PALTC21 MARCH 11–14
VIRTUAL ANNUAL CONFERENCE
amda THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE™

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:

Billing and Coding
• Billing questions
• Coding issues
• Documentation
• How to improve reimbursements especially for those self pay patients that still need to be seen in SNF and long-term care patients/extended care facilities.
• ICD 10 coding issues
• Proper coding and quality reporting
• Reimbursement for services
Collaboration
• Interdisciplinary collaboration
• Guidance on building coalitions within the community that are not just for crisis/emergencies
• Advice on how to develop closer working relationship with acute hospitals
• Collaborating across health systems to improve community health
• How to work better with facility leadership/corporate leadership who prefer to keep their heads in the sand rather than looking at the facts and responding appropriately.
• How to coordinate quality improvement between institutions
• How to coordinate with our hospitals and health departments
• How to handle difficult buildings/ administration/ corporations when trying to be interdisciplinary and quality metric driven practices.
• How to improve interaction between Medical Directors and corporate leadership.
• How to improve partnership with the owner/operator with the medical director and other medical staff.
• How to interface and develop relationships with local hospitals.
• Improvement of relationships with Executive Directors
• Optimizing relationship with dept's of public health
Communication/Conflict Resolution
• Better communication between corporate leaders and providers on the ground level.
• Communication systems to have in place with DONs for order completion, timely communication of labs
• Communicating with families
• How to give feedback to facility staff
• How to manage unhappy family members, significant others, staff
• More interaction with hospital systems and long-term facilities
• How to deal with difficult DON
• how to deal with litigant PPT and family members.
• How to encourage open door policy between an MD and nurses aides.
• How to lead when your facility is run by a corporation that overrules you and/or doesn't communicate with you as their Medical Director
• How to manage difficult patients with severe anxiety

- Improve communication skills
- Practical ideas to improve communication with facility teams
- Resolve communication gaps at all levels: (Patient's to CNAs, nurses, Nurses, CNAs, and Admin to family members, Nurses to MDs/NPs, Patients to Administration, Admin to other nursing home staff)
- Tension with RN/CNA relationship
- Improve communication around COVID and the LTC setting

COVID-19

- Continue to provide updates and resources for us to manage COVID19 crisis
- Patient management/Treatment Option
- Management the LTC setting
- Guidelines/Best practices in treating COVID-19
- Preparedness
- COVID-19 crises and guidelines as being updated
- Continued assistance with COVID-19 implementation strategies
- Dealing with COVID -19 from a systemic level in the LTC continuum
- Precautions
- Systemic, foreword focus approach to dealing with the aftermath from a practice and psychological perspective.
- COVID-19 pandemic issues, staff anxiety and burnout
- AMDA does a great job. The staffing problems, communication problems, and current lack of supplies and COVID testing are enormous and cannot be fixed by AMDA. I appreciate everything AMDA is doing. The education is great.
- Continued COVID-19 managements with changing status
- Continued leadership in current events- COVID 19 - telemedicine. My ownership will not accept anyone from the hospital unless screened with a COVID test. We'll accept our own back from admission. Many NH in NC with "significant" outbreaks with many deaths. Need leadership working with hospital administrators? Transitional unit is being utilized by hospital for now....
- Isolating COVID 19 patients in LTC
- How we shall deal with COVID-19 in our facilities. There were many useful perspectives provided during this conference.
- Issues around dealing with hospital to nursing home transfers that may involve COVID 19 positive or exposed residents, especially those who are current residents of the facility.
- Limiting exposure to COVID 19 to long term care residents
- Litigation protection during COVID 19 pandemic
- More direct advice re COVID specific to Medical Directors - Meetings, visits, what to do if there are cases, resources etc.
- Preparation for COVID from front line physicians. AMA discharges.
- Progressive changes in the care and management of patients with COVID-19.
- Advocate for PPE, NHs are always second after hospitals but in this crisis our patients are more vulnerable than any other group.
- How to move some of the lessons learned from COVID (deprescribing, reduced accu checks) into every day practice once we get past the pandemic. Is there a way to allow routine Skype type communication between families and residents?
- Clearer, step by step guidance on all facets of COVID.
- Ideas on engaging with public health officials on COVID19 issues
- Look for ways to either prevent SARS-CoV-2 from entering our skilled nursing facilities and/or how to handle it if/when it does.
- Spread and management of COVID 19
- Working on infection stewardship in the days of COVID-- how to effectively keep + pts from going to hospital

Dementia

- How to engage and train staff to better understand how to speak to and interact with residents with dementia
- Agitated dementia
- Management of aggression in dementia (when standard measures like reassurance, distraction, backing away-returning in 10-15min, use of male/female only caregivers, memantine, antidepressants, antiseizure, antipsychotics).
- Ongoing strategy for educating staff on decreasing dementia behaviors without the use of antipsychotics/benzodiazepines.
- Staff are convinced there are some dementia residents who benefit greatly from antipsychotics. Are there diagnoses in dementia patients to justify ongoing use?
- Working with Psychotropics and managing PBSD behaviors

Emergency/Crisis Preparedness

- How to handle pandemics, emergency preparedness
- Advice for preparedness with natural disasters; guidance on management in pandemics
- How to better address pandemics now and in the future
- How to better prepare for pandemic situations in PALTC and prevent outbreaks in nursing homes

EMR/EHR/IT

- Better EMR system and ability to physician progress notes
- How to improve communication between facility EHRs
- The only problem I really run into is that we don't use the same EMR as the surrounding hospitals. Would be nice to be able to see all their record so I had the full picture. I don't know that you can help resolve that.
- Use of EHR in SNF setting
- Too many computer systems for different uses including EMR, lab computer, pharmacy computers etc that don't all connect
- Very small practices not having a EHR - what is cost effective? (1-3 providers only)

Guidelines/Best Practices

- Help with setting guidelines for PPE preservation
- Management of chronic conditions
- Management of chronic delirium in the nursing home
- Management of LTC patients on ventilators
- How to implement best practices
- How to streamline OLTC with AMDA standards of care
- Ongoing updates to clinical practice
- How to implement what we have learned into clinical settings
- Standardizing change in condition management in all facilities that our health system oversees
- Guidelines aligning nationally - differing from one sate to another

Infection Control

- Standardization of Infection control in association with Dept of Health and Local Labs
- Tests and PPE
- Further education on strategies at different facilities for infection management in light of the pandemic.
- It would be helpful to have a lecture on infectious disease and the protocols in the SNF for treatment of common infections and especially isolation.

Leadership

- It's ideal to be both, but if given only one choice, which would you rather be? A successful leader or an effective leader?
- Help with leadership training for nursing home nurses, we need to develop a leadership program for nurses interested in moving into management.
- How to be an effective leader and how to have our teams work well together.

- Leadership implementation-QAPI Meetings
- Physician leadership

Medical Director

- Contract Negotiations
- Role/Duties/Responsibilities of Medical Director
- Help us not be fired or exchanged for another medical director due to low census
- How medical director is expected to perform 24/7 without breaks
- How medical director gets support from owner/operator
- Improve medical director duties
- Navigate role of local med director in the for-profit chains with corporate leadership
- Strategies on obtaining medical director positions in facilities
- Show how to have facilities recognize good Medical Director's and not be able to get rid of them
- Unite medical directors by area to deal with acute care conglomerates

Medical Management

- Deprescribing
- Antibiotics stewardship and other activities that require other attending physicians' involvement and buy-in.
- DEA regulations for schedule 2
- How to reduce opioids in LTC/SNF
- Implement medication management and polypharmacy
- New information on medications
- Polypharmacy - Falls Agitation
- Polypharmacy reduction
- Tools to reduce the use of antipsychotics. Nonpharmacologic ways to decrease incidence of depression and therefore reduce the need for pharmacologic therapy (ie increasing social activities/ community activities etc). Reduce the risk of falls.
- Narcotic prescription issues

Palliative Care/Hospice/End-of -Life

- Educate about Hospice programs in NH.
- How to implement advance care planning in LTC
- Advance care planning help
- Hospice qualifications, when to refer, benefits, etc
- We have discussed so many new directions, but it still is difficult for me to implement POLST in the hospital and SNF as the state Michigan, based on my impression, is still not adapted to it

Policy/Advocacy

- Policy changes/issues
- How the PALTC communities responds to new state laws which legalize physician assisted suicide.
- Needs to be a federal initiative to mandate higher staff to patient ratios and funding to facilitate this at state/federal levels.
- Increase advocacy directly to SNF corporations that Medical Directors are more than a regulation checkbox.
- Policy/advocacy around CMS, particularly with the poorly coordinated response and misguided, punitive citations of PALTC in wake of COVID-19

Practice Management

- Improvement in many areas of practice
- Appreciate guidance in ever-changing modes of practice.
- Help with PDPM
- Implement value-based payment models for physicians in PALTC
- Decrease burden of MIPS on LTC physicians

- Physician and NP roles in new healthcare environment
- What quality measures can be easily done in SNF care?
- Addressing quality measures that do not necessarily reflect care adequately-i.e. antipsychotics used for hospice care. How can we differentiate so they are not included in the quality metrics?

QAPI

- QAPI meetings
    - How to make QAPI meetings more effective.
    - Role/expectations of the medical director in the QAPI meetings
    - Reassessment of quality meeting process
    - Transition to virtual QAPI meetings
    - My nursing home QAPI meetings are discussed in detail with our team. It's very helpful
- Implement QAPI
- Improve QAPI
- QAPI compliance
- QAPI and QM management after we survive COVID
- QAPI content and analysis
- Understanding QAPI
- Establishing QAPI and working on a better way to do root cause analysis of our falls.
- Create a quality improvement program in my practice for fall risk assessment and more aggressive treatment of osteoporosis
- How the Medical Director can change/influence parameters studied in QAPI process.
- How to get attending physicians and clinicians to buy in to quality programs such as deprescribing and benzo usage.
- How to understand adjustment calculations on Casper reports
- Implement a QA system in my facility
- Information to perform quality improvement in facilities
- Process improvement
- Sample QAPI projects with common issues that can guide facility management

Regulatory/CMS/Survey

- Balancing patient centered care with risk of state surveyor excessive punitive actions. Often the regulators get in the way of person-centered care.
- Continue to focus on regulatory oversite, meeting regulatory requirements in particular as they relate to QAPI requirements, content, focus, organization of QZPI activities, data and outcomes.
- Further clarify practice nationwide for APRN's in the setting of CMS directive below. How are collaborative practices incorporating this practice change?
- How to better address state and federal regulations. Points of contact to bring forth problems or concerns in the regulatory realm.
- 5 star rating and beyond
- Regulations regarding the scope of practice of CRNPs etc when it comes to signing monthly medication summaries, filling out forms, etc. what are they legally allowed to do?
- Stop requirement to write out prescriptions before ordering any narcotic in the nursing home.
- Survey Process
- Update on new regulations

Staffing

- Staff retention
    - CNA retention
    - How to find and retain physicians
- Staff Engagement
    - How to get mds more involved at the facilities

- - How to keep medical staff engaged in providing care to residents without any reimbursement from the owner/ operator.
    - Ways to best engage the medical staff to comply with regulatory initiatives that affect PALTC facilities (PDPM, etc)
    - Participatory management with nursing staff to increase empowerment, advance clinical skills and engagement
- Staffing shortages
    - Chronic shortage of employees, especially CNAs, nurses and dietary personnel
- Maintaining/building morale among all levels of staff and providers.
- How to provide excellent quality health care while understaffed.
- Approaches to improving staff recruiting
- Further best practices to foster a culture of positivity with limited nursing/ facility staff and resources.
- How do we ask for more staffing in LTC as we need more staff to care for patients who need total care
- How reward/honor staff (the well deserving front line)
- Concerns regarding staffing issues vs. budget, etc.
- How to better approach facilities with more limited resources/staff
- How to maintain health care professionals at least part time in the work force as they age.
- Improve turnover in nursing staff in SNF
- Managing attending physicians
- More on the use and role of APPs in the PALTC setting.
- Staff motivation
- Workflow always an issue and this conference helped identify opportunities to help

Telehealth/Telemedicine

- Implement Telehealth
- More information/updates telemedicine going forward
- Adaptation of Telehealth
- Advocating for telehealth
- Telehealth visits
- Telemedicine update and loved the technology lecture for new apps
- What are the best tools for telehealth?
- Make Telehealth with providers a Quality measure, like pressure ulcers or falls
- More about telehealth visits and coding
- Protocol for setting up online visit
- Ongoing Engagement of patients during the pandemic and isolation to prevent depression

Training/Teaching/Education

- Ability to educate on separation between medical decision-making, and administrative considerations.
- As a physician in Colorado, I am required to have 2 hours of training concerning how to manage opioids to avoid addiction problems. All Colorado physicians are required to have 2 hours of training before they renew their license. Licenses are renewed every 2 years. It would be great to get this training through AMDA.
- As I am new in PALTC and medical direction, I am seeking education to guide all areas of my practice.
- Continue presentations on CNA help
- Going restraint free
- How to implement compliance of NH nurses to call the NP before sending someone to the hospital.
- How to teach nursing staff and families when a urinalysis is appropriate
- I would be interested in more fellow and earlier career directed training
- More staff education
- Need for leadership training for charge RNs
- Our practice is full time post-acute so any educational opportunities are welcome
- Appropriate us of lab tests and imaging.

- Become a better provider for the geriatric population
- Different staffing / training models to best fit the SNF/LTC environment
- Good continuation and help develop better policies and procedures for patient care
- How to increase nursing skill levels.
- How to provide better education to NPs/PAs
- How to start as a new provider to a building
- Teaching materials for medical students and residents

Transitions/Readmissions

- Help resolve the poor medical hand-offs when patients discharge from hospital setting to SNF. Receiving inadequate records.
- Hospital discharge issues...How to improve the availability of medical information from discharging hospital, how to narrow the gap between discharging hospital and admitting rehab facility? how to avoid weekend discharge and admission in high volume?
- More innovative strategies addressing care transitions from hospitals to SNF, SNF to ED (& vice versa), and SNF to home.
- Acute care transfers
- Continued assistance with improving transitions of care
- Data transfer in transfer of care
- Decreasing 30-day readmissions
- Readmissions, length of stay
- How to get nursing homes to follow the entire care delivery and cause identification process completely and correctly.
- The 3-day hospital requirement is sometimes intentionally being avoided by hospitals and patients are sent back to SNF without 3 days qualifying.
- The guidelines in screening patients and handling admitting patients who have recently been discharged from hospital.
- Dealing w transfers in time of epidemics
- Work to decrease hospitalizations

Other:

- More Information on Innovate programs addressing the value of improving day-to-day life of residents in LTC - social and physical activities, outings, etc.
- Time management Issues
- Assisted Living
  - Include more education for home visit programs that also go to assisted living facilities
  - More specifics about rendering care in AL
- Burnout
  - How to address burnout. recognizing it, learning ways to better cope and removing those things that enhance burnout
  - How to maintain a healthy whole-body balance in this difficult time.
- Fall prevention/Reducing Falls
- Legal Issues /Risk Management
  - Malpractice issues
  - Understanding legal issues facing medical directors
- Pain Management
  - Education on chronic pain management without the use of opiates
  - Pain management in nursing home settings - potential for use / abuse
- Behavioral management
- Clinical program development
- Critical reading of the literature
- Demonstrate benefit of certification

- Diabetes - specific drugs and gave examples for use instead of focusing on drug classifications.
- Focused meeting tools
- Help with limiting primary cares obligation to make decisions about treatment only the specialists seem to understand.
- How is the society moving towards acceptance of CMD and physicians who practice in the post-acute and long-term care setting as providing quality medical care equal to that of other specialties?
- How to be a change agent
- How to both care for and protect my vulnerable elderly population
- How to do peer reviews
- How to further optimize care and therapy in the SNF setting
- How to help facilities care for more acutely ill post-acute patients.
- How to implement medical marijuana in facilities
- How to motivate my nursing home patients
- How to promote age friendly health systems within our PALTC facilities
- How to treat pressure injuries
- Implementation of AMDA's discussions senior housing executives
- Improving efficiencies in seeing patients in PALTC
- Interoperability
- How processes have been implemented and also hearing the pitfalls
- Lack of HCPs following GOLD guidelines for COPD. Education that helps HCPs in these settings follow guidelines.
- Medicine practiced by non-medical corporations personal
- More ideas on how to get the facility engaged in more current treatment models. Always seem stuck with we always do it this way.
- More information on managing individuals with intellectual disabilities including assessing dementia
- More on dealing with culture issues in my facility
- Project management
- Providing outstanding care at the limited cost facilities are given
- Turnaround time for lab testing. Possibly a review of options for on-site point-of-care testing with costs, pros/cons, reviews from those that are using them.
- Use of CBDs in nursing homes
- Widening the approved diagnosis range for use of anti-psychotics (i.e. bipolar disorder and severe depression not responding to common agents, Parkinson's, dementia)
- Wound care
- Writing nursing home policies