

Based on conference attendee evaluation feedback, the following has been identified as issue(s)/problem(s) in practice attendees want education in to help resolve:

Assisted Living		
٠	Bridging the gap between regulations in home/assisted living setting.	
٠	Defining medical direction in the assisted living setting.	
•	More on assisted living facilities.	
٠	Optimal teaching in an assisted living facility.	
Billing/	/Coding/Documentation	
٠	Address appropriate billing practices.	
٠	Billing HMO- and LTC Medicaid Admit.	
٠	Billing session talk with FUTURES program.	
•	Billing between NP/PA and the MD in long term care.	
•	Coding to the best of our abilities.	
•	Documentation requirements.	
•	ICD 10 coding, frequency of PA visits to prevent rehospitalization.	
٠	Introductions to reimbursement, more targeted information for physicians new to PALTC.	
Collabo	oration	
٠	Best practice two-way collaboration between CMDAs & NPs/PAs.	
•	Better discussion of strategies to work better with administrators/financial people.	
•	Collaboration and conflict resolution strategies.	
•	Collaboration between providers- example psychiatry and psychology.	
•	Dealing with administrator as a valued partner.	
•	Dealing with for profit nursing homes who say they want to engage with SNFists but don't.	
•	Facility collaboration.	
•	How to improve the ability of physicians to work together.	
•	How to work with PACE for the nursing home medical director.	
•	Improving interaction between physicians and other staff.	
•	Interacting with specialists.	
•	Interdisciplinary committee work and better ways of doing so.	
•	Managing a difficult physician.	
٠	Medical directors/clinicians develop better relationships with administrators.	
٠	Relationship between Administrator and Medical Director.	
٠	Teamwork.	
•	Working in cooperation with attendings.	
٠	Working more closely with administrator.	
•	Working with networks - ACO, bundled payments, etc.	
٠	Working with resistant Executive Directors.	
Communication/Conflict Resolution		
•	Better communication between acute and long-term care.	
٠	Collaboration and conflict resolution strategies.	
•	Communication techniques	

- Dealing with difficult families.
- Improved communication strategies between multiple medical providers.
- Improving communication between provider, facility and patient/families.
- Interdisciplinary collaboration and specific tool for communication and collaboration.
- Involvement of family members.
- Meaningful conversations about goals of care and advance directives.
- Multidisciplinary meetings.
- Nursing communication.
- Resolve Attending/facility conflicts, especially when Medical Director isn't in the building.

Clinical Conditions

- Alzheimer education.
- Aspiration for pneumonia.
- Current treatment of geriatric medical problems in long term care.
- Decreasing pressure ulcer rates.
- Dementia education.
- Diabetes control.
- Dysphagia issues.
- Electrolytes imbalance.
- Hip fractures.
- Management of medically complex patients such as recent transplant recipients.
- Management violent aggressive residents.
- Managing multimorbidities.
- Mental health.
- Neurorehabilitation, neurological diseases.
- Oral hygiene.
- Solutions to complex patient care.
- Urological problems.
- UTIs.
- When/how to use fluids in PALTC setting, common diagnosis which require, hyponatremia, dehydration, etc.

EMR/EHR/IT

- Better integration of acute and post-acute records.
- Computer systems.
- EHRs.
- EMR integration.
- IT solutions for documentation.
- New technology.

Guidelines/Best Practices

- CDC guidelines for geriatric immunization.
- Collecting and analyzing data properly.
- Creating practical protocol which are same throughout.
- Creation of methods for innovation and experimentation.
- Easily implementable tools.
- How to help facilities reduce and address burden of paperwork.
- How to help facilities share their data and best practices.
- How to implement tools to improve QOL and QOC.
- How to improve quality of clinical care provided.
- Implement more evidence-based strategies.
- Implementation of practice guidelines.
- Implementing toolkits.

Innovations to improve care and allow increased acuity in the SNF setting. Insight into how to fix a completely dysfunctional facility. Nursing home safety. Orgoing development of LTC appropriate guidelines. Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Practical guidelines. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTT protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership stells. Leadership stells. Leadership stells to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Leadership training for NPs. Leadership training assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Director contracts. Medical director in PALIC facilities. How to keep from being terminated as medical director when there is a slump in admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Director contracts. Medical director contracts. Medical Director tabeling terminated as medical director when there is a slump in admissions. Medical Director tabeling terminated and reimbursed for the value. Medical Director tabeling terminated and reimbursed for the value. Medical Director tabeling trecognized and reimbursed for the value.	 Insight into how to fix a completely dysfunctional facility. Nursing home safety. Orgoing development of LTC appropriate guidelines. Positive guidelines. Practical tools on evaluating impact of interventions. Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection prevention/Control C. diff isolation. Infection prevention/Control Eeadership Leadership at local and national levels. Leadership at local and national levels. Leadership at local and national levels. Leadership to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal usues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Efficient medical director. Medical Director sheing reminated as medical director when there is a slump in admissions. Medical Director being recognized and relimbursed for the value. Medical Director sheing recognized and relimbursed for the value. Medical Director sheing recognized and relimbursed for the value. Medical Director sheing recognized and relim		Increase to increase and ellow increased equity in the CNE estimate
 Nursing home safety. Ongoing development of LTC appropriate guidelines. Positive guidance to implement changes in health care delivery system. Practical lools on evaluating impact of interventions. Practical guidelines. Protocols for CHF management. Protocols for orursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership tay to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legilative representation. Legilative representation. Legilinplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for meeting terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director steint and time. PDPM information for medical directors. Proper expectations of medical directors. Proper exp	 Nursing home safety. Ongoing development of LTC appropriate guidelines. Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Practical tools on evaluating impact of interventions. Protocols for CHF management. Protocols for CHF management. Protocols for CHF management. Codiff isolation. Infection prevention/Control C. diff isolation. Infection prevention/Control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership tocal and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership trove initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Medical Director and detector shave a mandated role that is often unable to fulfill. Basics for new medical directors have a mandated role that is often unable to fulfill. Basics for new medical directors have a mandated role that is often unable to fulfill. Medical Director talent and time. Medical Director talent and time. POPM Information for medical d		
 Ongoing development of LTC appropriate guidelines. Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for CHF management. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. Leadership skills. Leadership stops to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership at local and national levels. Leadership taining for NPs. Legal Issues / Risk Management Etgal Issues / Risk Management Etgal Issues / Risk Management Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director in PALTC facilities. How to setablish the value of the CMD certification. How to setablish the value of the CMD certification. Medical Director so the ing econjusted an reinbursed for the value. Medical Director so the ing econjusted and reinbursed for the value. Medical Director contracts. Stifter medical director rule ta medical directors. Proper expectations of medical directors. Proper expectations for medical directors. Proper expectations for medical directo	 Ongoing development of LTC appropriate guidelines. Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Pratice guidelines. Protocols for CHF management. Protocols for Or Branagement. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. Leadership at local and national levels. Leadership at local and national levels. Leadership to to integrate physician leadership into the hospitality model of senior housing. Leadership to local and national levels. Leadership to tool and national levels. Leadership training for NPs. Leadership training for NPs. Leadership training for NPs. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk Management. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director role care is a slump in admissions. Medical Director being rerognized and reimbursed for the value. Medical Director being terminated as medical director when there is a slump in admissions. Medical Director being terminated as medical director when there is a slump in admissions. Medical Director being terminated as medical directors of nursing homes etc. The role of the medical directors. Proper expectations of medica		•
 Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Medical Directorion Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Proper expectations of medical directors. Prop	 Positive guidance to implement changes in health care delivery system. Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for CHF management. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Klisk Management Ethical Issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Directorin Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director restrictication. How to establish the value of the CMD certification. How to setablish the value of the CMD certification. How to setablish the value of the CMD certification. Medical Director sheing recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for the value. Medical director		
 Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership assessments and streamlined charting opportunities. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership at local and national levels. Leadership training for NPs. Legal ssues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Acknowledging that medical directors have a mandated role that is often unable to fulfill. Baics for new medical directors have a mandated role that is often unable to fulfill. Baics for new medical directors have a mandated role that is often unable to fulfill. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Director contracts. Proper expectations of medical directors. Proper medical directors. Proper expectations of medical directors. Proper expectations of medical directors.<th> Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legi alimplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Director Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to ekep from being terminated as medical director when there is a slump in admissions. Medical Director to that and time. PDPM information for medical directors. Proper expectations of medical directors. Salaires for medical director. Salaires for medical director. Salaires for medical director. Salaires for medical directors. Splat</th><th></th><th></th>	 Practical tools on evaluating impact of interventions. Practice guidelines. Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legi alimplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Director Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to ekep from being terminated as medical director when there is a slump in admissions. Medical Director to that and time. PDPM information for medical directors. Proper expectations of medical directors. Salaires for medical director. Salaires for medical director. Salaires for medical director. Salaires for medical directors. Splat		
 Practice guidelines. Protocols for CHF management. Protocols for CHF management. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership for NPS. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director being recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for the value. Medical Director sheing recognized and reimbursed for t	 Practice guidelines. Protocols for CHF management. Protocols for CHF management. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership to Leadership at local and national levels. Leadership to Leadership at local and national levels. Leadership at local and national levels. Leadership to the land rational levels. Leadership to roviders on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Director and time. PDPM information for medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Salaries for medical director. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director. Salaries for medical director. Salaries for medica		
 Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director talent and time. PDPM information for medical directors. Proper expectations for medical directors. PDPM information for medical directors. PDPM information for medical director. Salaries for medical director. Me	 Protocols for CHF management. Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership stepsis to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership stepses Leadership tailses. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Efficient medical director. Efficient medical director in PALTC facilities. How to skep from being terminated as medical director when there is a slump in admissions. Medical Direction medical directors. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director shere rural vs urban areas, size of nursing homes etc. The role of the medical directors. Proper expectations for medical directors. Proper expectations for medical directors. Proper expectations for medical directors. Proper expectation for experience		
 Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership stow ork with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Efficient medical director. Efficient medical director in PALTC facilities. How to to keep from being terminated as medical director when there is a slump in admissions. Medical Direction prom being terminated as medical director when there is a slump in admissions. Medical Director stant and time. PDPM information for medical directors. Proper expectations for medical directors. Proper expectations of medical directors. Salaries for medical directors. PDPM information for experienced MDs. Medical Director for talent and time. PDPM information for experienced MDs. Medication Management Antibiotic stewardship. Antibiotic stewardship. Antib	 Protocols for nursing assessments and streamlined charting opportunities. Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to stabilish the value of the CMD certification. How to stabilish the value of the CMD certification. How to stabilish the value of the CMD certification. How to stabilish the value of the CMD certification. How to stabilish the value of the CMD certification. Medical Director contracts. Medical Director torin functions and reimbursed for the value. Medical Director torin functions. Medical Director torin functions. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical directors. Salaries for medical director. Medical Direction for experienced MDs. <		-
 Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership # Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Salaries for medical director. Salaries for medical director. Medica	 Safely improve work efficiency in the nursing home practice. UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership steps. Leadership steps. Leadership steps. Leadership steps. Eegal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Directoin Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. How to setablish the value of the CMD certification. How to setablish the value of the CMD certification. How to setablish the value of the CMD certification. Medical Director talent and time. PDPM information fo		-
 UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized and reimbursed for the value. Medical Directors being recognized ma	 UTI protocol. Infection Prevention/Control C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal islative representation. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Director Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to setablish the value of the CMD certification. Medical Director other recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors ruly surban areas, size of nursing homes etc. The role of the medical director. Salaries for medical directors ruly surban areas, size of nursing homes etc. The role of the medical directors. Salaries for medical directors ruly surban areas, size of nursing homes etc. The role of the medical directors. Salaries for medical directors ruly surban areas, size of nursing homes etc. The role of the medical directors. Salaries for medical directors. Salaries for medical directors ruly surban a		
Infection Prevention/Control • C. diff isolation. • Infection prevention/control • Sepsis management. Leadership • Leadership skills. • How to integrate physician leadership into the hospitality model of senior housing. • Leadership at local and national levels. • Leadership steps to work with QAPI when we are contract consultants. • Approaching the providers on the nursing standpoint as the leader of a facility. • Being an effective leader in facilities and instrumental in creating positive change. • Leadership training for NPs. Legal Issues /Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Legislative representation. • Legislative representation. • Legislative and deemed as refusal for care or restrictions on patient autonomy. • Risk management. Medical Directorin PALTC facilities. • How to establish the value of the CMD certification. • How to keep from being terminated as medical director when there is a slump in admissions. • Medical Director talent and time. • PDPM information for medical directors. • Medical Director being rec	Infection Prevention/Control • C. diff isolation. • Infection prevention/control • Sepsis management. Leadership • Leadership skills. • How to integrate physician leadership into the hospitality model of senior housing. • Leadership at local and national levels. • Leadership tages to work with QAPI when we are contract consultants. • Approaching the providers on the nursing standpoint as the leader of a facility. • Being an effective leader in facilities and instrumental in creating positive change. • Leadership training for INPs. Legal Issues /Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Basics for new medical director. • Efficient medical director in PALTC facilities. • How to establish the value of the CMD certification. • How to seep from being terminated as medical director when there is a slump in admissions. • Medical Director talent and time. <t< th=""><th></th><th></th></t<>		
 C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership at local and national levels. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership to row of the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislinglications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director being recognized and reimbursed for the value. Medical Director sc being recognized and reimbursed for the value. Medical Director sc being recognized and reimbursed for the value. Medical Director sc being recognized and reimbursed for the value. Medical Director sc being recognized and reimbursed for the value. Medical Director sc being recognized and reimbursed	 C. diff isolation. Infection prevention/control Sepsis management. Leadership Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director contracts. Medical Director rate at at time. PDPM information for medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical director for experienced MDs. Medical director for experienced MDs. Medication for experienced MDs. Medication terversibing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 		
 Infection prevention/control Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Director being recognized and reimbursed for the value. Medical Director s being recognized and reimbursed for the value. Medical Director s being recognized and reimbursed for the value. Medical Director s being recognized and reimbursed for the value. PDPM information for medical directors. Salaries for medical director. rural vs urban areas, size of nursing homes etc. The role of the medical director. Medicat direction for experienced MDs. Medication Management Antibiotic stewardship. Antibiotic deprescribing and non-pharmacologic approaches to BPSD. 	 Infection prevention/control Sepsis management. Leadership xills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legislative representation. Legislative representation. Legislative representation. Edgi implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director so functions for medical directors. Porph information for medical directors. Proper expectations of medical directors. Proper expectation for experienced MDs. Medical Direction for experienced MDs. Medical director for experienced MDs. Medical director in gard non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 		
 Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues / Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to setablish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director being recognized and reimbursed for the value. Medical Director sheing trectors. Proper expectations of medical directors. Proper expectations of medical directors. Proper expectations of medical directors. Salaries for medical director. Medical Director soft medical directors. Salaries for medical director. Medical directorin for experienced MDs.	 Sepsis management. Leadership Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership at local and national levels. Leadership the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to extablish the value of the CMD certification. How to extablish the value of the CMD certification. Medical Director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors. Salaries for medical director. Salaries for medical director. Medical direction for experienced MDs. Medical direction for experienced MDs. Medical director is the MI. Deprescribing. 	•	
Leadership • Leadership skills. • How to integrate physician leadership into the hospitality model of senior housing. • Leadership at local and national levels. • Leadership steps to work with QAPI when we are contract consultants. • Approaching the providers on the nursing standpoint as the leader of a facility. • Being an effective leader in facilities and instrumental in creating positive change. • Leadership training for NPs. Legal Issues /Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Legal Implications and deemed as refusal for care or restrictions on patient autonomy. • Risk management. Medical Direction • Acknowledging that medical directors have a mandated role that is often unable to fulfill. • Basics for new medical director in PALTC facilities. • How to stablish the value of the CMD certification. • How to stablish the value of the CMD certification. • Medical Director talent and time. • PDPM information for medical directors. • Proper expectations of medical directors. • Proper expectations of medical directors. • Proper expectations of medical directors.	Leadership • Leadership skills. • How to integrate physician leadership into the hospitality model of senior housing. • Leadership at local and national levels. • Leadership steps to work with QAPI when we are contract consultants. • Approaching the providers on the nursing standpoint as the leader of a facility. • Being an effective leader in facilities and instrumental in creating positive change. • Leadership training for NPs. Legal Issues / Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Legal implications and deemed as refusal for care or restrictions on patient autonomy. • Risk management. Medical Direction • Acknowledging that medical directors have a mandated role that is often unable to fulfill. • Basics for new medical director. • Efficient medical director in PALTC facilities. • How to establish the value of the CMD certification. • Medical Director being recognized and reimbursed for the value. • Medical Director subing recognized and reimbursed for the value. • Medical Director subing recognized and reimbursed for the value. • Medical Director subing recognized and reimbursed for the value.	•	
 Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership sto work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to stablish the value of the CMD certification. Medical Director being terminated as medical director when there is a slump in admissions. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication for experienced MDs. Medication for experienced MDs. 	 Leadership skills. How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to ekeep from being terminated as medical director when there is a slump in admissions. Medical Director sbeing recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical directors. Salaries for medical directors. Salaries for medical directors. Medical Director for experienced MDs. 	• Loodor	
 How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director so being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction of medical directors. Medical direction for experienced MDs. 	 How to integrate physician leadership into the hospitality model of senior housing. Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Directors being recognized and reimbursed for the value. Medical Director stalent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic use the NH. Deprescribing. 		•
 Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Leggl stative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director contracts. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical director. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antibiotic deprescribing and non-pharmacologic approaches to BPSD. 	 Leadership at local and national levels. Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Directors being recognized and reimbursed for the value. Medical Director stalent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 		•
 Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Directors talent and time. PDPM information for medical directors. Salaries for medical director. Salaries for medical director. Medical direction of medical directors. Salaries for medical director. Medical director for experienced MDs. 	 Leadership steps to work with QAPI when we are contract consultants. Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal inplications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to setablish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director ot nacts. Medical Director so for medical directors. Proper expectations of medical directors. Proper expectations of medical directors. Proper expectations of medical directors. Salaries for medical director rul vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medical direction for experienced MDs. Medication support directors have an areas, size of nursing homes etc. Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 		
 Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to setablish the value of the CMD certification. Medical Director contracts. Medical Director being recognized and reimbursed for the value. Medical Director being recognized and reimbursed for the value. Medical Director stell directors. PDPM information for medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. 	 Approaching the providers on the nursing standpoint as the leader of a facility. Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. Medical Director contracts. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medication Management Antibiotic stewardship. Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 		·
 Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director contracts. Medical Director s being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Being an effective leader in facilities and instrumental in creating positive change. Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director contracts. Medical Director steing recognized and reimbursed for the value. Medical Director steing recognized and reimbursed for the value. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Medicati direction for experienced MDs. Medicati director for experienced MDs. Medicati directors for genescribing and non-pharmacologic approaches to BPSD. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	•	
 Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Leadership training for NPs. Legal Issues /Risk Management Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Director statent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medication for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
Legal Issues /Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Legal implications and deemed as refusal for care or restrictions on patient autonomy. • Risk management. Medical Direction • Acknowledging that medical directors have a mandated role that is often unable to fulfill. • Basics for new medical director. • Efficient medical director in PALTC facilities. • How to establish the value of the CMD certification. • How to keep from being terminated as medical director when there is a slump in admissions. • Medical Directors being recognized and reimbursed for the value. • Medical Director talent and time. • PDPM information for medical directors. • Proper expectations of medical directors. • Salaries for medical directors rural vs urban areas, size of nursing homes etc. • The role of the medical director. • Medical direction for experienced MDs. Medication Management • Antibiotic stewardship. • Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.	Legal Issues /Risk Management • Ethical issues. • Improve initial nursing assessments and review other ways to minimize our risks with admissions. • Legislative representation. • Legal implications and deemed as refusal for care or restrictions on patient autonomy. • Risk management. Medical Direction • Acknowledging that medical directors have a mandated role that is often unable to fulfill. • Basics for new medical director. • Efficient medical director in PALTC facilities. • How to establish the value of the CMD certification. • How to keep from being terminated as medical director when there is a slump in admissions. • Medical Directors being recognized and reimbursed for the value. • Medical Director talent and time. • PDPM information for medical directors. • Proper expectations of medical directors. • Salaries for medical director. • Medical Direction for experienced MDs. Medical direction for experienced MDs. Medical direction for experienced MDs. Medical director deprescribing and non-pharmacologic approaches to BPSD. • Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.	•	
 Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Director sbeing recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Ethical issues. Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to establish the value of the CMD certification. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. 	 Improve initial nursing assessments and review other ways to minimize our risks with admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to skeep from being terminated as medical director when there is a slump in admissions. Medical Director s being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director. Salaries for medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	Legal Is	· · · · · · · · · · · · · · · · · · ·
 admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 admissions. Legislative representation. Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Froper expectations of medical directors. Salaries for medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Legal implications and deemed as refusal for care or restrictions on patient autonomy. Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical director. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Risk management. Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Legislative representation.
Medical Direction • Acknowledging that medical directors have a mandated role that is often unable to fulfill. • Basics for new medical director. • Efficient medical director in PALTC facilities. • How to establish the value of the CMD certification. • How to keep from being terminated as medical director when there is a slump in admissions. • Medical director contracts. • Medical Directors being recognized and reimbursed for the value. • Medical Director talent and time. • PDPM information for medical directors. • Salaries for medical directors rural vs urban areas, size of nursing homes etc. • The role of the medical director. • Medical direction for experienced MDs. Medication Management • Antibiotic stewardship. • Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.	Medical Direction Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Legal implications and deemed as refusal for care or restrictions on patient autonomy.
 Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Acknowledging that medical directors have a mandated role that is often unable to fulfill. Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Risk management.
 Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical director rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Basics for new medical director. Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	Medica	al Direction
 Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Efficient medical director in PALTC facilities. How to establish the value of the CMD certification. How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 How to keep from being terminated as medical director when there is a slump in admissions. Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Efficient medical director in PALTC facilities.
 Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	How to establish the value of the CMD certification.
 Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Medical director contracts. Medical Directors being recognized and reimbursed for the value. Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	How to keep from being terminated as medical director when there is a slump in admissions.
 Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Medical Director talent and time. PDPM information for medical directors. Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Medical Directors being recognized and reimbursed for the value.
 Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Proper expectations of medical directors. Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	PDPM information for medical directors.
 Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Salaries for medical directors rural vs urban areas, size of nursing homes etc. The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Proper expectations of medical directors.
 The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 The role of the medical director. Medical direction for experienced MDs. Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Salaries for medical directors rural vs urban areas, size of nursing homes etc.
 Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Medication Management Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	
 Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. 	 Antibiotic stewardship. Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	•	Medical direction for experienced MDs.
Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.	 Antipsychotic deprescribing and non-pharmacologic approaches to BPSD. Antipsychotic use the NH. Deprescribing. 	Medica	ation Management
	Antipsychotic use the NH.Deprescribing.		
	Antipsychotic use the NH.Deprescribing.	•	Antipsychotic deprescribing and non-pharmacologic approaches to BPSD.
	Deprescribing.	•	
Deprescribing.		•	
	j - Dennatulogy DA and TA.	•	Dermatology Dx and Tx.

	Effective medication reconciliation.
•	Guidelines on deprescribing cardiovascular medications in frail elderly population.
•	Managing behavioral problems in dementia and reducing use of antipsychotic.
•	Medical marijuana in acute care, PALTC Facilities.
•	Naloxone for opioid intoxication, etc.
•	OUD treatment in SNF - the DEA and other pragmatic issues related to methadone, etc.
•	Safely remove medications they have recommended while reducing litigation risk.
•	Substance abuse.
•	Narcotic prescribing guidelines.
Pain N	lanagement
•	Opioid use in the PALTC setting.
•	Pain management when staff lack education and are resistant to learning.
	Pain management-strategies to help wean patients on chronic opioid therapy.
Dalliati	ive Care/Hospice/End-of -Life
•	Address issues related to hospice patients.
•	Advance care planning and end-of-life care.
•	Collaboration between hospice and PALTC.
•	End of life education to general public.
•	Families and advance care planning.
•	Hospice issues
	Palliative care in long-term facilities.
Policy	/Advocacy
• Oncy/	Advocacy on national level.
	Advocacy for the residents and for fair reimbursement for providers caring for the most
•	vulnerable.
Practic	ce Management
•	Allowing ARNP's to manage all of the LTC nations regulatory visits
•	Allowing ARNP's to manage all of the LTC patient regulatory visits.
•	Budget discussions that account for potential penalties with VBP.
•	Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers.
•	Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital
•	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.
•	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues.
•	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting.
• • • • • • • • • • • • • • • • • • • •	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home.
• • • •	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation.
• • • • •	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice.
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice.
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice.
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice. Improve facility star ratings. Increasing overlap with home-based medical care delivery models. MACRA
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice. Improve facility star ratings. Increasing overlap with home-based medical care delivery models. MACRA MIPS applicability to PALTC setting.
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice. Improve facility star ratings. Increasing overlap with home-based medical care delivery models. MACRA
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice. Improve facility star ratings. Increasing overlap with home-based medical care delivery models. MACRA MIPS applicability to PALTC setting. Navigating new payment models.
	 Budget discussions that account for potential penalties with VBP. Compensation models for PALTC providers. Concerned bundled payments and being discouraged to send back to the hospital Developing quality measures for physicians in long term care. Discuss practice styles for different venues. Financial models of medical practices in the SNF setting. How to lead a medical practice in a nursing home. How to set up and practice independently in a big corporation. Implement frailty in routine clinical practice. Improve facility star ratings. Increasing overlap with home-based medical care delivery models. MACRA MIPS applicability to PALTC setting. Navigating new payment models. Payment models of care bundling of payments.
	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.Discuss practice styles for different venues.Financial models of medical practices in the SNF setting.How to lead a medical practice in a nursing home.How to set up and practice independently in a big corporation.Implement frailty in routine clinical practice.Improve facility star ratings.Increasing overlap with home-based medical care delivery models.MACRAMIPS applicability to PALTC setting.Navigating new payment models.Payment models of care bundling of payments.PCP visit planning.
	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.Discuss practice styles for different venues.Financial models of medical practices in the SNF setting.How to lead a medical practice in a nursing home.How to set up and practice independently in a big corporation.Implement frailty in routine clinical practice.Improve facility star ratings.Increasing overlap with home-based medical care delivery models.MACRAMIPS applicability to PALTC setting.Navigating new payment models.Payment models of care bundling of payments.PCP visit planning.PDPM issues
	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.Discuss practice styles for different venues.Financial models of medical practices in the SNF setting.How to lead a medical practice in a nursing home.How to set up and practice independently in a big corporation.Implement frailty in routine clinical practice.Improve facility star ratings.Increasing overlap with home-based medical care delivery models.MACRAMIPS applicability to PALTC setting.Navigating new payment models.Payment models of care bundling of payments.PCP visit planning.PDPM issuesPhysician's role in PDPM and next year PDGM.
	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.Discuss practice styles for different venues.Financial models of medical practices in the SNF setting.How to lead a medical practice in a nursing home.How to set up and practice independently in a big corporation.Implement frailty in routine clinical practice.Improve facility star ratings.Increasing overlap with home-based medical care delivery models.MACRAMIPS applicability to PALTC setting.Navigating new payment models.Payment models of care bundling of payments.PCP visit planning.PDPM issuesPhysician's role in PDPM and next year PDGM.Practical PIPs.
	Budget discussions that account for potential penalties with VBP.Compensation models for PALTC providers.Concerned bundled payments and being discouraged to send back to the hospitalDeveloping quality measures for physicians in long term care.Discuss practice styles for different venues.Financial models of medical practices in the SNF setting.How to lead a medical practice in a nursing home.How to set up and practice independently in a big corporation.Implement frailty in routine clinical practice.Improve facility star ratings.Increasing overlap with home-based medical care delivery models.MACRAMIPS applicability to PALTC setting.Navigating new payment models.Payment models of care bundling of payments.PCP visit planning.PDPM issuesPhysician's role in PDPM and next year PDGM.Practice change to meet the new challenges.

•	Telemedicine.
•	Understanding the business aspects faced by administration better.
•	Value Based Care delivery.
•	Ways to become more efficient, e.g. voice dictation for charting, effective practice mechanic
QAPI	
•	Educate our nurses about how to implement a good QAPI program.
•	Improve common cause variation.
•	Navigate and improve new quality measures.
•	QAPI and physician involvement.
•	QAPI course like the two-day course on infection control.
•	QAPI data analysis.
•	QAPI implementation.
•	QAPI meetings
•	QAPI projects.
•	Statistical evaluation of our QAPI process.
•	How to use run charts, Pareto charts.
Regula	itory/CMS/Survey
•	CMS regulations.
•	Complying with Medicare impositions on my practice.
•	Compliance / inspection issues.
•	Information on new/anticipated regulatory.
•	Invite CMS to give their perspective.
•	New Ftags and CMS regulations, survey issues and problem resolution.
•	Survey processes in LTC.
Staffin	
•	Addressing incompetent staff.
•	Challenging of recruiting physicians.
•	Competence of attending for frail elderly patients.
•	Employee recruitment and retention.
•	Engage front line staff in key aspects of care of patients in PALTC.
•	Engaging with NHAs.
•	Establish full time SNFist value to our health care organization.
•	Holding facility staff accountable.
•	How to engage physicians to achieve value-based measures.
•	How to help the staff utilize alternative treatments.
•	Implementing staff consequences and ways of practice.
•	Influencing facilities to adequately staff.
•	Management in a setting without round the clock nursing and nursing assistants.
•	Managing the administrators.
•	Medical director involvement to reduce turnover of staff particularly at NA level.
	Motivating staff to care.
•	Nursing staff to patient and CNA to patient ratio.
•	
•	Physician management.
•	Shortage of nurses and aids in assisted living.
•	Shortage of PCPs.
•	Staff competency.
•	Staff turn-over.
•	Upcoming crisis of shortage of CMDs.
Trainir	ng/Teaching/Education

•	Different types of physician practices within PALTC.
•	Educating acute care providers about geriatric care consideration in medication prescribing.
•	Education delivery to team members in a usable, accessible delivery tool.
•	Empower younger generation of CMDs through employers.
•	Empowering Assisted Living physicians.
•	Getting necessary results from attending NP & MDs without causing them undue harm.
•	How to make a new attending successful in a post-acute facility.
•	Lack of clinical assessment skills for LPNs.
•	Medical student education.
•	Mentorship for younger medical directors.
•	Optimal teaching in an AL facility.
•	Time management skills.
•	Training front line staff.
•	Uninterested and uneducated Medical Directors.
•	How to do more in-service training.
Transi	tions/Readmissions
	Data analysis for length of stay and readmissions.
•	Discharge planning.
•	
•	Guidelines for appropriateness of transfers to ER.
•	Readmissions solutions.
•	Strategies to reduce rehospitalizations.
•	Transitions of care.
•	Transitions of care/Communication with other care providers.
•	Tools to collect metrics on re-admissions.
Other	
•	Access to specialists.
•	Aging in place and the tuning of institutional care to community care.
•	Balance of medical director role and responsibilities.
•	Burnout in the PALTC setting.
•	Capacity assessment.
•	Change culture.
•	Continue to approach issues with an intra/inter-professional focus.
•	Corporate practice of medicine. What are MY rights?
•	Dealing with corporate goals - care about numbers far more than patients.
•	Decision making in my organization.
•	Decreasing the number of UA C&S.
•	Destining decision support systems to deal with acute changes in condition.
•	Devaluation of our work.
•	Difficult cultures to manage in the nursing home.
•	Disaster planning (Phase 3 requirements).
•	Ethics committee or partner with an outside/existing ethics committee.
•	Evaluation of medical practitioners.
•	Fall prevention.
•	Financial burden of quality measures compliance in terms of time and resources.
	Funding to homes to run programs, ie. music therapy, socialization for residents.
	Higher level of exercise/movement to all residents in NH care.
	How to get the support we need to adequately treat our patients.
•	How to start a research project in a facility.
•	How to treat disorders better in the nursing homes.

- HR documentation at my facilities.
- Information on pragmatic trials in LTC setting.
- Issues related to community dwelling, ie. non-PACE independent living) elders, families and caregivers.
- LGBTQ needs and approaches and HIV treatment sessions.
- Lifestyle change suggestions.
- Maintaining authority to treat patients properly.
- Negligence vs. abuse.
- Negotiation techniques.
- Non-pharmacologic behavior management.
- On call solutions.
- Protecting patients on transfer for elective surgery.
- Psycho-behavioral problems and management.
- Psychological issues and interplay with medical/cognitive issues.
- Public awareness.
- Review roles/functions/tasks and compare to actual services provided/desired/permitted.
- Support changes in practice with limitations inherent in setting.
- The atypical nursing home resident (younger residents, developmentally challenged).
- Therapy services.
- Trauma informed care.
- Understanding of effects of their actions and ability to assess.
- Understanding the operations of skilled nursing facilities.
- Work/life balance.
- Strategies for creating high performance organization.