4. Describe how dementia is diagnosed.
5. Describe how to treat dementia.
6. Describe important concepts in the care of the person with dementia.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition
  - Effects of Dementia
- Causes
  - Causes of Dementia
  - Dementia: Reversible
  - Dementia: Non-reversible
• Signs & Symptoms
  ○ Signs and Symptoms

• Diagnosis
  ○ Diagnosis of Dementia
  ○ Tests and Evaluations: Medical History
  ○ Tests and Evaluations: Physical Examination
  ○ Cognitive Test: MMSE
  ○ Cognitive Test: Clock Drawing Test
  ○ Cognitive Test: Time and Change Test
  ○ Cognitive Test: Sniff Test
  ○ Cognitive Test: Other Tests
  ○ Cognitive Test: Neurological Evaluation
  ○ Cognitive Test: MMSE
  ○ Cognitive Test: Laboratory Tests
  ○ Cognitive Test: Psychiatric Evaluation

• Care Guidelines
  ○ Introduction to Care Guidelines
  ○ Medications
  ○ Caregivers

• Notify Physician
  ○ Progression of the Disease
Understanding Stroke
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define stroke.
2. Identify the common causes of stroke.
3. Identify common symptoms of a stroke.
4. Describe how stroke is diagnosed.
5. Distinguish the type of treatments for each type of stroke.
6. Identify social and functional consequences for the person surviving a stroke.
7. Express the importance of rehabilitation.
8. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - Definition
- Causes
  - Causes
  - Ischemic Stroke
  - Hemorrhagic Stroke
- Types of Hemorrhagic Strokes
  - Transient Ischemic Attack (TIA)

- Risk Factors
  - Risk Factors
  - Uncontrollable Risk Factors
  - Controllable Risk Factors

- Signs and Symptoms
  - Signs and Symptoms
  - FAST

- Diagnosis
  - Diagnosis of Stroke
  - Medical History
  - Physical Examination/Neurological Examination
  - Blood Tests
  - Computerized Tomography (CT) Scan
  - Magnetic Resonance Imaging (MRI or MRA Scan)
  - Doppler Ultrasound
  - Arteriography

- Treatment / Care Guidelines
  - Treatment/Care Guidelines
  - Ischemic Stroke
  - Hemorrhagic Stroke

- Consequences of Stroke
  - Effects of a Stroke
  - Residual Effects

- Rehabilitation
  - Rehabilitation
  - Preventive Actions

- Notify Physician
  - Progression of the Disease
Gastroesophageal Reflux Disease (GERD)
0.5 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Describe the pathophysiology of Gastroesophageal reflux disease (GERD).
2. Identify causes and risk factors associated with GERD.
3. Describe signs and symptoms associated with GERD.
4. Discuss diagnostic tools used to identify GERD.
5. Identify the non-pharmacologic and pharmacologic treatment of GERD.
6. Identify complications associated with GERD.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Definition
  o Definition
  o Definition (cont.)
• Pathophysiology
  o Pathophysiology
  o Pathophysiology (cont.)
• Causes
  o Causes
• Risk Factors
  o Risk Factors
• Signs & Symptoms
  o Signs & Symptoms
- **Diagnosis**
  - Diagnosis
  - Diagnostic Testing
- **Treatment**
  - Treatment
- **Complications**
  - Complications
- **Summary**
  - Summary
Pneumonia
1.0 contact hour(s)

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define pneumonia.
2. Define the risk factors for pneumonia.
3. Identify the types of pneumonia.
4. Describe the pathophysiology of pneumonia.
5. Identify the clinical manifestations of pneumonia.
6. Describe the treatment for pneumonia.
7. Identify complications of pneumonia.
8. Describe measures to prevent pneumonia.
9. Describe important concepts in the care of the person with pneumonia.
10. Identify conditions that would indicate a need to notify the physician.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Definition
  o Impact
  o Classification of Pneumonia
Classification
- Classification by Clinical Setting: CAP
- Classification by Clinical Setting: HCAP
- Classification by Clinical Setting: Aspiration
- Classification by Causative Agent
- Classification by Causative Agent: Bacterial
- Streptococcus Pneumonia and Tuberculosis
- Classification by Causative Agent: Other Bacteria
- Other Pneumonia-Causing Agents
- Classification by Causative Agent: Viral
- Classification by Causative Agent: Fungus

Pathophysiology
- Background
- Introduction of Pneumonia
- Development of Pneumonia
- Risk Factors
- Predisposition
- Predisposition (cont.)

Clinical Findings
- Classic Symptoms
- Symptoms in the Elderly
- Symptoms of Bacterial Pneumonia
- Symptoms of Viral Pneumonia
- Diagnosis

Treatment
- Background
- Hospitalization
- Medications
- Common Antibiotics
- Critically Ill
- Other Interventions
- Goals of Nursing Care

Complications
- Introduction
- Complications

Prevention
- General Prevention
- VAP Prevention

Concepts
- Care Concepts
- Physician Notification

Summary
- Summary
Nutritional Care

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Identify the 6 components of the food pyramid and their sources and functions.
2. Identify at least 3 changes that affect the nutritional status of the older adult.
3. Describe the guidelines and interventions used to promote good nutritional intake.
4. Identify 2 effects of malnutrition.
5. Identify 3 risk factors associated with malnutrition.
6. Identify 3 warning signs indicating the potential for weight loss.
7. Describe the components of a nutritional assessment.
8. Implement strategies for managing weight loss.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Food Pyramid
  - Nutrients
  - New Dietary Guidelines
- Factors
  - Factors Affecting Nutritional Status: Aging
  - Effects of Medication on Nutritional Status
- Feeding Guidelines
  - Guidelines for Feeding a Client
  - Feeding Tips
  - Dysphagia
  - Feeding the Client
  - Interventions
- Malnutrition
  - Effects of Malnutrition
- Risk factors
  - Risk Factors and Conditions Associated with Anorexia and/or Weight Loss
  - Risk Factors for Malnutrition
- Warning Signs
  - Warning Signs
- Nutritional Assessment
  - Nutritional Assessment
  - Height
  - Body Mass Index
  - Lab
  - Food Preferences
  - Mealtime Observations
  - Parameter Assessments
- Strategies
  - Strategies for Managing Weight Loss: Nutritional Interventions
  - Strategies for Managing Weight Loss: Nutritional Interventions (cont.)
  - Summary
Smoking Cessation

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Kim Barrows, RN BSN

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Objectives:

1. Discuss the harmful effects of cigarette smoking.
2. List resources available for smoking cessation.

Outline:

- Introduction
  - Welcome/Objectives Page
  - Navigation
- Background
  - The Public Health Dilemma
  - US Surgeon General Report
  - US Surgeon General Facts
Hospital Readmission: Heart Failure (HF)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Discuss the background of heart failure including prevalence and incidence.
2. Discuss the importance of quality of care in the prevention of hospital readmission for those with the diagnosis of heart failure.
3. Discuss the importance of tracking hospital readmission information.
4. List the four important components identified by the American Medical Directors Association for prevention of hospital readmissions in heart failure.
5. Describe the elements of discharge planning relevant to heart failure.
6. Describe the opportunity associated with preventing hospital readmissions for heart failure.
Cardiac Medication I

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels.
and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the indications, actions, side effects and nursing precautions related to:
   - Anti-thrombotics
   - Morphine
   - Oxygen

Outline:

- Introduction
  - Objectives
  - Navigation
  - Blood Clotting
- Anti-thrombotics
  - Antithrombotics
  - Platelet Inhibitors
  - Indications
  - Platelet Inhibitors
  - Side Effects
  - Side Effects (continued)
  - Nursing Precautions
  - Nursing Precautions (continued)
  - Anticoagulants
  - Indications
  - Side Effects
  - Nursing Considerations
- Morphine
  - Morphine
  - Morphine (continued)
  - Side Effects
  - Nursing Precautions
- Oxygen
  - Action
  - Indications
  - Clinical Conditions
  - Delivery Mechanisms
  - Nursing Precautions

Cardiac Medication II
Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the indications, actions, side effects and necessary nursing precautions related to:
   - Ace Inhibitors
   - Angiotensin II Receptor Blockers
   - Beta Blockers
   - Calcium Channel Blockers

Outline:

- Introduction
  - Objectives
  - Navigation
  - Management
- ACE Inhibitors
  - Action
  - Examples of ACE Inhibitors
  - Indications
  - Side Effects
  - Drug and Other Interactions
  - Nursing Considerations
- Angiotensin
  - Angiotensin II Receptor Blockers
  - Actions
  - Indications
  - Side Effects
  - Drug and Other Interactions
  - Nursing Considerations
- Beta Blockers
  - Beta Blockers
  - Indications
Cardiac Medication III

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the indications, actions, side effects and necessary nursing precautions related to:
   - Digitalis
   - Nitrates
   - Diuretics
   - Potassium
   - Lipid-lowering agents

Outline:

• Introduction
  o Objectives
  o Navigation
  o Management
• Digitalis
  o Digitalis
  o Indications
  o Actions
  o Side Effects
  o Drug and Other Interactions
Nursing Precautions

- Nitrates
  - Nitrates
  - Actions
  - Indications
  - Side Effects
  - Forms
  - Drug and Other Interactions
  - Nursing Considerations

- Diuretics
  - Diuretics
  - Actions
  - Indications
  - Side Effects
  - Nursing Precautions

- Potassium
  - Potassium
  - Actions
  - Indications
  - Side Effects
  - Nursing Precautions

- Lipid-Lowering
  - Lipid-Lowering Agents
  - Indications
  - Class of Drugs
  - Side Effects
  - Nursing Precautions

**Cardiovascular Anatomy and Physiology**

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

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

**Objectives:**

1. Identify the anatomical structures of the normal heart.
2. Identify both the right and left coronary artery systems.
3. Distinguish the differences between an artery and a vein.
4. Discuss blood components and their relationship with the anatomy and physiology of the cardiovascular system.

Outline:

- Introduction
  - Objectives
  - Navigation
- Structures
  - Cardiovascular System
  - Cardiovascular System (continued)
  - An Amazing Organ
  - Location of the Heart
  - Descriptors of the Heart
  - Tissue Layers
  - Chambers of the Heart: Atria
  - Ventricles
  - The Right and Left Sides
  - Valves
  - Cardiac Valves
  - The Electrical System
- Coronary Arteries
  - The Coronary Arteries
  - The Coronary Arteries (continued)
  - Left Coronary Artery
  - The Left Main
  - Diagonals and Septals
  - The Circumflex Artery
  - The Ramus or Intermediate Artery
  - Right Coronary Artery
- Blood
  - Blood Components
  - Red Blood Cells
  - White Blood Cells
  - Platelets

Cardiovascular Pathophysiology with a Focus on Coronary Artery Disease

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long
term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the incidence and risk factors associated with coronary artery disease (CAD).
2. List the steps for the development of a lesion within the coronary arteries.
3. Describe the progression of heart disease.
4. List the steps for the development of a thrombus.

Outline:

- Introduction
  - Objectives
  - Navigation
- Background CVD
  - Incidence of Coronary Artery Disease
  - Structures of the Blood Vessels
  - Endothelium
  - Risk Factors
  - Risk Factor Challenge
- Lesion Development
  - The Growth and Development of a Lesion: A Process
  - Introduction to Atherosclerosis
  - Why is This Important?
  - Plaque and Atherosclerosis
  - Atherosclerosis and Thrombi
  - Development of Atherosclerosis
  - Development of Complications
  - Atherosclerosis Complications
  - Thrombus Practice
  - Atherosclerosis Complications
- Disease
  - Coronary Atherosclerotic Syndromes: Stable Angina
  - Coronary Atherosclerotic Syndromes: Stable Angina (continued)
  - Coronary Atherosclerotic Syndromes: Unstable Angina
  - Coronary Atherosclerotic Syndromes: MI
  - Signs and Symptoms of MI

**Electrocardiograms (ECGs)**

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented
numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Describe the electrical system of the heart.
2. Discuss the different components of an ECG.
3. Evaluate the ECG.
4. Identify Arrhythmias.

Outline:

• Introduction
  o Objectives
  o Navigation
• Introduction to ECG
  o Introduction to ECG
  o The Amazing Heart
  o Action Potential
• Electrical System
  o Electrical System
  o SA Node
  o AV Node
  o Ventricular Conduction
• Identifying Arrhythmias
  o Electrical System
  o Monitoring and Diagnosing
  o Patient Monitoring
  o Electrical Impulses
  o P wave
  o QRS Complex
  o Watch Clinicians Watch
  o Rate
  o What is the Heart Rate
  o Intervals
  o Complex Analysis
  o Rhythm Classifications
  o Normal Sinus Rhythm
  o Sinus Arrhythmias
  o Ectopic Foci
  o Atrial Fibrillation
  o Atrial Flutter
Heart Block
Second Degree Block
Third Degree or Complete Block
Premature Ventricular Contractions (PVCs)
Ventricular Tachycardia
Ventricular Fibrillation
Asystole
Artifact

Evaluating ECG
12 Lead ECG
ST and T Wave Changes: St Segment Depression
ST Segment Elevations
12 Lead ECG Example

Nursing Assessment and Care of the Resident with CHF

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the prevalence of congestive heart failure.
2. Identify the primary function of the heart.
3. Describe the pathophysiology of congestive heart failure.
4. Identify the risk factors of congestive heart failure.
5. Identify the symptoms of congestive heart failure.
6. Identify medical and nursing interventions important in the care of the patient with congestive heart failure.
7. List the teaching points used when educating the patient about congestive heart failure.

Outline:

- Introduction
  - Welcome/Objectives Page
  - Navigation
- Overview
  - Heart Failure
  - Heart Failure Statistics
- Normal Heart
  - The Normal Heart
  - Cardiac Chambers
  - Flow of Blood
  - Valves
  - Conduction System
  - Coronary Arteries
  - Normal Heart
- Pathophysiology
  - Pathophysiology of Congestive Heart Failure
  - Pathophysiology of Congestive Heart Failure (cont.)
  - Systolic and Diastolic Heart Failure
  - Left-Sided Heart Failure
  - Right-Sided Heart Failure
  - End Result of Heart Failure
- Risk Factors
  - Risk Factors
  - Risk Factors (cont.)
- Signs Symptoms
  - Clinical Signs and Symptoms
- Treatment
  - Management of CHF
  - Treatment of CHF
  - Medication Management
  - Non-Pharmacologic Treatment
  - Nursing Assessments
  - Desired Outcomes
Nursing Assessment and Care of the Cardiac Patient

Author: Cindy Smith, RN, MSN,

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Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.
Objectives:

1. Identify basic anatomy of the heart.
2. Describe what is included in a nursing history of the cardiac system.
3. Differentiate normal and abnormal findings on cardiac assessment.
4. Describe laboratory findings indicative of cardiac abnormality.
5. Identify non-invasive studies that are used to evaluate cardiac function.
6. Identify invasive studies that are used to evaluate cardiac function.

Outline:

- **Introduction**
  - Welcome/Objectives Page
  - Navigation

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

- **History**
  - History

- **Inspection**
  - Physical Examination
  - Inspection
  - Inspection (cont.)
  - Findings

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

- **Percussion**
  - Percussion

- **Auscultation**
  - Auscultation
  - Auscultation (cont.)
  - Dysrhythmia
  - Deviations
  - Blood Pressure
  - Systolic Blood Pressure
  - Pulse pressure
- Diagnostic Studies
  - Laboratory
- Noninvasive Studies
  - Noninvasive Studies
  - Noninvasive Studies (cont.)
- Invasive Studies
  - Invasive Studies
Elimination Focus Curriculum

Fecal and Urinary Incontinence Overview
Urinary Incontinence Assessment
3.0 contact hour(s)

Fecal and Urinary Incontinence Overview

Author: Catherine (Cathy) Garvin RN, CWON

Cathy is a certified wound, ostomy nurse. Her area of specialty is education and research related to wound, skin and ostomy care. She has provided direct patient care and worked in industry presenting and implementing research internationally. Cathy has collaborated with clinicians, in focus groups to develop educational materials, research protocols, poster and educational sessions. She has coauthored manuscripts discussing issues related to skin conditions, wounds and topical skin and wound care. Cathy has developed and presented numerous local, state and internationally based programs. She has also attended numerous adult learning seminars to enhance her presentation ability. She serves as an advisor to Healthcare Academy on regulatory issues pertinent to the market.

Editor: Cindy Smith, RN, MSN, LNHA

Cindy has over 28 years of nursing in critical care and geriatrics, including roles as a staff nurse, clinical nurse specialist, and clinical manager. Currently, Cindy is the Administrator for an 80-bed Long Term Care facility. Cindy has worked with patients in a variety of settings, including Medical-Surgical and Cardiac Intensive Care Units. In her current practice, Cindy oversees the care for a variety of geriatric patients with chronic diseases. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay up to date with the latest techniques in patient care.

Objectives:

1. Discuss the prevalence and impact of incontinence for residents in long term care.
2. Describe the physiology of urinary continence.
3. Describe the physiology of fecal continence
4. Define urinary incontinence.
5. Identify the risk factors for incontinence.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Purpose

• Background
  o Prevalence and Impact
  o Incontinence Characterized
  o Prevalence: Urinary Incontinence
  o Prevalence: Fecal Incontinence
  o Physical Implications
  o Economic Impact

• AP Urinary
  o Anatomic Structures
  o Cellular Anatomy
  o Bladder
  o Female Pelvic Floor
  o Male Pelvic Floor
  o Components
  o Cellular Physiology
  o The Role of the Nervous System
  o Lower Urinary Tract
  o Continence
  o Urinary Incontinence Risk Factors
  o Older Individuals

• AP Fecal
  o Normal Defecation

• Urinary Incontinence
  o Definitions of Urinary Incontinence
  o Definitions of Urinary Incontinence (cont.)
  o State Operations Manual: Urinary Incontinence

• Fecal Incontinence
  o Definition of Fecal Incontinence
  o Physiology of Fecal Incontinence
  o Classification of Fecal Incontinence
  o Diarrhea
  o MDS 3.0, Section H, Bowel & Bladder
  o Coding Section H
  o Bowel Patterns
Urinary Incontinence Assessment

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

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Objectives:

6. Explain the assessment of the resident with incontinence.
7. Relate the type of urinary incontinence to the potential cause.
8. Discuss interventions for the resident experiencing urinary incontinence.
9. Discuss the management options for residents experiencing urinary incontinence.

Outline:
Introduction
  - Welcome/Objective Page
  - Navigation

Urinary Incontinence
  - Purpose
  - Introduction to Assessment of the Resident with Incontinence
  - Causes of Incontinence
  - Treating and Managing
  - Documentation
  - Medication Review
  - Monitoring
  - Other Factors
  - Assessment Considerations
  - Physical Factors
  - Tests for Urinary Incontinence

Causes
  - Identification
  - Treating the Physiological Causes

Interventions
  - Interventions
  - Care Process
  - Influencing Factors
  - Facility Practices

Management
  - Management Options
  - Behavioral Programs
  - Resident Capability
  - Voiding Records

Programs
  - Program Types
  - Other Program Types
  - Prompted Voiding: Overview
  - Prompted Voiding: Resident Ability
  - Prompted Voiding: Tools
  - Prompted Voiding: Protocol
  - Prompted Voiding: Reassessing
  - Habit Training: Overview
  - Habit Training: Timing

Products
  - Supportive Devices Overview
  - Intermittent Catheterization
  - Medication Therapy
  - Risks and Benefits
- Absorbent Products
- Selection of Absorbent Products
- Evaluation of Need
- Disadvantages of Absorbent Products
- Guidelines
- Catheterization
- Potential Risks
- Considerations
Introduction to Hospital Readmission
Introduction to an Initiative to Reduce Avoidable Hospitalizations
Hospital Readmission Defined
Medicare Payment System
Characteristics of the Readmitted
Factors Associated with Hospital readmissions of Medicare Beneficiaries
Methods of Defining Potentially Preventable Readmission and Rates
Impact on Hospitals
Improving Care and Reducing Costs: ACA and Current Initiatives
2.5 contact hour(s)

Introduction to an Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Discuss the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act.
2. Discuss hospital readmission rates currently experienced that involve skilled nursing facilities.
3. Describe the joint initiative of the Center for Medicare and Medicaid Innovation (Innovation Center) and the Medicare-Medicaid Coordination Office (MMCO).
4. List some potential interventions that were suggested by the initiative.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- The Problem
  - Introduction to the Problem
  - Introduction to the Problem (cont.)
  - Why are People Being Readmitted
    - March 23, 2010
    - Other Considerations
  - Service Delivery and Strategy
- Background
  - Background
  - Avoidable Hospitalizations among Nursing Facility Residents
  - Evidence That Hospitalizations Can Be Avoided
    - Evidence That Hospitalizations Can Be Avoided (cont.)
- New Initiative
  - Initiative to Reduce Avoidable Hospitalizations Among NF Residents
  - Primary Objectives
  - CMS Partnerships
- Interventions
  - Intervention Requirements
  - Staffing
Hospital Readmission Defined
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

5. Discuss the significant background events that have influenced the focus on hospital readmission.
6. Discuss current trends in hospital readmissions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Background
  o Healthcare Costs
  o Medicare Costs
  o Hospital Spend
  o Action By House and Senate
  o March 23, 2010

• Readmission
  o Readmission Definition
  o Hospital Readmissions
  o New England Journal Of Medicine Article
  o MedPAC
  o Geography is Important
  o Hospital Compare
  o Hospital Quality Data for Annual Payment
  o Variation in Hospital Readmission
  o Some Readmissions Are Avoidable

Medicare Payment System
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

7. Describe how Medicare reimburses hospital regarding discharge and readmission.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Background
  - Result of Current Design
  - Hospitals Incentives to Discharge Patients
  - Possible Hospital Impact
  - Inpatient Prospective Payment System
  - Result
  - Comparable Incentives
  - Importance of Hospital Discharge Care Instructions
  - Hospital Discharge and Payment
  - Medicare Reimbursement
  - Transitional Care and Follow Up

Characteristics of the Readmitted
.25 contact hour(s)
Author: Judy Hoff, RN, BSN, MA

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Objectives:

8. Describe the characteristics of individuals that are subject to hospital readmission.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Characteristics
  o Demographics
  o High Readmission Rates: Multiple Chronic Illnesses
  o Comorbid Conditions
Factors Associated With Hospital Readmissions of Medicare Beneficiaries
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

9. List the factors that lead to hospital readmissions.
10. List the discharge planning elements to meet Medicare requirements.
11. Describe things a nurse can do to increase patient compliance.
12. List things the long term care providers can do to prevent hospital readmissions.
13. Discuss the role of non-compensated care givers.
14. Describe how the deterioration of a clinical condition can influence hospital readmission rates.
15. Describe how medical and surgical errors can influence hospital readmission rates.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Background
  o Factors

• Discharge Planning
  o Hospital Discharge Planning
  o Medicare Regulations
  o Hospital Discharge
  o Discharge Planning Requirements
  o List of Resources
  o Necessary Information
  o Transitioning
  o Resources
  o Managing the Discharge Process

• Patient Follow Through
  o Patient Compliance
  o Factors Influencing Inadequate Follow Through
  o Discharge Study for Heart Failure
  o Discharge Planning Conclusion

• LTC Providers
  o Post-Acute or Long-Term Provider Care
  o Some Hospital Stays May be Too Short
  o Timely Discharge Information Needed
  o Electronic Health Records

• Bed Supply
  o Geographical Locations
  o Geographical Differences
  o Variation Among Regions
  o Policy Making

• Care Giving
  o Care Giving
  o Compliance with Care Plans
  o Caregiver Education
  o Training, Counseling and Education

• Deterioration
  o Deterioration of a Clinical Condition
  o Deterioration of a Clinical Condition (cont.)
  o Policy Options
• Medical Errors
  o Medical Errors
  o Medical Errors (cont.)
  o Nurse Observation of Errors
  o Surgical Errors
  o Efforts to Decrease Errors

Methods for Defining Potentially Preventable Readmissions and Rates

0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:
16. List several ways to define hospital readmission.
17. List the different types of hospital readmissions.
18. Describe how private companies have defined hospital readmission.
19. Discuss how MedPac defines hospital readmission.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Introduction to PPR
  - Approaches for Determining PPR Rates
  - Defining PPRs
- Jencks
  - Proposed Framework for Understanding PPR, by Jencks
- Private Industry
  - Private Industry
- MedPac
  - MedPac
  - Refining the Hospital Readmissions Reduction Program

Impact on Hospitals
0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

20. Discuss the impact of hospital readmission.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Impact
  - The Patient Protection and Affordable Care Act (PPACA) Hospital Readmission Reduction Program
  - PPACA Hospital Readmission Reduction Program
  - Penalties
  - Impact of PPACA Readmission Policy
  - Long-term Issues with Readmission Reduction Program
  - Hospitals Can Reduce Readmissions
  - Summary

Improving Care and Reducing Costs: ACA and Current Initiatives

0.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

21. Discuss the Patient Protection and Affordable Care Act (PPACA) of 2010.
22. Discuss the many initiatives and organizations that influence hospital readmission.

Outline:

• Introduction
  ○ Welcome/Objective Page
  ○ Navigation
• Background
  ○ Better Care While Reducing Costs
  ○ Cost is High and Effects on Patient/Resident and Family Are Significant
• ACA
  ○ Patient Protection and Affordable Care Act of 2010 (ACA)
  ○ Payment bundling
  ○ Value-based purchasing
  ○ Medicare Shared Savings Program
  ○ Hospital Readmission Reduction
• Other
  ○ Partnership for Patients
  ○ AMDA Efforts
  ○ Post Acute Payment Reform
  ○ Post Acute Payment Reform
  ○ Care Transitions Project
- Advancing in Excellence Campaign
- Electronic Health Records
- Quality Assessment and Process Improvement
- Quality Indicator Survey (QIS)
- Quality Indicator Survey (QIS) (cont.)
- STAAR Program
- STAAR Program (cont.)
The Role of the Hospital Readmission Specialist Curriculum

The Clinical Awareness for the Resident
Patient and Family Education
COPD
CHF
Pneumonia
Discharge Planning
Developing Partnerships and Marketing Your Services
Hospital Readmission and Falls

4.5 contact hour(s)

The Role of the Hospital Readmission Specialist

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify residents at risk.
2. List the steps of the admission process.
3. Describe how to reduce resident complications.
4. Describe how to enhance relationships while in the role of Hospital Readmissions Specialist.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Hospital Readmission Specialist
  - Your Focus
  - Evidence Support
  - In Summary
- At Risk Residents
  - Identify those at High Risk
- Admission Process
  - Admission Process
  - Coordination with Hospital
  - Resident Assessment and Documentation
- Complications
  - Assessments
  - Care Planning
- Relationships
  - Hospital Relationships
  - Involve the Patient Resident and Family
  - Staff Relationships
  - Things to Consider
  - Utilizing Tools
Resident and Family Education

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Discuss the importance of education for residents with chronic disease and their families.
2. Define the learning process and review the activities that occur in the brain.
3. Differentiate the child and adult learning process as described by Malcolm Knowles.
4. Explain the effects of hospitalization and potential effects of aging for the elderly learner.
5. Identify three basic considerations and teaching implications to be considered when teaching the elderly.
6. Identify four barriers to elderly learning and discuss the implications to teaching.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Background
  - Residents
  - Families
  - Process
- Adult Learning
  - Definition
  - Learning
  - Neurological Level
  - Energy
  - Malcom Knowles
- Elderly
  - After Hospitalization
  - Myths and Learning
Chronic Obstructive Pulmonary Disease

Author: Cindy Smith, RN, MSN,

Cindy has over 28 years of nursing in acute and critical care, as well as geriatrics. She has served in a variety of positions, including staff/charge nurse, nurse manager, director of nursing, clinical educator, clinical nurse specialist and nursing home administrator. Cindy has worked with a variety of patient care settings, including Medical/Surgical, Intensive Care and Long Term Care. In her current practice, Cindy is the clinical educator for the Medical and Oncology units at a 250 bed hospital. Cindy is an advocate of continuing education and has written numerous journal and continuing education articles. Cindy believes that nurses must take advantage of learning activities in order to stay apprised of the latest techniques in patient care.

Objectives:

1. Define COPD.
2. Identify the two most common causes of COPD.
3. Describe five common signs and symptoms of COPD.
4. Describe how COPD is diagnosed.
5. Describe important concepts in the care and treatment of the person with COPD.
6. Identify conditions that would indicate a need to notify the physician.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Definition
  o Introduction to Chronic Obstructive Pulmonary Disease
  o Chronic bronchitis
  o Incidence of Chronic Bronchitis
Emphysema

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

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

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

- Care Guidelines
  - Goals
  - Treatment of COPD
  - Things to Avoid

- Notify Physician
  - Progression of the Disease

Congestive Heart Failure (CHF)

Author: Cindy Smith, RN, MSN,

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Objectives:
1. Define congestive heart failure.
2. Identify common causes of congestive heart failure.
3. Describe five common signs and symptoms of congestive heart failure.
4. Describe how congestive heart failure is diagnosed.
5. Describe how to treat congestive heart failure.
6. Describe important concepts in the care of the person with congestive heart failure.
7. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - The Heart
  - The Heart as a Pump
  - The Heart and Congestive Heart Failure
  - The Heart and Congestive Heart Failure (cont.)
  - Incidence of CHF
- Causes
  - Diseases Affecting CHF
  - Most Common Causes of CHF
- Signs & Symptoms
  - Signs and Symptoms
- Diagnosis
  - Diagnosing CHF
  - Physical Exam
  - Diagnostic/Laboratory Tests
- Treatment
  - Treatment of CHF
  - Lifestyle Changes
  - Surgery
- Medical Devices
  - New Medical Devices
- Care Guidelines
  - Care Guidelines
- Notify Physician
  - Progression of the Disease
Pneumonia

Author: Cindy Smith, RN, MSN,

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Objectives:

1. Define pneumonia.
2. Define the risk factors for pneumonia.
3. Identify the types of pneumonia.
4. Describe the pathophysiology of pneumonia.
5. Identify the clinical manifestations of pneumonia.
6. Describe the treatment for pneumonia.
7. Identify complications of pneumonia.
8. Describe measures to prevent pneumonia.
9. Describe important concepts in the care of the person with pneumonia.
10. Identify conditions that would indicate a need to notify the physician.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Definition
  - Impact
  - Classification of Pneumonia

- Classification
  - Classification by Clinical Setting: CAP
  - Classification by Clinical Setting: HCAP
  - Classification by Clinical Setting: Aspiration
  - Classification by Causative Agent
  - Classification by Causative Agent: Bacterial
  - Streptococcus Pneumonia and Tuberculosis
Classification by Causative Agent: Other Bacteria
- Other Pneumonia-Causing Agents
- Classification by Causative Agent: Viral
- Classification by Causative Agent: Fungus

- Pathophysiology
  - Background
  - Introduction of Pneumonia
  - Development of Pneumonia
  - Risk Factors
  - Predisposition
  - Predisposition (cont.)

- Clinical Findings
  - Classic Symptoms
  - Symptoms in the Elderly
  - Symptoms of Bacterial Pneumonia
  - Symptoms of Viral Pneumonia
  - Diagnosis

- Treatment
  - Background
  - Hospitalization
  - Medications
  - Common Antibiotics
  - Critically Ill
  - Other Interventions
  - Goals of Nursing Care

- Complications
  - Introduction
  - Complications

- Prevention
  - General Prevention
  - VAP Prevention

- Concepts
  - Care Concepts
  - Physician Notification

- Summary
  - Summary

Discharge Planning

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the contents of the discharge planning checklist.
2. List the requirements for discharge planning for the hospital.
3. List the requirements for discharge planning for the skilled nursing facility.
4. List the requirements for discharge planning for home care clients.
5. List the requirements for discharge planning for hospice residents.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Medicare and Discharge Planning
  - Resident, Patient, Family Involvement
  - Resident, Patient, Family Involvement (cont.)
  - Discharge Planning Checklist
• Appeal for Beneficiaries
  • Hospital
    o Hospital Requirements
    o Begin on Admission
  • Skilled Nursing
    o Skilled Nursing Facility (SNF) Requirements
    o Discharge Summary
    o Discharge Summary (cont.)
  • HHC
    o Home Healthcare Setting Requirements
    o Written and Oral Notice
  • Hospice
    o Hospice Requirements
    o Termination
    o Three Circumstances
    o Conclusion

Developing Partnerships and Marketing Your Services

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. List two goals of the partnership for patients.
2. Describe the Community-based Care Transitions Program (CCTP).
3. Discuss Marketing 101 Concepts.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Partnerships
  - New Day in Healthcare
  - The Importance of Partnerships
  - Goals of the Partnership for Patients
  - Partnership Results
- CCTP
  - The Community-based Care Transitions Program (CCTP)
- HR & SNF
  - Initiative to Reduce Avoidable Hospitalizations Among Nursing Facility Residents
  - Background
  - Background (cont.)
  - CMS Partnerships
- Marketing 101
  - Basics of Marketing
  - Marketing 101
  - Value of the Customer
  - Determining Customer Needs
  - What Makes You Special?
  - Conducting Market Research
  - Creating a Marketing Strategy
  - Target Marketing
  - Marketing Mix
Hospital Readmission and Falls

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Kim has a Bachelor of Science in Nursing degree, graduating Magna Cum-Laude. She values education and is currently pursuing a Masters in Nursing Administration.

Kim has been a practicing RN for over 16 years, with a focus primarily in geriatrics. Prior to joining the Health Care Management Group, Kim held the position of Director of Nursing for a large long term care facility in the Cincinnati, Ohio area.

Objectives:

1. State some of the basic data, statistics and costs related to falls.
2. Describe the impact falls have on the long term care industry.
3. Identify some of the common causes and how to prevent falls.
4. Define the role of restraints relative to falls.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Overview
Adult Falls
Costs

Falls SNF
- Background
- Seriousness of Falls
- Occurrence
- Common Causes
- Fall Prevention
- Fall Prevention (cont.)

Falls and Restraints
- Do Restraints Prevent Falls?
- Rates
- Bedrails
ICD-10-CM: Introduction
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Describe the history of ICD.
2. Describe the differences between ICD-9 and ICD-10.
3. List the features of ICD-10.
4. Discuss the timeline for implementation of ICD-10.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- 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
  - Benefits of ICD-10-CM
  - Benefits of ICD-10-CM (cont.)
  - Similarities
  - Similarities (cont.)
  - Differences
- Features
  - Laterality
  - Specificity
  - Combination Codes
  - Combination Codes for Poisoning
  - Two Types of Excludes Notes
  - Inclusion of Clinical Concepts
  - Expanded Codes
  - Postoperative Complications
  - ICD-9-CM Injury Changes to ICD-10-CM
  - Addition of 7th character
  - Placeholder X
  - Additional Changes in ICD-10-CM
- Timeline
  - Timeline
ICD-10-CM: Conventions
1.0 contact hour(s)

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Objectives:

1. List conventions that are specific to ICD-10-CM.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
Conventions
- Conventions
- The Alphabetic Index
- Format and Structure
- Use of Codes
- Placeholder Character "X"
- 7th Characters
- Abbreviations
- Punctuation
- Other and Unspecified Codes
- Additional terms
- Etiology/Manifestation Convention ("Code First", "Use Additional Code", and "In Diseases Classified Elsewhere" Notes)
- Additional Conventions
ICD-10-CM: Coding Structure, General Coding guidelines and Examples

1.0 contact hour(s)

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Objectives:

1. Discuss code structure.
2. Discuss the different elements of the ICD-10-CM.
3. Describe the coding guidelines that are specific to ICD-10-CM.
4. Examine coding examples of common conditions found in long term care.
5. Recognize the difference between facts and myths about ICD-10-CM.
Outline:

• Introduction
  o Welcome/Objective Page
  o Manual
  o Navigation

• Code Structure
  o Similarities of Conventions and Codes (ICD-9-CM and ICD-10-CM)
  o Differences Between ICD-9-CM and ICD-10-CM Code Structures
  o Code Structure
  o Differences in Coding Between ICD-9 and ICD-10-CM
  o Addition of a 7th Character
  o Placeholder “X”
  o Excludes Notes
  o Increased Specificity

• Format
  o ICD-10-CM Volumes
  o The Alphabetic Index
  o Format: Tabular List

• Coding Guidelines
  o Locating a Code in the ICD-10-CM
  o Locating a Code in the ICD-10-CM (cont.)
  o Signs and symptoms
  o Multiple Coding for a Single Condition
  o Acute and Chronic Conditions
  o Combination Code
  o Impending or Threatened Condition
  o Reporting Same Diagnosis Code More than Once
  o Laterality
  o Documentation for, Non-Pressure Ulcers and Pressure Ulcer Stages
  o Documentation for, Non-Pressure Ulcers and Pressure Ulcer Stages (cont.)
  o Syndromes
  o Documentation of Complications
  o Borderline Diagnosis
  o Use of Sign/Symptom/Unspecified Codes
  o Use of Sign/Symptom/Unspecified Codes (cont.)

• Examples
  o Hypertension Coding Example
  o Diabetes Example
  o Stage III Decubitus Ulcer of the Coccyx
  o Postmenopausal Osteoporosis
  o Dislocation, Jaw, Subsequent Encounter
  o Stroke
  o Aftercare Following a Hip Replacement
Facts & Myths
  - Facts versus Myths
ICD-10-CM: General Equivalence Mapping (GEMs)

1.0 contact hour(s)

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Objectives:

1. Define general equivalence mapping.
2. Discuss the use of GEMS.
3. Compare ICD-9 codes mapping to ICD-10.
4. Discuss how GEMS are formatted.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Definition
  - What are GEMs?
  - What are GEMs? (cont.)
  - Why Do We Need GEMs?
- Use of GEMS
  - Use of External Cause and Unspecified Codes in ICD-10-CM
  - Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  - Use of External Cause and Unspecified Codes in ICD-10-CM (cont.)
  - CDC and CMS
  - Keeping GEMS Up to Date
- ICD9 to ICD-10
  - Who Can Use the GEMs? Were the GEMs Designed For Use By All Providers and Payers or Was the Focus On Use with Medicare Data?
  - Are the GEMs a Substitute For Learning to Use ICD-10-CM and ICD-10-PCS?
  - How Have the GEMs Been Used to Date?
  - Appropriate and Inappropriate Use of GEMS
- Comparison ICD9 to ICD10
  - Comparison ICD-9 to ICD-10
  - Methodology That Was Used to Create the GEMs.
  - One to One Translation
  - Are There Instances When There is No Translation Between an ICD-9-CM Code and an ICD-10 Code? How Do the GEMs Handle This Situation?
  - Why Do the GEMs Go in Both Directions (From ICD-9-CM to ICD-10 and From ICD-10 Back to ICD-9-CM)?
- Formatting
  - How are GEM Files Formatted?
  - Is There a One-to-One Match Between ICD-9-CM and ICD-10?
  - Are There Instances When It Is Not Necessary to Use the GEMS?
ICD-10-CM: Ethical Coding Fraud and Abuse
1.0 contact hour(s)

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Objectives:

1. Discuss the underlying importance of ethical coding.
2. Discuss how HIPAA is related to ICD-10.
3. Define fraud and abuse.
4. Discuss in general the 11 principles that define the ethics relative to coding.
5. Discuss in general the 11 standards for ethical coding.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Customer Expectations
- HIPAA
  - HIPAA
  - Administrative Simplification
  - Business Associates
- Fraud and Abuse
  - Definition
  - Initiatives
  - Payoff
  - Who commits fraud?
  - Upcoding
    - Upcoding (cont.)
    - Upcoding (cont.)
  - 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: Implementation and Planning

0.5 contact hour(s)

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Objectives:

1. Discuss the reasons for transitioning from ICD-9 to ICD-10.
2. Describe preparations to get ready for ICD-10.

Outline:

- Introduction
  o Welcome/Objective Page
Navigation

- Why ICD-10
  - Introduction to Why Transition to ICD-10
  - Why Transition to ICD-10?
  - Why Transition to ICD-10? (cont.)

- Getting Ready for ICD-10
  - Implementation Date
  - Monitor Your Progress
  - Check Your Plan
  - Check Your Plan (cont.)
  - Key Steps
  - Questions for Your Analysis
  - Questions for Your Analysis (cont.)
  - Look for Efficiencies
  - Potential Changes
  - Documentation
  - Talk with Software/Systems Vendors
  - Vendor Evaluation
  - Testing
  - Testing (cont.)
  - Testing (cont.)
  - Implementation
  - Implementation (cont.)
ICD-10-CM: Chapter 1: Certain Infectious and Parasitic Diseases (A00-B90)

0.5 contact hour(s)

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Objectives:

1. Discuss the overall contents of the Certain Infectious and Parasitic Diseases.
2. Identify appropriate coding guidelines as indicated for certain infectious and parasitic diseases.
3. Examine coding examples of certain infectious and parasitic diseases.

Outline:

- Introduction
Welcome/Objective Page
Manual
Navigation

Chapter Contents

Chapter Overview
Chapter Overview (cont.)

HIV

Code Only Confirmed Cases
Selection and Sequencing of HIV codes

Cause of Disease

Infectious Agents as the Cause of Diseases Classified to other Chapters

Resistant

Infections Resistant to Antibiotics

Sepsis

Coding of Sepsis, Severe Sepsis and Septic Shock
Sequencing of Severe Sepsis
Sepsis and Severe Sepsis with a Localized Infection
Sepsis Due to a Postprocedural Infection
Sepsis and Severe Sepsis Associated with a Noninfectious Process (Condition)

MRSA

MRSA

Examples

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

0.5 contact hour(s)

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Objectives:

1. Discuss the overall contents of Chapter 2: Neoplasms (C00-D49).
2. Identify appropriate coding guidelines as indicated for specific neoplasms.
3. Examine coding examples of neoplasms.

Outline:

- Introduction
  - Welcome/Objective Page
ICD-10-CM: Chapter 3: Diseases of the Blood and Blood-forming Organs & Certain Disorders involving the Immune Mechanism
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 3: Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89).
2. Identify appropriate coding guidelines as indicated for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism.
3. Examine case studies for diseases of the blood and blood forming organs and certain disorders involving the immune mechanism.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation

- Contents
  - Chapter Overview

- Guidelines
  - Guidelines
  - Excludes 2
  - Excludes 2 (cont.)
ICD-10-CM: Chapter 4: Endocrine, Nutritional and Metabolic Diseases (E00-E89)

0.5 contact hour(s)

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Objectives:

1. Discuss the overall contents of Chapter 4: Endocrine, Nutritional, and Metabolic Diseases.
2. Identify appropriate coding guidelines for endocrine, nutritional, and metabolic diseases.
3. Examine coding examples for endocrine, nutritional, and metabolic diseases.

Outline:

- Introduction
  - Welcome/Objective Page
Manual
  - Navigation

Chapter Contents
  - Chapter Overview

Guidelines
  - Coding Guidelines
ICD-10-CM: Chapter 5: Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01–F99).
2. Identify appropriate coding guidelines as indicated for specific mental, behavioral, and neurodevelopmental disorders.
3. Examine coding examples of mental, behavioral, and neurodevelopmental disorders.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
- Guidelines
  - General Guidelines
  - Pain Disorders Related to Psychological Factors
  - Mental and Behavioral Disorders Due to Psychoactive Substance Use
- Highlights
  - Highlights
  - Highlights (cont.)
  - F01-F09
  - F02
  - F02.8
- Case Studies
  - Summary
ICD-10-CM: Chapter 6: Diseases of the Nervous System (G00-G99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

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Objectives:

1. Discuss the overall contents of Chapter 6: Diseases of the Nervous System (G00-G99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the nervous system.
3. Examine coding examples of diseases of the nervous system.

Outline:

- Introduction
  - Welcome/Objective Page
- Manual
- Navigation

**Chapter Contents**
- Chapter Overview
- Chapter Overview (cont.)

**Guidelines**
- General Guidelines
- Dominant/Nondominant Side
- Pain Category G89

**Highlights**
- Highlights
- Highlights (cont.)
- Summary
ICD-10-CM: Chapter 7: Diseases of the Eye and Adnexa (H00-H59)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:
1. Discuss the overall contents of Chapter 7: Diseases of the Eye and Adnexa (H00-H59).
2. Identify appropriate coding guidelines as indicated for specific diseases of the eye and adnexa.
3. Examine coding examples of diseases of the eye and adnexa.

Outline:
- Introduction
  - Welcome/Objective Page
● Manual
● Navigation

Guidelines
● Glaucoma
● Sample ICD-10-CM Codes from this Chapter
● Sample ICD-10-CM Codes from this Chapter (cont.)
● Summary
ICD-10-CM: Chapter 8: Diseases of the Ear and Mastoid Process (H60-H95)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 8 Diseases of the Ear and Mastoid Process (H60-H95).
2. Identify appropriate coding guidelines as indicated for specific diseases of the ear and mastoid process.
3. Examine coding examples of diseases of the ear and mastoid process.

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- Welcome/Objective Page
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  - Chapter Overview

- Guidelines
  - Guidelines
  - Sample ICD-10-CM
  - Summary
ICD-10-CM: Chapter 9: Diseases of the Circulatory System (I00-I99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 9: Diseases of the Circulatory System (I00-I99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the circulatory system.
3. Examine coding examples of diseases of the circulatory system.

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  - Welcome/Objective Page
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- Navigation

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Guidelines
- Hypertension
- Atherosclerotic Coronary Artery Disease and Angina
- Atherosclerotic Coronary Artery Disease and Angina (cont.)
- Intraoperative and Postprocedural Cerebrovascular Accident
- Sequelae of Cerebrovascular Disease
- Acute myocardial infarction (AMI)
- Sample ICD-10-CM Codes from this Chapter
- Summary
ICD-10-CM: Chapter 10: Diseases of the Respiratory System (J00-J99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 10: Diseases of the Respiratory System (J00-J99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the respiratory system.
3. Examine coding examples of diseases of the respiratory system.

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  - Welcome/Objective Page
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### Chapter Contents
- Chapter Overview
- Chapter Overview (cont.)

### Guidelines
- Chronic Obstructive Pulmonary Disease and Asthma
- Acute Respiratory Failure
- Influenza Due to Certain Identified Influenza Viruses
- Ventilator Associated Pneumonia

### Highlights
- Highlights
- Highlights (cont.)
- Highlights (cont.)
- Summary
ICD-10-CM: Chapter 11: Diseases of the Digestive System (K00-K93)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 11: Diseases of the Digestive System (K00-K93).
2. Identify appropriate coding guidelines as indicated for specific diseases of the digestive system.
3. Examine coding examples of diseases of the digestive system.

Outline:

- Introduction
  - Welcome/Objective Page
ICD-10-CM: Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 12: Diseases of the Skin and Subcutaneous Tissue (L00-L99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the skin and subcutaneous tissue.
3. Examine coding examples of diseases of the skin and subcutaneous tissue.

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  - Chapter Overview

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  - Pressure Ulcer Stage Codes

Highlights
  - Highlights
  - Summary
ICD-10-CM: Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00-M99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the musculoskeletal system and connective tissue.
3. Examine coding examples of diseases of the musculoskeletal system and connective tissue.
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• Introduction
  o Welcome/Objective Page
  o Manual
  o Navigation
• Chapter Contents
  o Chapter Overview
  o Chapter Overview (cont.)
• Guidelines
  o Site and Laterality
  o Acute Traumatic Versus Chronic or Recurrent Musculoskeletal Conditions
  o Coding of Pathologic Fractures
  o Coding of Pathologic Fractures (cont.)
  o Osteoporosis
• Highlights
  o Highlights
  o Summary
ICD-10-CM: Chapter 14: Diseases of the Genitourinary System (N00-N99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 14: Diseases of the Genitourinary System (N00-N99).
2. Identify appropriate coding guidelines as indicated for specific diseases of the genitourinary system.
3. Examine coding examples of diseases of the genitourinary system.

Outline:

- Introduction
  - Welcome/Objective Page
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  - Chapter Overview
Guidelines
  - Chronic Kidney Disease
  - Chronic Kidney Disease (cont.)
Highlights
  - Highlights
  - Summary
ICD-10-CM: Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-Q99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 18: Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99).
2. Identify appropriate coding guidelines as indicated for specific symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
3. Examine coding examples of symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified.
Outline:

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  - Welcome/Objective Page
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  - Navigation

- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)

- Guidelines
  - Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified (R00-R99)
  - Summary
ICD-10-CM: Chapter 19: Injury, Poisoning, and Certain Other Consequences of External Causes (S00-T88)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 19: Injury, Poisoning and Certain Other Consequences of External Causes (S00-T98).
2. Identify appropriate coding guidelines as indicated for specific injury, poisoning and certain other consequences of external causes.
3. Examine coding examples of injury, poisoning and certain other consequences of external causes.
Outline:

- Introduction
  - Welcome/Objective Page
  - Manual
  - Navigation
- Chapter Contents
  - Chapter Overview
  - Chapter Overview (cont.)
  - Chapter Overview (cont.)
- Guidelines
  - General Guidelines
  - Summary
ICD-10-CM: Chapter 20: External Causes Morbidity (V00-Y99)
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the overall contents of Chapter 20: External Causes of Morbidity (V01-Y99).
2. Identify appropriate coding guidelines as indicated for specific external causes of morbidity.
3. Examine coding examples of external causes of morbidity.

Outline:

- Introduction
  - Welcome/Objective Page
Chapter Contents
- Chapter Overview
- Chapter Overview (cont.)
- Chapter Overview (cont.)
- Chapter Overview (cont.)

Guidelines
- General Guidelines
- General Guidelines (cont.)
- General External Cause Coding Guidelines
- Place of Occurrence Guideline
- Activity Code
- Place of Occurrence, Activity, and Status Codes Used with other External Cause Code
- If the Reporting Format Limits the Number of External Cause Codes
- Multiple External Cause Coding Guidelines
- Child and Adult Abuse Guideline
- Unknown or Undetermined Intent Guideline
- Sequelae (Late Effects) of External Cause Guidelines
- Terrorism Guidelines
- External Cause Status

Highlights
- Highlights
ICD-10-CM: Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99)

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Jean M. Bean, RN, RAC-CT

Jean is a Registered nurse with 35+ years of long term care nursing experience, including Director of Nursing and Director of Clinical Services. Her responsibilities include resident care policy and procedure development and implementation, clinical software implementation and training, corporate training and consultation to ensure best practices and maintain quality through orientation and training for a variety of long term care positions. Also responsible for corporate ICD-10-CM training, compliance for quality assurance and performance improvement, and monitoring clinical practice standards and resident care outcomes. She is currently a member of MNDONA and AANAC and has provided training for Leading Age MN (formerly Aging Services of Minnesota) and Leading Age FL (formerly Aging Services of Florida).

Cindy Smith, RN, MSN,

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Objectives:

1. Discuss the overall contents of Chapter 21: Factors Influencing Health Status and Contact with Health Services (Z00-Z99).
2. Identify appropriate coding guidelines as indicated for specific factors influencing health status and contact with health services.
3. Examine coding examples of factors influencing health status and contact with health services.
Outline:

• Introduction
  o Welcome/Objective Page
  o Manual
  o Navigation

• Chapter Contents
  o Chapter Overview
  o Chapter Overview (cont.)

• Guidelines
  o General Guidelines
  o Categories of Z codes
  o 4) History (of)
  o 4) History (of) (cont.)
  o Screening
  o Observation
  o Aftercare
  o Aftercare (cont.)
  o Follow-up
  o Donor
  o Counseling
  o Encounters for Obstetrical and Reproductive Services
  o Newborns and Infants
  o Routine and administrative examinations
  o Miscellaneous Z codes
  o Prophylactic Organ Removal
  o Nonspecific Z codes

• Highlights
  o Highlights
  o Coding Examples
  o Summary
ICD-10-CM: Case Studies

1.0 contact hour(s)

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Objectives:

1. Describe

Outline:

- Introduction
  - Overview
  - Navigation
Case Studies

- Case Coding 1 Practice 1
- 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
- Case Coding 3 Practice 8
- Case Coding 4 Practice 9
- Case Coding 4 Practice 10
- Case Coding 4 Practice 11
- Case Coding 5 Practice 12
- Case Coding 5 Practice 13
- Case Coding 5 Practice 14
- Case Coding 6 Practice 15
- Case Coding 6 Practice 16
- Case Coding 7 Practice 17
- Case Coding 7 Practice 18
- Case Coding 8 Practice 19
- Case Coding 8 Practice 20
- Case Coding 8 Practice 21
- Case Coding 9 Practice 22
- Case Coding 9 Practice 23
- Case Coding 9 Practice 24
- Case Coding 9 Practice 25
- Case Coding 10 Practice 26
- Case Coding 10 Practice 27
- Case Coding 10 Practice 28
- Case Coding 10 Practice 29
- Case Coding 11 Practice 30
- Case Coding 11 Practice 31
- Case Coding 11 Practice 32
- Case Coding 12 Practice 33
- Case Coding 12 Practice 34
- Case Coding 12 Practice 35
- Case Coding 13 Practice 36
- Case Coding 13 Practice 37
- Case Coding 13 Practice 38
- Case Coding 13 Practice 39
- Case Coding 14 Practice 40
- Case Coding 14 Practice 41
- Case Coding 18 Practice 42
- Case Coding 18 Practice 43
- Case Coding 19 Practice 44
- Case Coding 19 Practice 45
- Case Coding 20 Practice 46
- Case Coding 20 Practice 47
- Case Coding 20 Practice 48
- Case Coding 21 Practice 49
- Case Coding 21 Practice 50
- Case Coding Practice 51
- Case Coding Practice 52
- Case Coding Practice 53
- Case Coding Practice 54
- Case Coding Practice 55
- Case Coding Practice 56
- Case Coding Practice 57
- Case Coding Practice 58
- Case Coding Practice 59
- Case Coding Practice 60
- Case Coding Practice 61
- Case Coding Practice 62
- Case Coding Practice 63
- Case Coding Practice 64
- Case Coding Practice 65
ICD-10-CM: Coding Competency Exam
1.0 contact hour(s)

Outline:

- Introduction
  - Disclaimer
  - Overview
Basic Problem Solving
0.5 contact hour(s)

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Objectives:

1. List the nine steps of problem solving.
2. Define the problem.
3. Gather information from others.
4. Ask, "What did we learn?"
5. Find commonalities and differences.
6. Define beneficial and realistic goals.
7. Brainstorm possible solutions.
8. Prioritize solutions.
9. Choose the best solution.
10. Implement the solution.
Outline:

- Introduction
  - Welcome/Objective Page
  - Terminology
  - Intro Page
- Nine Steps
  - Problems Among Co-Workers
  - Successful Solutions
  - The 9 Steps of Problem Solving
- Define
  - Step One: Define the Problem
  - Events or Situations
  - Circumstances
  - How Does the Problem Make You Feel?
  - Interpretations and Assumptions
  - Actions to Take
- Gather
  - Step Two: Gather Information from Others
  - Avoid Speaking to Others Individually
  - Each Person's Point of View
  - Hearing & Understanding
- Ask
  - Step Three: Ask, "What Have We Learned?"
  - The Healing Process
- Find
  - Step Four: Find Commonalities and Differences
  - Agreement & Disagreement
- Goals
  - Step Five: Define Beneficial and Realistic Goals
  - Compromise
- Brainstorm
  - Step Six: Brainstorm Possible Solutions
  - Avoid Being Judgmental
- Prioritize
  - Step Seven: Prioritize the Solutions
  - Discuss Possible Solutions in Detail
- Solve
  - Step Eight: Choose the Best Solution
  - Everyone Must Commit to the Solution
- Implement
  - Step Nine: Implement the Solution
  - Implementation Questions
  - Roles & Responsibilities
Communication Basics
1.0 contact hour(s)

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Objectives:

1. Define the components of successful communication.
2. Identify potential barriers to successful communication.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction to Communications
- Importance
  - What is Communication?
• Communication and Relationships
  • The Purpose of Communication
  • Benefits of Good Communication
  • Effects of Poor Communication
• Definition
  • Definition
  • Message Sent = Message Received
  • The Goal of Communication
  • Facts About Communication
  • The Non-Verbal Message
  • Intended Meaning vs. Interpreted Meaning
  • Communication is a Partnership
  • Barriers to Communication
• Barriers
  • Communication Barriers
  • Communication Barriers (cont.)
  • Barriers Based on Past Experience
  • Difficult or Controversial Subjects
  • Hidden Information
  • Difference in Language or Culture
  • Non-Verbal Jousting
  • Timing
  • Location
• Strategies
  • Successful Communication Strategies
  • Be Connected
    • What Does it Mean to "Be Connected"?
  • Choose Your Attitude
  • Get an Attitude Adjustment
  • Listen to Understand
  • Maintain Focus
  • The Other Person's Point of View
  • The Message Behind the Message
  • Prepare for What You're Going to Say
  • Check Your Understanding
  • Plan for Success
  • Plan for Success (cont.)
  • Be Open and Honest
Introduction to the Roles and Responsibilities of Supervision
1.0 contact hour(s)

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Objectives:

1. List the roles and responsibilities of a supervisor.
2. Describe the skills and strategies of a successful supervisor.
3. Select ways in which the skills can be utilized in practice.

Outline:

- Introduction
  - Welcome
  - Objectives
  - Terminology
• Definition
  o Practice Role
  o Questions
  o Our Focus
  o Description
  o Leadership and Supervision

• Roles
  o Four Major Roles and Responsibilities
  o 1st Major Role and Responsibility
  o 2nd Major Role and Responsibility
  o Communicate Your Expectations
  o Identifying Learning Needs
  o 3rd Major Role and Responsibility
  o Create a Supportive Work Environment
  o 4th Major Role and Responsibility
  o Staying Connected
  o Staying Connected (cont.)
  o Case in Point
  o Case in Point: Sue
  o Case in Point: Sue (cont.)
  o Case in Point
  o Case in Point: Barb
  o Case in Point: Barb (cont.)

• Connection
  o The Five C's
  o Connection: Establish a Relationship
  o Connection: Motivate
  o Connection: Strong Relationships
  o Supervisor + Staff = Partnership
  o How To Make the Connection
  o Step One: Set a Time
  o Step Two: Set Ground Rules
  o Step Three: Set an Agenda
  o Step Four: Be the "Lead Listener"
  o Step Five: Restate What You Heard
  o Step Six: Share Information
  o Maintain Your Connection
  o Case in Point: Barb

• Communication
  o Communicate
  o Communication Tips
  o Connection: Motivate
• Coaching
  o Coaching
  o Recognizing the Opportunity To Coach
  o Get an Invitation to Coach
  o Coaching Tips and Techniques
  o Coaching Tips and Techniques (cont.)
  o Coaching Techniques
  o Solutions and Actions
  o Actions and Solutions
  o Case Study Question

• Collaboration
  o Collaboration
  o Collaboration (cont.)
  o Case Study

• Contracts
  o Contracts
  o Contracts Can Be Complex or Simple
  o Steps for Developing a Contract
  o S.M.A.R.T. Technique
  o Verbal or Informal Contracts
  o Case Study Question
The Fundamentals of Delegation
0.5 contact hour(s)

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Objectives:

1. Define delegation.
2. State the purpose of delegation.
3. List and implement the steps in delegation.
4. Correctly answer questions relevant to real life case studies.

Outline:

- Introduction
  - Welcome/Objective Page
- Definition
  - The Objective of Delegating
The Responsibility of Delegation

Purpose
- The Purpose of Delegation
- The Three Needs of Delegation
- Understanding Expectations
- Giving Authority
- Tools and Resources
- Preparing for Delegation

Steps
- The Six Steps of Successful Delegation
- Step One: Create Delegation Plan
- Step Two: Plan the Delegation Together
- Step Three: Finalize a Safe and Acceptable Plan
- Step Four: Implement the Plan
- Step Five: Monitor the Plan
- Step Six: Evaluate the Situation

Case Study
- Case Study on Delegation
- Case Study on Delegation (cont.)
- Case Study on Delegation (cont.)
- Case Study on Delegation (cont.)
- Case Study on Delegation (cont.)
Introduction to the Resident Assessment Instrument (RAI)

1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - RAI Lesson Resources
- Overview of the RAI
  - Introduction to the RAI
  - RAI
  - Purpose of RAI
  - Quality of Care
  - Quality of Care (cont.)
- Content of RAI for Nursing Homes
  - Introduction to the Components RAI
  - Minimum Data Set (MDS)
  - Care Area Assessment Process (CAA)
  - The RAI Utilization Guidelines (RUGS)
- Completion of the RAI
• Introduction to Completion of RAI
• Medicare and Medicaid Payment Systems
• Monitoring the Quality of Care
• Consumer Access to Nursing Home Information
• Federal Regulations
• Interdisciplinary Team (IDT)
• Accurate Assessments
• Accurate Assessments (cont.)
• CMS and Documentation

• Problem Identification Using the RAI
  • Problem Identification Using The RAI
  • Problem Identification Using The RAI (cont.)
  • Problem Identification Flow
  • Problem Identification Flow (cont.)
  • The Key to Understanding The RAI Process
  • Purpose of the RAI
  • Communication

• 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
  • Protecting the Privacy of the MDS Data (cont.)
  • Protecting the Privacy of the MDS Data (cont.)
  • Contractual Agreements
  • Contractual Agreements (cont.)
Assessments for the Resident Assessment Instrument (RAI)

1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Disclaimer
  - Welcome/Objective Page
  - Navigation
  - Introduction to Assessments for the Resident Assessment Instrument (RAI)
- Overview of Assessments...
  - Introduction to the Requirements for the RAI
  - Introduction to the Requirements for the RAI (cont.)
  - Introduction to the Requirements for the RAI (cont.)
  - State Designation of the RAI for Nursing Homes
  - Responsibility of Nursing Homes for Completing Assessments
Responsibility of Nursing Homes for Completing Assessments (cont.)

- Assessment Types and Definitions
  - Responsibility of Nursing Homes for Reproducing and Maintaining Assessments
  - Assessment Types and Definitions
  - Assessment Types and Definitions (cont.)
  - Assessment Types and Definitions (cont.)

- Required OBRA Assessments for the MDS
  - 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
  - Guidelines for Determining When A Significant Change Should Result In Referral for A readmission Screening and Resident Review (PASRR) Level II Evaluation
  - Examples of (PASRR and SCSAs)
  - Significant Correction to Prior Comprehensive Assessment (SCPA) (A0310A=05)

- Non-Comprehensive Assessments
  - Introduction to 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)
  - Discharge Reporting
  - Discharge Assessment-Return Not Anticipated (A0310F)
  - Discharge Assessment – Return Anticipated (A0310F=11)
  - Death in Facility Tracking Record (A0310F=12)
  - Assessment Management Requirements and Tips for Discharge Assessments

- The CAA Process and Care Plan Completion
  - The Care Area Assessment (CAA) Process and Care Plan Completion
  - CAA(s) Completion

- The Skilled Nursing Facility Medicare
  - The Skilled Nursing Medicare Prospective Payment System Assessment Schedule

- MDS Medicare Assessments for SNFs
  - MDS Medicare Assessments for SNFs
  - PPS Scheduled Assessments for a Medicare Part A Stay
  - PPS Unscheduled Assessments for a Medicare Part A Stay

- Combining Medicare Scheduled
Introduction to Combining Medicare Scheduled and Unscheduled Assessments

- Combining Medicare Assessments
  - Introduction to Combining Medicare Assessments and OBRA Assessments

- Medicare and OBRA Assessment Combinations
  - Medicare and OBRA Assessment Combinations
  - Introduction to Medicare and OBRA Assessment
  - Introduction to Medicare and OBRA Assessment (cont.)
  - Introduction to Medicare and OBRA Assessment (cont.)

- Factors Impacting the SNF Medicare.
  - Introduction to Factors Impacting the SNF Medicare Assessment Schedule
  - Introduction to Factors Impacting the SNF Medicare Assessment Schedule (cont.)
  - Expected Order of MDS Records
  - Expected Order of MDS Records (cont.)
  - Expected Order of MDS Records (cont.)
  - Determining the Item Set for an MDS Record
  - Determining the Item Set for an MDS Record (cont.)
  - Additional Item Set
  - Swing Bed Records
Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS)
1.0 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Background
  - Implementation of Medicare PPS
  - Background
  - Current Focus
  - Case Mix Reimbursement
  - Using the MDS in the Medicare Prospective Payment System
  - STRIVE Project
  - Using the MDS in the Medicare PPS
  - Medicaid Programs
  - Medicaid Programs (cont.)
• RUG-IV
  o RUG-IV Classification System
  o RUG-IV Classification System (cont.)

• Assessment
  o Relationship between the Assessment and the Claim
  o Relationship between the Assessment and the Claim (cont.)
  o Relationship between the Assessment and the Claim (cont.)
  o MDS Assessment
  o RUG-IV Group Code
  o RUG-IV Group Code (cont.)
  o Medicare HIPPS Code
  o RUG Codes
  o Medicare Assessments
  o AI Code
  o AI Code (cont.)
  o First AI Digit
  o Second AI Digit
  o A Stand-Alone Unscheduled Assessment
  o Special Requirements
  o The Purpose
  o Different Types of Unscheduled Assessments
  o Rehabilitation Therapy
  o Unscheduled Start of Therapy Assessment
  o End of Therapy OMRA
  o Scheduled PPS Assessment
  o End of Therapy OMRA (cont.)
  o End of Therapy OMRA (cont.)
  o Change in Therapy OMRA
  o Change in Therapy OMRA (cont.)
  o Change of Therapy OMRA is not required
  o COT OMRA evaluation
  o Types of Unscheduled Assessments
  o Types of Unscheduled Assessments (cont.)
  o Additional AI Codes
  o Medicare Short Stay Assessment
  o Medicare Short Stay Assessment (cont.)
  o Medicare Short Stay Assessment Algorithm
  o Impacts

• Eligibility
  o SNF PPS Eligibility Criteria
  o Physician Certification
• Calculation WS
  o RUG-IV 66-Group Model Calculation Worksheet for SNFs
  o RUG-IV 66-Group Model Calculation Worksheet for SNFs (cont.)
  o Approaches to RUG-IV Classification
  o Calculation of Total “ADL” Score RUG-IV, 66-Group Hierarchical Classification
  o Calculation of total Rehabilitation Therapy Minutes.
  o Calculation of Total Rehabilitation Therapy Minutes RUG-IV, 66-Group Hierarchical Classification (cont.)
  o Calculation of Total Rehabilitation Therapy Minutes RUG-IV, 66-Group Hierarchical Classification (cont.)
  o Medicare Short Stay Assessment RUG-IV, 66-Group Hierarchical Classification
  o Category I: Rehabilitation Plus Extensive Services RUG-IV, 66-Group Hierarchical Classification
  o Category II: Rehabilitation RUG-IV, 66-Group Hierarchical Classification
  o Category III: Extensive Services RUG-IV, 66-Group Hierarchical Classification
  o Category IV: Special Care High RUG-IV, 66-Group Hierarchical Classification
  o Category V: Special Care Low RUG-IV, 66-Group Hierarchical Classification
  o Category VI: Clinically Complex RUG-IV, 66-Group Hierarchical Classification
  o Category VII: Behavioral Symptoms and Cognitive Performance RUG-IV, 66-Group Hierarchical Classification
  o Category VIII: Reduced Physical Function RUG-IV, 66-Group Hierarchical Classification
  o Adjustment For Start Of Therapy OMRA RUG-IV, 66-Group Hierarchical Classification
  o Medicare Adjustments
  o Other Payer Adjustment

• Policies
  o SNF PPS Policies
  o Delay in Requiring and Receiving Skilled Services (30-Day Transfer)
  o Medical Appropriateness Exception (Defend Treatment)
  o Resident Discharged from Part A Skilled Services and Returns to SNF Part A Skilled Level Services

• Non-compliance
  o Non-compliance with the SNF PPS Assessment Schedule
  o Early Assessment
  o Late Assessment
  o Missed Assessment
  o Missed Assessment (cont.)
  o Missed Assessment (cont.)
  o Missed Assessment (cont.)
  o ARD Outside the Medicare Part A SNF Benefits
Section A: Identification Information
1.0 contact hour(s)

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Committee Member

Carleen May, MS, PT

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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.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview of Section A: Identification of Information

- Provider Info
  - A0050: Type of Record
  - A0410: Submission Requirement
  - A0100: Facility Provider Numbers
  - A0200: Type of Provider

- Assessment Type
  - A0310: Type of Assessment Coding Instructions
  - A0310: Type of Assessment Coding Instructions
  - A0310A: Federal OBRA Reason for Assessment Coding Instructions
  - 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

- Resident Info
  - A0410: Unit Certification or Licensure Designation
  - A0410: Unit Certification or Licensure Designation (cont.)
  - 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
  - A1500: PASRR (cont.)
  - A1500: PASRR (cont.)
  - A1500: PASRR (cont.)
  - A1510: Level II Preadmission Screening and Resident Review (PASRR) Conditions

- MR/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: Discharge Date
    - Introduction to 2100
  - Assessment
    - A2200: Previous Assessment Reference Date for Significant Correction
    - A2300: Assessment Reference Date
    - A2300: Coding Tips and Special Populations
    - A2300: Coding Tips and Special Populations (cont.)
  - Medicare Stay
    - A2400A: Has the Resident Had a Medicare-covered Stay since the Most Recent Entry?
    - A2400: Medicare Stay
Section B: Hearing, Speech and Vision

0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0.

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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. Discuss the elements of a communication care plan.
6. Demonstrate accurate coding for resident comprehension and understanding.
7. Discuss the elements of a vision care plan.
8. Discuss the elements of a care plan for residents with corrective lenses.

Outline:
• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Overview of Hearing, Speech and Vision
• Comatose
  o B0100: Comatose
• Hearing
  o B0200: Hearing
• Hearing Aid
  o B0300: Hearing Aid
• Speech Clarity
  o B0600: Speech Clarity
• Communication
  o B0700: Makes Self Understood
• Understand
  o B0800: Ability to Understand Others
• Vision
  o B1000: Vision
• Lenses
  o B1200: Corrective Lenses
Section C: Cognitive Patterns
.75 contact hour(s)

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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 that the resident interview.
4. Define status items.
5. Define delirium.
6. Define acute mental changes.

Outline:

• Introduction
  ○ Welcome/Objective Page
• Interview
  o C0100: Should Brief Interview for Mental Status Be Conducted?

• BIMS
  o C0200-C0500: Brief Interview for Mental Status (BIMS)
  o C0200-C0500: Brief Interview for Mental Status (BIMS) (cont.)
  o Planning for Care
  o Steps for Assessment
  o Coding Tips
  o Examples of Incorrect and Nonsensical Responses
  o C0200: Repetition of Three Words
  o C0200: Repetition of Three Words Planning for Care
  o C0200: Repetition of Three Words Steps for Assessment
  o C0200: Repetition of Three Words Coding Instructions
  o C0200: Repetition of Three Words Examples
  o C0300: Temporal Orientation (Orientation to Year, Month and Day)
  o C0300A: Orientation to Year Coding Examples
  o C0300B: Able to Report Correct Month
  o C0300B: Temporal Orientation Examples
  o C0300C: Able to Report Correct Day of the Week Coding and Examples
  o C0400: Recall
  o C0400: Recall Steps for Assessment
  o C0400: Recall For Each of The Three Words The Resident is Asked to Remember Coding Instructions
  o C0400: Recall Examples
  o C0500 Summary Score
  o C0500: Summary Score Planning for Care
  o C0500: Summary Score Planning for Care (cont.)
  o C0500 Summary Score (continued)

• Status Item
  o C0600: Should the Staff Assessment for Mental (C0700-C1000) Be Conducted?
  o C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted? Care Planning
  o C0600: Should the Staff Assessment for Mental Status (C0700-C1000) Be Conducted?
  o C0700-C1000: Staff Assessment of Mental Status Item
  o C0700-C1000: Staff Assessment of Mental Status Item Planning for Care
  o C0700: Short-term Memory OK
  o C0700: Short-term Memory OK (cont.)
  o C0700: Short-term Memory OK (cont.)
  o C0700: Short-term Memory OK (cont.)
  o C0800 Long-term Memory OK
  o C0800: Long-term Memory OK Steps for Assessment
• Delirium
  o C1300: Signs and Symptoms of Delirium
  o C1300: Signs and Symptoms of Delirium Steps for Assessment
  o C1300: Signs and Symptoms of Delirium Steps for Assessment (cont.)
  o C1300A: Inattention Steps for Assessment
  o C1300A: Inattention
  o C1300A: Inattention Examples
  o C1300B Disorganized Thinking
  o C1300C Altered Level of Consciousness
  o C1300D Psychomotor Retardation

• Acute Change
  o C1600: Acute Onset of Mental Status Change
Section D: Mood
0.5 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
• Interview
  o D0100: Should Resident Mood Interview Be Conducted?
  o D0100: Should Resident Mood Interview Be Conducted?

• PHQ-9
  o D0200: Resident Mood Interview (PHQ-9©)
  o D0200: Resident Mood Interview (PHQ-9©) (cont.)
  o Column 1: Symptom Presence Coding Instructions
  o Column 2: Symptom Frequency Coding Instructions
  o D0200I: Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way
  o D0200: Resident Mood Interview (PHQ-9©) Coding Tips and Special Populations
  o D0200: Resident Mood Interview (PHQ-9©) Interviewing Tips and Techniques

• Severity Score
  o D0300: Total Severity Score
  o D0300: Total Severity Score Planning for Care and Steps for Assessment
  o D0300: Total Severity Score Coding Instructions
  o D0300: Total Severity Score Coding Tips and Special Populations

• Follow-up to D0200I
  o D0350: Follow-up to D0200I
  o D0350: Follow-up to D0200I: Planning for Care and Steps for Assessment

• PHQ-9-OV
  o D0500: Staff Assessment of Resident Mood (PHQ-9-OV©)
  o D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)
  o D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)
  o D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) Planning For Care and Steps for Assessment
  o Examples of Staff Responses
  o Examples of Staff Responses (cont.)
  o Column 1: Symptom Presence Coding Instructions
  o Column 2: Symptom Frequency Coding Instructions
  o D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) Coding Tips and Special Populations

• Severity Score
  o D0600: Total Severity Score
  o D0600: Total Severity Score Steps for Assessment
  o D0600: Total Severity Score Coding Instructions
  o D0600: Total Severity Score Coding Tips and Special Populations

• Follow-up to D0500I
  o D0650: Follow-up to D0500I
Section E: Behavior
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. List symptoms of psychosis.
2. List reversible and treatable behavioral symptoms.
3. Code for overall presence of behavioral symptoms as demonstrated by accurately coding using a case study.
4. Describe behaviors that put residents at risk.
5. Describe behaviors that put others at risk.
6. List behaviors that may be manifested that indicate care rejection.
7. Discuss the elements of planning for care for residents that wander.
8. Code the act of wandering correctly as demonstrated by properly coding a case study.
9. List the steps for assessing behavior symptoms.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - 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: Psychosis Examples
- Presence & Frequency
  - 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
  - Coding Tips and Special Populations
- 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
- Care Rejection
  - E0800: Rejection of Care - Presence & Frequency
  - E0800: Rejection of Care - Presence & Frequency
- 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
  - 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

- 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
Section F: Preferences for Customary Routine & Activities
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
• Navigation
• 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
  • 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
  o F0700: Should The Staff Assessment Of Daily And Activity Preferences Be Conducted?
• Assessment
  o Introduction to F0800: Staff Assessment of Daily and Activity Preferences
Section G: Functional Status
0.5 contact hour(s)

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Objectives:

1. Describe the importance of an activities program for a resident in a nursing home.
2. Code bathing correctly as demonstrated by the utilization of a case study.
3. Code balance correctly as demonstrated by the utilization of a case study.
4. Discuss the potential functional impairment for the resident with limited range of motion.
5. Discuss the elements for planning of care for a resident with mobility devices.
6. Lists the steps for assessment when the RN believes the resident is capable of increased independence in ADLs.

Outline:
• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Overview of Functional Status
• ADL Assist
  o G0110: Activities of Daily Living (ADL) Assistance
  o G0110: Activities of Daily Living (ADL) Assistance (cont.)
  o G0110: Activities of Daily Living (ADL) Assistance Care Planning
  o G0110: Activities of Daily Living (ADL) Assistance (cont.)
  o G0110: Activities of Daily Living (ADL) Assistance (cont.)
  o G0110: Activities of Daily Living (ADL) Steps for Assessment
  o G0110: Activities of Daily Living (ADL) Steps for Assessment (cont.)
  o G0110: Activities of Daily Living (ADL) Coding Instructions
  o G0110: Activities of Daily Living (ADL) Coding Instructions (cont.)
  o G0110: Activities of Daily Living (ADL) Coding Instructions (cont.)
  o Coding Instructions (cont.)
  o Coding Instructions for G0110, Column 1, ADL-Self Performance
  o Coding Instructions for G0110, Column 2, ADL Support
  o Coding Tips and Special Populations
  o Example of a Probing Conversation with Staff
  o G0110A: Bed Mobility Examples
  o G0110B: Transfer Examples
  o G0110C: Walk in Room Examples
  o G0110D: Walk in Corridor Examples
  o G0110E: Locomotion on Unit Examples
  o G0110F: Locomotion off Unit Examples
  o G0110G: Dressing Examples
  o G0110H: Eating Examples
  o G0110I: Toilet Use Examples
  o G0110J: Personal Hygiene Examples
• Bathing
  o G0120: Bathing
  o G0120A: Self-Performance Coding Instructions
  o G0120B: Support Provided Coding Instructions
  o G0120: Bathing Examples
• Balance
  o G0300: Balance During Transitions and Walking
  o G0300: Balance During Transitions and Walking Steps for Assessment
  o G0300A: Moving from Seated to Standing Positions Coding Instructions
  o G0300A: Moving from Seated to Standing Positions Examples
  o G0300B: Walking (With Assistive Device if Used) Coding Instructions
  o G0300B: Walking With Assistive Device if Used Examples
  o 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
  • G0400A: Upper Extremity (Shoulder, Elbow, Wrist, Hand) - G0400B, Lower Extremity (Hip, Knee, Ankle, Foot) Coding Instructions
  • Examples of G0400: Functional Limitation in Range of Motion

• 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 Coding Instructions
Section H: Bladder and Bowel
.25 contact hour(s)

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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.
7. List potential adverse symptoms of fecal impaction.

Outline:
• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Overview of Bladder and Bowel
• Appliances
  o H0100: Appliances
  o H0100: Appliances Care Planning
  o Coding Instructions
• Urinary Toileting
  o H0200: Urinary Toileting Program Planning for Care
  o H0200A: Trial of a Toileting Program Steps for Assessment
  o H0200B: Response to Trial Toileting Program Steps for Assessment
  o H0200C: Current Toileting Program or Trial Steps for Assessment
  o H0200A: Toileting Program Trial Coding Instructions
  o H0200B: Toileting Program Trial Response Coding Instructions
  o H0200C: Current Toileting Program Coding Instructions
  o Examples
• Urinary Continence
  o H0300: Urinary Continence
  o H0300: Urinary Continence Steps of Assessment and Planning for Care
  o H0300: Urinary Continence Coding Instructions
  o H0300: Urinary Continence Examples
• Bowel Continence
  o H0400: Bowel Continence Steps for Assessment and Planning for Care
  o H0400: Bowel Continence Coding Instructions
• Bowel Training
  o H0500: Bowel Toileting Program Planning for Care
  o H0500: Bowel Toileting Program Steps for Assessment and Coding Instructions
• Bowel Patterns
  o H0600: Bowel Patterns Planning for Care
  o H0600: Bowel Patterns Steps for Assessment and Coding Instructions
Section I: Active Diagnoses
0.5 contact hour(s)

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Objectives:

1. Identify sources of information for identifying active diagnosis.
2. Discuss how to code active diagnosis.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview to Active Diagnoses
• Active Diagnosis
  o Section I: Active Diagnoses in the Last 7 Days
  o Section I: Active Diagnoses in the Last 7 Days Steps for Assessment
  o Section I: Active Diagnoses in the Last 7 Days Coding Instructions
  o Cancer
  o Heart/Circulation
  o Gastrointestinal
  o Genitourinary
  o Infections
  o Metabolic
  o Musculoskeletal
  o Neurological
  o Nutritional
  o Psychiatric/Mood Disorder
  o Pulmonary
  o Vision, None of Above and Other
  o Coding Tips
  o Examples of Active Disease
  o Examples of Inactive Diagnoses (do not code)
Section J: Health Conditions
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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 facilitating 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.
Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
  o Overview of Health Conditions

• Pain Mgmt (5d)
  o J0100: Pain Management (5-Day Look Back)
  o J0100: Pain Management (5-Day Look Back) Steps for Assessment
  o J0100A: Been on a Scheduled Pain Medication Regimen Coding Instructions
  o J0100B: Received PRN Pain Medication Coding Instructions
  o J0100C: Received Non-Medication Intervention for Pain Coding Instructions
  o J0100: Pain Management Examples

• Pain Interview
  o Introduction to J0200
  o J0200: Should Pain Assessment Interview Be Conducted? Coding Instructions

• Description of Pain
  o J0300-J0600 Pain Assessment Interview
  o J0300-J0600: Pain Assessment Interview Steps for Assessment
  o J0300: Pain Presence Coding Instructions
  o J0300: Pain Presence Examples
  o J0400: Pain Frequency (5-Day Look Back) Coding Instructions
  o J0400: Pain Frequency Examples
  o J0500: Pain Effect on Function (5-Day Look Back)
  o J0500A: Over the Past 5 Days, Has Pain Made it Hard for You to Sleep at Night? Coding Instructions
  o J0500A: Over the Past 5 Days, Has Pain Made it Hard for You to Sleep at Night? Examples
  o J0500B: Over the Past 5 Days, Have You Limited Your Day-to-Day Activities Because of Pain? Coding Instructions
  o J0500B: Over the Past 5 Days, Have you Limited Your Day-to-day Activities because of Pain? Examples
  o J0600: Pain Intensity (5-Day Look Back)
  o J0600A: Numeric Rating Scale (00-10) Coding Instructions
  o J0600A: Numeric Rating Scale (00-10) Examples
  o J0600B: Verbal Descriptor Scale Coding Instructions
  o J0600B: Verbal Descriptor Scale Examples

• Pain Assessment
  o J0700: Should the Staff Assessment for Pain Be Conducted?
  o J0700: Should the Staff Assessment for Pain be Conducted? This item is to be coded at the completion of items J0400-J0600. Coding Instructions
  o Introduction to J0800: Indicators of Pain (5-Day Look Back)
  o J0800: Indicators of Pain Steps for Assessment
- **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

- **Tobacco Use**
  - J1300: Current Tobacco Use
  - J1300: Current Tobacco Use Coding Instructions

- **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: Did the Resident Have a Fall Any Time in the Last Month Prior to Admission/Entry or Reentry? Coding Instructions
  - J1700B: Did the Resident Have a Fall Any Time in the Last 2-6 Months Prior to Admission/Entry or Reentry? Coding Instructions
  - J1700C: Did the Resident Have Any Fracture Related to a Fall in the 6 Months Prior to Admission/Entry or Reentry? Coding Instructions
  - J1800: Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or PPS), whichever is more recent
  - 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
Section K: Swallowing/Nutritional Status
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
- Navigation
- Coding Instructions
- Overview of Swallowing/Nutritional Status

- Swallowing
  - K0100: Swallowing/Nutritional Status
  - K0100: Swallowing/Nutritional Status Coding Instructions

- Height and Weight
  - K0200: Height and Weight
  - K0200A: Height Steps for Assessment
  - K0200B: Weight Steps for Assessment

- Weight Loss
  - K0300: Weight Loss
  - 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

- 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
  - K0710: Percent Intake by Artificial Route
Section L: Oral/Dental Status
.25 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.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Coding Instructions
- Overview of Oral/Dental Status
  - Dental
    - Introduction to L0200
    - L0200: Dental Steps for Assessment
    - L0200: Dental Coding Instructions
Section M: Skin Conditions
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Describe the risk that residents experience in long term care.
2. Discuss the health related quality of life issues concerning unhealed ulcers.
3. Describe the stages of pressure ulcers.
4. Describe the health related quality of life issues concerning severe tissue injury.
5. Describe worsening skin conditions.
6. Describe the difference between arterial and venous ulcers.
7. Describe other types of wounds other than pressure ulcers.
8. List treatment measures for skin conditions.
Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview of Skin Conditions
- Risk
  - M0100: Determination of Pressure Ulcer Risk
  - M0100: Determination of Pressure Ulcer Risk (cont.)
  - M0100: Determination of Pressure Ulcer Risk (cont.)
  - Introduction to M0150: Risk of Pressure Ulcers
- Unhealed Ulcers
  - M0210: Unhealed Pressure Ulcer(s)
  - M0210: Unhealed Pressure Ulcer Coding Instructions
- Stages
  - M0300: Current Number of Unhealed Pressure Ulcers at Each Stage - Steps for completing M0300A-G
  - M0300A: Number of Stage 1 Pressure Ulcers
  - M0300A: Number of Stage 1 Pressure Ulcers Coding Tips
  - M0300B: Stage 2 Pressure Ulcers
  - Coding Instructions to M0300B
  - Introduction to M0300C
  - Coding Instructions to M0300C
  - M0300D: Stage 4 Pressure Ulcers
  - Coding Instructions to M0300D
  - M0300E: Unstageable Pressure Ulcers Related to Non-removable Dressing/Device
  - Introduction to M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar
  - M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar Coding Tips
  - M0300F: Unstageable Pressure Ulcers Related to Slough and/or Eschar Examples
  - M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury
  - M0300G: Unstageable Pressure Ulcers Related to Suspected Deep Tissue Injury Coding Instructions
  - M0610: Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Pressure Ulcer Due to Slough and/or Eschar
  - M0610 Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Unstageable Due to Slough and/or Eschar Coding Instructions
- Severe Tissue
  - M0700: Most Severe Tissue Type for Any Pressure Ulcer
  - Coding Instructions to M0700
  - M0700: Most Severe Tissue Type for Any Pressure Ulcer Examples
- Worsening
  - M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry
• M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Steps for Assessment
  • M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Coding Instructions
  • M0800: Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or scheduled PPS) or Last Admission/Entry or Reentry Examples

• Healing
  • M0900: Healed Pressure Ulcers
    • M0900: Healed Pressure Ulcers Steps for Assessment
    • M0900A and M0900B, C and D Coding Instructions

• 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
    • M10400: Other Ulcers, Wounds and Skin Problems Examples Continued

• Treatment
  • M1200: Skin and Ulcer Treatments
    • Coding Instructions
    • Coding Tips
    • Examples
    • Scenarios for Pressure Ulcer Coding
Section N: Medications
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Write a care plan for injections that will document the coding for MDS 3.0.
2. List the steps for assessment of insulin relative to MDS 3.0.
3. Describe special populations relative to the MDS 3.0 item Medications received.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - 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 (cont.)
  - **Medications**
    - N0410: Medications Received
    - N0410: Medications Received (cont.)
    - N0410: Medications Received: Planning for Care
    - N0410: Medications Received: Planning of Care (cont.)
    - N0410: Medications Received: Steps for Assessment
    - N0410: Medications Received: Coding Instructions
    - N0410: Medications Received: Example
Section O: Special Treatments, Procedures and Programs

1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
• Overview
  o Introduction 00100: Special Treatments and Procedures and Programs
  o 00100: Special Treatments, Programs and Procedures Column 1 Coding Instructions
  o 00100: Special Treatments, Programs and Procedures Column 2 Coding Instructions

• Influenza
  o 00250: Influenza Vaccine
  o 00250A: Did the Resident Receive the Influenza Vaccine in This Facility for This Year's Influenza Vaccination Season? Coding Instructions
  o 00250B: Date Vaccine Received Coding Instructions
  o 00250C: If Influenza Vaccine Not Received, State Reason Coding Instructions
  o 00250: Influenza Vaccine Examples

• Pneumococcal
  o 00300: Pneumococcal Vaccine
  o 00300A: Is the Resident's Pneumococcal Vaccination Up to Date? Coding Instructions
  o 00300B, If Pneumococcal Vaccine Not Received, State Reason Coding Instructions
  o 00300: Pneumococcal Vaccine Examples

• Therapies
  o 00400: Therapies
  o 00400: Therapies (continued)
  o Speech-Language Pathology and Audiology Services and Occupational and Physical Therapies: Coding Instructions
  o Respiratory, Psychological and Recreational Therapies: Coding Instructions
  o 00400: Therapies Coding Tips and Special Populations
  o Non-Skilled Services
  o Therapy Aides and Students
  o 00400: Therapies Example
  o 00420: Distinct Calendar Days of Therapy
  o 00450: Resumption of Therapy
  o 00400: Therapies (continued)

• Restorative
  o 0500 Restorative Nursing Care
  o 00500: Restorative Nursing Care Coding Instructions
  o Technique
  o Training and Skill Practice
  o Examples

• MD Exams
  o 00600: Physician Examinations

• MD Orders
  o 00700: Physician Orders
Section P: Restraints
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
- Restraints
- CMS Information on Restraints
- Are Restraints Prohibited by CMS?
- Are Restraints Prohibited by CMS?

- Px Restraints
  - P0100: Physical Restraints
  - P0100: Physical Restraints (cont.)
  - P0100: Physical Restraints Steps for Assessment
  - P0100: Physical Restraints Clarifications
  - P0100: Physical Restraints Coding Instructions
  - P0100: Physical Restraints Coding Tips and Special Populations

- More Info
  - Additional Information
Section Q: Participation in Assessment & Goal Setting
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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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.

Outline:

- Introduction
  - Welcome/Objective Page
- **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 Coding Instructions
  - Examples

- **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
  - Examples

- **Community**
  - Introduction to Q0500
  - Introduction to Q0500 (cont.)
  - 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
  - Q0550: Resident’s Preference to Avoid Being Asked Question Q0500B again Coding Instructions

- **Referral**
  - Q0600: Referral
  - Examples
Section V: Care Area Assessment (CAA) Summary

0.5 contact hour(s)

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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.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Overview of Section V: Care Area Assessment (CAA) Summary
Overview of Section V: Care Area Assessment (CAA) Summary (cont.)

- 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 and Care Plan
    - V0200A: CAA Results Coding Instructions
    - Coding Instructions for V0200B
Section X: Correction Request
0.5 contact hour(s)

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Objectives:

1. Code corrections correctly utilizing a case study.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Coding Instructions
  - Introduction to Correction Request
• Introduction to Correction Request (cont.)

- 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)

- 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

- 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
- **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
Section Z: Assessment Administration
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Committee Member

Carleen May, MS, PT

Carleen graduated with a Master’s Degree in Physical Therapy from the College of Mount St. Joseph in 2000. In the past 14 years, Carleen has worked in various settings but spent the majority of those years providing a hands-on approach in a multidisciplinary practice. Her skill in manual therapy and craniosacral therapy has provided patients with a unique blend of treatment melding traditional physical therapy, massage, and craniosacral therapy to maximize therapeutic outcomes. Outside of physical therapy, she owns her own massage and craniosacral therapy business.

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.
Outline:

- **Introduction**
  - Welcome/Objective Page
  - Navigation
  - 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
  - Z0150B: RUG Version Code Coding Instructions

- **Medicaid**
  - 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 Signatures**
  - Z0500: Signature of RN Assessment Coordinator Verifying Assessment Completion
Peripheral Nursing Curriculum
Peripheral Anatomy and Physiology
Peripheral Clinical Applications
Peripheral Product Basics
2.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Peripheral Anatomy and Physiology

Objectives:

1. Trace the blood circulation from the left ventricle throughout the whole body as it returns to the right atrium.
2. Identify and label the three layers of an artery.
3. Label major vessel anatomy and their diameter of the seven anatomical regions of the body:
   - Head and neck
   - Cardiac
   - Upper extremity
   - Visceral
   - Aortoiliac
   - Femoropopliteal
   - Below the knee

Outline:

- Introduction
  - Topic
  - Welcome/Objective Page
  - Glossary
  - Introduction to Peripheral Anatomy & Physiology
Peripheral Clinical Applications

Objectives:

1. Describe atherosclerosis, its progression and its complications associated with this disease in detail.
2. Communicate the common pathophysiology from nose to toes for peripheral vascular disease.
3. Describe the diagnostic tests associated with PVD.
4. Discuss the treatment options for PVD.
5. Describe the roles of clinicians working in the PVD environment.

Outline:

• Introduction
  o Topic
  o Welcome/Objective Page
  o Glossary
• PVD Introduction
  o Incidence of PVD
Peripheral Product Basics

Objectives:

1. Describe each of the following products:
   - PTA Balloons
   - Stents
   - Atherectomy
   - Embolic protection
   - Thrombus management
   - Guidewires

Outline:

- Introduction
  - Topic
  - Welcome/Objective Page
  - Glossary
- PTA Balloons
  - Introduction to PTA balloons
  - Introduction to PTA balloons (cont.)
  - Introduction to PTA balloons (cont.)
- PTA balloons
  - PTA balloons (cont.)
  - PTA Balloon Platforms
  - PTA Balloon Platforms (cont.)
- Stents
  - Introduction to Stenting
  - Stents
  - Stent Delivery Systems
  - Stent Delivery Systems (cont.)
  - Stent Materials
  - Stent Performance Characteristics
  - Stent Design Concepts
- Atherectomy
  - Atherectomy
- Embolic Protection
  - Introduction to Embolic Protection
  - Introduction to Embolic Protection (cont.)
  - Types of Embolic Protection
- Thrombus Management
  - Thrombus Management & Guidewires
  - Aspiration Catheters
  - Mechanical Thrombectomy
- Guidewires
  - Introduction to Guidewires
  - Types of Guidewires
  - Types of Guidewires (cont.)
Introduction to the Quality Indicator Survey (QIS), the New Survey Process
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Define QIS.
2. Describe the QIS process steps.
3. Compare and contrast the traditional survey process to the QIS.
4. Develop a personal plan in preparation for the QIS.
5. Discuss communication techniques that will facilitate the QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Why Change the Process
  - QIS Overview
  - QIS Objectives
- Preparation
  - QIS Process Surveyor Preparation
  - QIS Process Onsite Preparation
  - QIS Process Preparation Onsite – Tour
- Stage Definitions
  - Stage I Definition
  - Stage II Definition
- **Stage I**
  - QIS Process: Stage I Preliminary Investigation
  - Stage I - Census Sample
  - Census Sampling Process
  - Stage I Admission Sample
  - Stage I Census and Admission
  - Stage I MDS Sample
  - Other Samples

- **Stage II**
  - Transition from Stage I to Stage II
  - Stage II
  - Care Areas
  - Critical Element Pathways
  - Additional Facility Level Investigations
  - Survey Results

- **Plan for Success**
  - Learn
  - Communicate on a Different Level
  - Implement a QIS Quality Assurance Program
Preparing Your Residents, Families and Staff for QIS
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Conduct a discussion with residents, family members and staff about how to prepare for a QIS survey.
2. Conduct a QIS survey simulation with residents, family and staff.
3. Develop a Quality Assessment and Assurance (QAA) program for your organization.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview of QIS
  - QIS Overview
  - Why Change the Process?
- Resident Interviews
  - Stage I
  - Census Sample
  - CPS Scores
  - Preparing the Resident for the QIS Interview
  - Resident Interview Questions
  - Additional Interview Tips
- Family Interview
  - Overview
  - Family Interviews
- Staff interviews
  - Staff Interview
  - Additional Information
- QIS Survey
  - Survey Simulation
Quality Resident Care: Guidance for Surveyors
1.0 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the stages of QIS.
2. Discuss the relevance of the QIS Care Areas to stage 2 investigations.
3. Describe at least 3 ways that a long term care facility can prepare for a QIS survey.
4. List at least 4 specialized care areas that may be subject to stage 2 investigation.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - QIS Overview
  - QIS Objectives
  - Stage 1
  - Stage 2
- Care Areas
  - Guidance to Surveyors
  - Care Areas
  - Abuse 483.13(b)
  - Abuse
  - Abuse (cont.)
  - Choices (Self-determination and Participation) 483.15 (b)
  - Choices
  - Dignity 483.15(a)
- Food Quality 483.35(d)
- Food Quality
- Notification of Change 483.10(b)(11)
- Notification of Change
- Participation in Care Plan 483.25
- Personal Property 483.10(1)
- Privacy 483.10(e)
- Privacy
- Social Services 483.15(g)
- Social Services
- Unnecessary Drugs
- Unnecessary Drugs (cont.)

* Specialized Care
  - Introduction to Specialized Care Areas
  - Introduction to Specialized Care Areas (cont.)
  - Colostomy, Ureterostomy, Illiostomy Care 483.25(k)(3)
  - Parenteral and Enteral Fluids 483.25(k)(2)
  - Naso-Gastric Tubes 483.25(g) F 321
  - Naso-Gastric Tubes
  - Foot Care 483.25(k)(7)
  - Prosthesis 483.25(k)(8)
  - Respiratory Care 483.25(k)(6)
  - Tracheostomy Care 483.25(k)(4) (Includes tracheostomy site)
  - Tracheal Suctioning 483.25(k)(5)
  - Resident Room 483.70(d)
The Importance of Avoiding Stage II
1.0 contact hour(s)

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Objectives:

1. Describe how surveyors prepare for the QIS.
2. Explain the process of stage I of the QIS.
3. Define facility level tasks.
4. Identify triggered tasks.
5. Identify the components and process of stage II of the QIS.
6. Describe how surveyors will analyze stage II findings.
7. Explain the process of avoiding stage II.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - What is QIS?
  - Overview of QIS
  - Process Introduction
- Survey Preparation
  - Offsite Preparation
  - Onsite Preparation Activities
  - Entrance Conference
  - Concurrent Activities
  - Initial Tour
• Stage 1 Survey
  o Introduction to Stage I: Survey Tasks – DCT
  o Sample Overview
  o Reconciling the Census Sample
  o Team Meeting
  o Resident Level Preliminary Investigation
  o Relevant Findings
  o Admission Sample Review
  o Census Sample Review
  o Resident Interviews
  o Resident Observation
  o Family Interview
  o Staff Interview
  o Clinical Record Review

• Facility Level
  o Facility Level Survey Tasks
  o Liability Notices
  o Dining Observation
  o Infection Control
  o Kitchen/Food Service Observation
  o Medication Administration Observation
  o Quality Assessment and Assurance (QAA) Review
  o Resident Council President or Representative Interview

• Triggered Facility
  o Introduction to Triggered Facility-level Tasks
  o Abuse Prohibition
  o Admission, Transfer and Discharge
  o Environmental Observation
  o Sufficient Nursing Staff
  o Personal Funds

• Stage II Survey
  o Transition from Stage I to Stage II
  o Introduction to Stage II Survey Tasks
  o Sample Selection
  o Stage II In-depth Investigation
  o Stage II Information Validation
  o Introduction to Critical Elements (CE) Pathways
  o Critical Elements (CE) Pathways
  o Unnecessary Drug Review
  o Systematic Review and Documentation of CEs
  o Completing CE Documentation in the QIS DCT
• Stage II Analysis
  o Overview
  o Potential Citations
  o Scope and Severity Matrix
  o Exit Conference

• Case Study
  o Being Prepared
  o Case Study 1 Without Preparation
  o Case Study 1 With Preparation
  o Summary
Activities
A QIS Critical Elements Pathway
.25 contact hour(s)

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure
• Observation
  o Observations
  o In Room Activities
• Resident
  o Resident/Representative Interview
• Staff
  o Activity Staff Interviews
- CNA Interview
- Social Service Staff Interview
- Nurse Interview

- Assessment
  - Review
  - Does the Assessment Accurately and Comprehensively Reflect Resident Status?
  - Significant Change
  - F274 and F272
  - F272

- Care Planning
  - Care Planning
  - Special Needs Residents
  - F279

- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282
  - Care Plan Revisions
  - F280

- Care and Services
  - Provision of Care and Services
  - F248

- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Activities of Daily Living (ADL) and/or Range of Motion (ROM) Status (Includes Cleanliness/Grooming and Positioning) A Critical Elements Pathway

.25 contact hour(s)

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
  - F310
  - F311
  - F312, F373
  - F309, F317
  - F318
• Resident
  o Resident/representative Interview
  o Resident/Family Member/Responsible Party Interview
• Staff
  o Staff Interviews
• Assessment
  o Assessment
  o Significant Change
  o F272
• Care Planning
  o Care Planning
  o F279
  o F281
• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revisions
  o F280
• Care & Services
  o F309
  o F310
  o F311
  o F312
  o F317
  o F318
• Concerns
  o Concerns
Behavioral and Emotional Status
A QIS Critical Element
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations (if the resident is still in the facility)
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
• Assessment
  o Assessment (cont.)
  o Significant Change
  o F274 and F272
  o F272
• Care Planning
  o Care Planning
  o F279 / F281
• Implementation
  o Observe Care and Interview Staff
  o F282
• Revision
  o Care Plan Revisions
  o F280
• Care & Services
  o Provisions of Care and Services
  o F319
  o F320
  o F309
• Concerns
  o Concerns with Independent...
Communication and Sensory Problems (Includes Hearing and Vision)
A QIS Critical Elements Pathway
.25 contact hour(s)

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Rep Interview
- Staff
  - Staff Interview
- Assessment
  - Assessment
  - F272
  - F272 (cont.)
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation
  - F282
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - F310
  - F tag 310
  - F311
  - F tag 311
  - F313
  - F tag 313
- Concerns
  - Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Dental Status and Services
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure
• Observation
  o Observations
• Staff
  o Staff Interview
• Assessment
  o Assessment
  o F272
- Care Planning
  - Care Plan Revision
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282 (cont.)
- Revision
  - Care Plan Revision
  - F280
- Care & Services
  - Provision of Care and Services
  - F411
  - F412
- Concerns
  - Concerns
General

**A QIS Critical Elements Pathway**
.25 contact hour(s)

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations (if the resident is still in the facility)
- Resident
  - Resident/Representative Interview
- Staff
  - Nursing Staff Interviews
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o F279
• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revision
  o F280
• Interviews
  o Interviews to Conduct Only If Problems Have Been Identified
Hospice, End of Life and/or Palliative Care
A Critical Elements Pathway
.25 contact hour(s)

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interviews (Direct Care Staff)
  - (Practitioners and Professionals)
- Record Review (Review of Facility Practices)
  - Assessment
    - Assessment
    - F272
  - Care Planning
    - Care Planning
    - F279
  - Implementation
    - Care Plan Implementation by Qualified Persons
    - F282
  - Revision
    - Care Plan Revision
    - F280
  - Care & Services
    - Provision of Care and Services
    - F309
  - Concerns
    - Concerns
    - Concerns (cont.)
Hospitalization or Death  
A Critical Elements Pathway  
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
- Assessment
  - Assessment
  - F272
- Care Planning
  - Care Planning
  - F279
- Implementation
  - Care Plan Implementation by Qualified Persons
• F282
• Care & Services
  • Provision of Care and Services
  • F309
• Concerns
  • Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Hydration Status
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
  - Risk for Urinary Tract Infection
- Resident
  - Provisions of Care and Services
- Staff
  - Staff Interviews
• Assessment
  o Assessment
  o F272
• Care Planning
  o Staff Interviews
  o F272 (cont.)
• Implementation
  o Care Plan Implementation
  o F282
• Revision
  o F282 (cont.)
  o F280
• Care & Services
  o Provision of Care and Services
  o F327
• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Pain Recognition and Management
A Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observation
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview: Nurse Aide(s) Interview
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o F279
• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revision
  o F280
• Interview
  o Interviews to Conduct Only if Problems
  o Have Been Identified
Preadmission Screening and Resident Review
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o F279
• Care Plan Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revision
  o F280
• Care & Services
  o Provision of Care and Services
  o F406
• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Pressure Ulcers
A QIS Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:
1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List the five critical elements of this CEP.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Observations and Interviews
- Observation
  - Observation
  - Observation (cont.)
- Interview
  - Interview
- Record Review
  - Record Review
  - Record Review (cont.)
• Critical Elements
  o Critical Elements
  o F272
  o F279
  o F282
  o F280
  o F314
  o Other Tags and Care Areas to Consider
Psychoactive Medications
A QIS Critical Elements Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
  - For the Resident Who is on a Hypnotic
  - For the Resident Who is on an Antipsychotic and/or Anti-anxiety Medication
- Resident
  - Resident/Representative Interviews
• Staff
  o Staff Interviews
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o Care Planning Review for Specific Conditions
  o F279
• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revisions
  o F280
• Care & Services
  o Provisions of Care and Services
  o F329
• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
Rehabilitation and Community Discharge  
A QIS Critical Elements Pathway  
0.5 contact hour(s)  

Author: Judy Hoff, RN, BSN, MA  

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction  
  - Welcome/Objective Page  
  - Navigation  
  - Use  
  - Procedure  
- Observation  
  - Observation  
- Resident  
  - Resident/Representative Interview  
- Staff  
  - Staff Interview
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o F279
• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282
• Revision
  o Care Plan Revisions
  o F280
• Care & Services
  o Provision of Care and Services
  o F311
  o Provisions of Care and Services (cont.)
  o F406
  o For Residents Who Require Medically-Related Social Services
  o F250
• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (Cont.)
Resident Who Receives Dialysis Treatments
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interviews
• Interview
  o Interviews and Medical Record Review

• Assessment
  o Assessments
  o F272

• Care Planning
  o Care Planning
  o F279

• Implementation
  o Care Plan Implementation by Qualified Persons
  o Observe Care and Interview Staff
  o F282

• Revision
  o Care Plan Revision
  o F280

• Care & Services
  o Provision of Care and Services
  o F309

• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Tube Feeding Status
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident/Representative Interview
- Staff
  - Staff Interview
  - CNA Interview
- Health Care Practitioners and Professionals Interviews
  - Record Review

- Assessment
  - Assessment
  - F272

- Care Planning
  - Care Planning
  - F279

- Implementation
  - Care Plan Implementation by Qualified Persons
  - F282

- Revision
  - Care Plan Revision
  - F280

- Care & Services
  - Provision of Care and Services
  - F322
  - Provisions of Care and Services: For a resident who is being fed by a feeding tube and is receiving enteral fluids.
    - F328

- Concerns
  - Concerns
  - Concerns (cont.)
Unnecessary Medications and Medication Regimen Review

.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Discuss the use of this CEP.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Review
  - Use
  - Observations and Interviews
- Observation
  - Observations
- Interview
  - Resident/Representative Interview
- Record Review
  - Record Review
- Algorithm
  - Overview
  - Final Sampling Rule
  - Exclusions
- Concerns
  - Concerns
- F272
- F279
- F282
- F280
- F329
- F428
- Other Tags and Care Areas
- Other Tags and Care Areas (cont.)
Urinary Incontinence, Urinary Catheter and Urinary Tract Infection
A QIS Critical Elements Pathway
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
  o Use
  o Procedure
• Observation
  o Restoration or Maintenance of Bladder Function
  o Assistance for Toileting
  o Indwelling Catheter Observations
  o Incontinent Episode
  o Hydration Observations
  o Resident/Representative Interview
• Indwelling Catheter Observations (cont.)
  • Maintain or Restore Bladder Function
  • Urinary Tract Infection Observations

• Staff
  • Nursing Assistant Interview

• Assessment
  • Assessment
  • F272
  • F281

• Care Planning
  • Care Planning
  • F279

• Implementation
  • Care Plan Implementation by Qualified Persons
  • F282

• Revision
  • Care Plan Revision
  • F280
  • Interviews to Conduct Only If Problems Have Been Identified

• Care & Services
  • Provisions of Care and Services
  • Risk for Urinary Tract Infection
  • F315

• Concerns
  • Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  • Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Use of Physical Restraints
A Critical Element Pathway
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Goal
  - Would This Care Area Have Not Triggered Without This Resident?
  - Would This Care Area Have Not Triggered Without This Resident? (cont.)
  - Procedure
- Observation
  - Observations (if the resident is still in the facility)
- Resident
  - Resident/Representative Interview
• Staff
  o Staff Interviews

• Assessment
  o Assessment
  o F272

• Care Planning
  o Care Planning
  o F279

• Implementation
  o Care Plan Implementation by Qualified Persons
  o F282

• Revision
  o Care Plan Revision
  o F280

• Care & Services
  o Provision of Care and Services
  o F221

• Concerns
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements
  o Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements (cont.)
Ventilator Dependent Residents
A QIS Critical Element
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Discuss the use of this CEP.
2. List the procedure steps for this CEP.
3. List at least 3 observations for this Stage 2 CEP.
4. Describe the components of staff interviews.
5. List assessments necessary to ensure compliance with this CEP.
6. List the components of the care plan.
7. Describe the elements necessary for care plan revisions.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Use
  - Procedure
- Observation
  - Observations
- Resident
  - Resident Interview
- Staff
  - Staff Interview
• Assessment
  o Assessment
  o F272
• Care Planning
  o Care Planning
  o Care Planning (cont.)
  o F279
• Implementation
  o Qualified Persons
  o F282
• Revision
  o Care Plan Revision
  o F280
• Care & Services
  o Provision of Care and Services
  o F328
• Concerns
  o Concerns with Independent by Associated Structure, Process, and/or Outcome Requirements
Dining Observation A QIS Mandatory Task
.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Dining Observation.
2. Discuss the survey process associated with the QIS Dining Observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Purpose
  - Selection of Meals
  - Selection of Meals (cont.)
  - Oversight
  - Meals
  - Concerns
  - Stage 2
  - Elements
- Choices
  - Choices
  - Staff Interview
  - Surveyor Review
- Assistance
  - Background
  - Lack of Sufficient Staff
• Assistance
  • Appropriate Diet
  • Liquids
  • Residents in need of assistance

• Food
  • Food Quantity
  • Food Quality Concerns
  • Food Quality Concerns (cont.)
  • Food Quality F tag
  • Food Substitutes
  • Food Substitutes F tag

• Dignity and Respect
  • Dignity
  • Dignity F tag

• Timing and Safety
  • Meal Services
  • Meal Services F tag
  • Staff Infection Control
  • Staff Infection Control F tag
  • Frequency of Meals
  • Resident and Staff Interview
  • Frequency of Meals F tag

• Environment
  • Homelike Environment
  • Homelike Environment (cont.)
  • Homelike Environment (cont.)
  • Homelike Environment F tag
  • Lighting
  • Lighting F tag
  • Ventilation
  • Ventilation F tag
  • Sound Levels
  • Sound Level F tag
  • Comfortable and Safe Temperatures
  • Comfortable and Safe Temperatures F tag
  • Furnishings
  • Furnishing F tag
  • Space
  • Space F tag
Infection Control & Immunizations
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on infection control & immunizations observation.
2. Discuss the survey process associated with the QIS infection control & immunizations observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Regulations
  o Surveyors
  o Observations
  o Surveyor Review
  o Surveyor Observations
  o Influenza/Pneumococcal Immunization Review
  o Influenza/Pneumococcal Immunization Review (cont.)
  o Influenza/Pneumococcal Immunization Review (cont.)
Kitchen Food Service Observation A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Kitchen/Food Service Observation.
2. Discuss the survey process associated with the QIS Kitchen/Food Service Observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Introduction
- Initial Brief Tour of the Kitchen
  - Initial Tour
  - Sanitary Food Storage
  - Sanitary Food Storage F Tag
  - Staff Infection Control
  - Staff Infection Control F Tag
  - Preparation in Sanitary Conditions
- Follow-up
  - Background
  - Storage Temperatures
  - Storage Temperatures F Tags
  - Food Storage
  - Food Storage F tag
  - Food Preparation and Service
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service (cont.)
- Food Preparation and Service F Tags
- Dinnerware Sanitation and Storage
- Dinnerware Sanitation and Storage (cont.)
- Dinnerware Sanitation and Storage F Tag
- Clean Preparation Equipment
- Staff Interview
- F tags
- Refuse/Pest Control
- Refuse/Pest Control F Tags
- Refuse/Pest Control (cont.)
- Unit Refrigerators
Liability Notices & Beneficiary Appeal Rights Review
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on the Liability Notices & Beneficiary Appeal Rights Review process.
2. Discuss the survey process associated with the Liability Notices & Beneficiary Appeal Rights Review.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Introduction
  - Notification
  - Notification (cont.)
  - Non-Coverage
  - Exceptions
  - SNF Requirements
  - Failure to Provide Written Notice(s)
  - Demand Bill Review
  - Surveyor Questions
  - Definitions for FI and MAC
• Demand Bills
  o Record Review
  o Billing Requirement Violation
  o Surveyor Questions
• Discharges
  o Surveyor Questions
  o Required Timeframe for Submission
  o Bill Submission Violation
  o Surveyor Questions
Medication Administration Observation
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on medication administration observation.
2. Discuss the survey process associated with the QIS medication administration observation.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Process
  o Surveyor Observation
  o Resident Observation Selection
  o Coordination of Instructions
  o Surveyor Observation
  o Medication Administration Observation Checklist
• Findings
  o Calculations
  o Step 1
  o Step 2
  o Step 3
  o Application
Medication Storage and Labeling
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on medication storage and labeling.
2. Discuss the survey process associated with medication storage and labeling.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Part 1
  - Introduction
  - Schedule II Medications
  - Receipt and Disposition
  - Records
  - Labeling
  - Surveyor Questions
Quality Assessment and Assurance
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on the Quality Assessment and Assurance (QA & A).
2. Discuss the survey process associated with the QIS Quality Assessment and Assurance (QA & A).
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Part 1
  - Introduction
  - Introduction (cont.)
  - Entrance Conference
  - Offsite preparation
  - Gathering information
  - Team Meetings
  - Surveyor Questions
- Part 2
  - Introduction
  - QAA Representative Interview
  - Staff Interview
- Identification of concerns
- Additional Information
- Additional Information (cont.)
- Surveyor Questions
Resident Council President/Representative Interview
A QIS Mandatory Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on the Resident Council President/Representative Interview.
2. Discuss the survey process associated with the QIS Resident Council President/Representative Interview.
3. Determine whether or not your facility is meeting the requirements based on QIS.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation

• Process
  o Overview
  o Starting the Interview
  o Confidentiality
  o Other Interview Points
  o Establishing Rapport
  o Additional items

• F Tags
  o Introduction
  o Council
  o Grievances
- Rules
- Rights
- Additional Information
Abuse Prohibition
A QIS Triggered Task
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Abuse Prohibition.
2. Discuss the survey process associated with the QIS Abuse Prohibition.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Policy/Procedure
  - Overview
  - Policy and Procedure
  - Evaluation
- Violations
  - Introduction
  - Resident Selection
  - Reporting
  - Investigating
  - Resident Protection
  - Corrective Action
  - Summary
• Resident/Family
  o Overview
  o Information Gathered
• Staff
  o Direct-care Staff Interviews
  o Information Gathered
• Supervisor
  o Front-line Supervisor Interviews
  o Information Gathered
• Pre-Screening
  o Introduction
  o Pre-screening Evidence
  o Criteria
  o Information Gathered
• Compliance
  o Overview
  o F225
  o F226
Admission, Transfer and Discharge Review A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Admission, Transfer & Discharge Review.
2. Discuss the survey process associated with the QIS Admission, Transfer & Discharge Review.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
  - Triggered Events
- Medicare/Medicaid Benefit Application
  - Introduction
  - Family Interview
  - Next Steps
  - F208
- Inform of Rights
  - Introduction
  - Background
  - Family Interview
  - Next Steps
  - F156
• Room Change
  o Introduction
  o Background
  o Family Interview Stage 1 Question
  o Resident Interview Stage 1 Question
  o Next Steps
  o F247

• Third Party
  o Background
  o Third Party Guarantee
  o Family Interview Stage 1 Question
  o Next Steps
  o F208

• Bed Hold
  o Background
  o Introduction
  o Family Interview Stage 1 Question
  o Next Steps
  o F205

• Transfer/Discharge
  o Background
  o Closed Record Review
  o Next Steps
  o Closed Record Review Concerns
  o F201
  o F250
  o F309
  o Closed Record Review Concerns
  o Closed Record Review Concerns (cont.)
  o F204
Environmental Observations
A QIS Triggered Task
0.5 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Environmental Observations.
2. Discuss the survey process associated with the QIS Environmental Observations.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
  - Overview
- Overview
  - Background
  - Policy and Procedure
- Observation
  - F Tags
  - F460
  - F254
  - F Tags (cont.)
  - F Tags (cont.)
  - F Tags (cont.)
  - F256
  - F257
- F469
- F323
- F323 (cont.)
- F Tags (cont.)
- F323 (cont.)
- F323 (cont.)
- F253
- F252
- F246
- F Tags

- Condition
  - F465
Personal Funds Review
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on Personal Funds.
2. Discuss the survey process associated with the QIS Personal Funds.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Overview
  o Background
  o Expired Residents
  o Personal Funds Interview
  o Closed Record Review
• Review
  o Cost Changes
  o F156
  o F159
  o Separate Accounting
  o F159 (cont.)
  o Generally Acceptable Accounting Principles
  o F159 (cont.)
- Medicare/Medicaid Charges
- Medicare/Medicaid Sample
- Non-covered services
- F162
- Medicare/Medicaid Sample
- F159 (cont.)
- Medicaid Recipients
- F159 (cont.)
- Statements
- F159 (cont.)
- Final Accounting

- Supplementation
  - Sample Supplementation
  - Surveyor Review
  - Staff Interview
  - Resident/Family Interview

- Surety Bond
  - Background
  - F161
QIS Extended Survey
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

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Objectives:

1. Identify the CMS resources available to supplement this lesson on the QIS Extended Survey.
2. Discuss the survey process associated with the QIS Extended Survey.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

• Introduction
  o Welcome/Objective Page
  o Navigation
• Overview
  o Background
  o Purpose
  o Timing
  o Care Area Initiation
  o F Tags
• Nursing Services
  o Nursing Services
• Physician Services
  o Physician Services
• Qualifications
  o Staff Qualifications
• Administration
  o Administration
Sufficient Nursing Staff Review
A QIS Triggered Task
.25 contact hour(s)

Author: Judy Hoff, RN, BSN, MA

Judy has over 30 years of experience as a staff development nurse, including planning continuous education programs for registered nurses. She has attended and presented numerous adult learning programs for professional organizations on a state and national levels and has 15 years of experience as CEO of a learning company focused on the needs of long term care nurses. Judy has attended CMS MDS 3.0 launch training programs as well as seminars in the area of MDS 3.0. She currently is a PHD student in psychology.

Objectives:

1. Identify the CMS resources available to supplement this lesson on Sufficient Nursing Staff Review.
2. Discuss the survey process associated with the QIS Sufficient Nursing Staff Review.
3. Determine whether or not your facility is meeting the requirements based on observation findings.

Outline:

- Introduction
  - Welcome/Objective Page
  - Navigation
- Overview
  - Sufficient Nursing Staff Review
  - Sufficient Nursing Staff Review (cont.)
- Licensed Nursing
  - Licensed Nursing Staff Schedule Review
  - Required Coverage
- Registered Nursing
  - Registered/Licensed Nursing Staff Schedule Review
- Supervisory Staff
  - Care Plan Concerns
- Nursing/Other
  - CNA & Other Nursing Staff Interviews
• Nursing Assistant
  o Nursing Assistant Assignment Review
• Resident/Family
  o Resident, Family and/or Other Resident Representative Interview
• Compliance
  o Overview
  o F353
  o F354