AAPACN 2020 Virtual Conference Recorded Sessions and CE Hour Information

Below are the sessions recorded at the AAPACN 2020 Virtual Conference and the number of continuing education hours (CEs) each session is worth. To receive your participation certificate, fill out the online form, found on your My Continuing Education page, to verify your participation in the educational activities. You may edit your attendance and save your progress as many times as you need. You may only submit your completed form and collect your CEs one time.

Please note:

- All sessions are eligible for ANCC CEs.
  - You may only earn CEs one time; you cannot receive CEs multiple times for viewing the same session.
  - There is no deadline to collect ANCC CEs.
- NAB CEs are not available for these recorded sessions.
- The Learning Labs sponsored by SimpleLTC are not eligible for CEs but contain great content from industry experts.

Conference: Keynote, General, and Breakout Sessions	CEs
Opening Keynote: Leadership in Turbulent Times	1.50
1.1 - ICD-10 Coding to Support PDPM	1.50
1.2 - How Do You Spell Success? P-D-P-M	
1.3 - Creative and Meaningful Education: Building Nursing Competencies	
1.4 - Avoid the Slippery (Legal) Slope of Improper Care Planning	
2.1 - Triple Check – The New Norm Under PDPM	1.50
2.2 - PDPM: Where We've Been and Where We're Going - Auditing and Monitoring for Continued Success	
2.3 - Achieving Person-Centered Care - Framed by Frailty - Delivered with Dignity	
2.4 - Interdisciplinary Team Models of Care: Pain Management and Falls Prevention	
2.5 - Anatomy of an MDS/Care Planning Lawsuit	
Keynote Panel: Alternative LTC Payment Models and Patient Care: What's the Real Impact on Nursing?	1.25
Product Theater – COVID-19: Medical Complexities, Interdisciplinary Care, and RAI Integration	0.75
3.1 - QRP? Five-Star? Quality Measures? How in the World do we Keep All This Straight?	1.50
3.2 - The Changing Role of Therapy Under PDPM	
3.3 - Taking Care: An inspirational Message for Healthcare Professionals	
3.4 - PDPM Lessons Learned and Best Practices	
4.1 - Don't Let PBJ Hurt Your Five-Star Rating	1.25
4.2 - Connecting Restorative Nursing and PDPM	
4.3 - Avoiding F-Tags: Dodging the Speeding Bullets	
4.4 - Putting Quality into Daily Systems	
5.1 - Section GG: Coding Nursing and Therapy	1.25
5.2 – Beyond the Basics of IPAs and Interrupted Stays	
5.3 - Let's Go Write a Performance Improvement Project	
5.4 - The Heart of Leadership - The Path to Exhilarating a Team	
Closing Keynote: A Conversation with Dr. David Gifford, Chief Medical Officer, AHCA	1.5
Educational Bonus: Learning Labs sponsored by SimpleLTC	0.0

Total possible ANCC CEs: 34.5

Total possible NAB CEs: 0

The American Association of Post-Acute Care Nursing (AAPACN) is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

Speaker and Content Information

General Sessions

OPENING KEYNOTE: LEADERSHIP IN TURBULENT TIMES

Bonnie Clipper, DNP, RN, MA, MBA, FACHE, CENP, Nursing Innovator Leader

The World Health Organization (WHO) has deemed 2020 as the "Year of the Nurse," which AAPACN has embraced as the theme for this year's conference and it has never been more fitting. Dr. Clipper will kick off the conference with a review of the current state of leadership within the COVID-19 environment. Emerging themes throughout the address include value-based care, shift in care settings, and staffing redistributions. Dr. Clipper will also highlight how innovation can help solve issues, and which leadership tactics are needed for success.

KEYNOTE PANEL: ALTERNATIVE LTC PAYMENT MODELS AND PATIENT CARE: WHAT'S THE REAL IMPACT ON NURSING?

Moderator: Cheryl Phillips, MD, AGSF, President and CEO, SNP Alliance

Panelists: James Lydiard, General Manager, Caremore Touch Program for Anthem, Flora Petillo, MSN, CRNP, CWS, SVP Strategic Initiatives and Clinical Practice, Genesis HealthCare, and Angelea Tolbert, VP of Operations, PruittHealth Premier

Managed care models are prevalent in skilled nursing populations and, increasingly, are being spearheaded by skilled nursing facilities in addition to traditional managed care payers. What are the implications of these alternative payment models for clinicians in facilities and how can they manage multiple payers and models across facility populations and beneficiaries? This panel is sure to provide new insights on the rapidly expanding Accountable Care Organization (ACO) and Institutional Special Needs Plan (I-SNP) models being implemented in facilities across the country. AAPACN members can expect to gain perspective on the different reimbursement models and what they mean for quality skilled care.

During the Plenary Session, we'll honor the receipients of the 2020 AAPACN Education Foundation Scholarships, including:

- Cheryl M. Thomas Scholarship – $5,000 RN scholarship to pursue a BSN or higher nursing degree nursing degree
- Elevating Healthcare Scholarship – $3,000 RN scholarship to pursue a BSN
- Lighting the Way for Nursing Scholarship – $5,000 LPN/LVN scholarship to pursue a BSN or higher nursing degree
- Sparking the Future in Healthcare Scholarship – $4,000 CNA scholarship to pursue an RN, BSN, or higher nursing degree

CLOSING KEYNOTE: A CONVERSATION WITH DR. DAVID GIFFORD, CHIEF MEDICAL OFFICER, AHCA

David Gifford, MD, MPH, Chief Medical Officer, Quality & Regulatory Affairs, and Amy Stewart, MSN, RN, DNS-MT, QCP-MT, RAC-MT, Vice President of Curriculum Development, AAPACN

When COVID-19 began we thought it would act like previous pathogens and traditional infection control processes would suffice. It turned out that COVID-19 and previously used infection prevention and control measures would need to be modified to protect staff and residents. During this live session Dr. Gifford will share his experiences and expertise with attendees and will be here to answer your most pressing questions related to infection practices in infection control.

Learning Objectives:

- Describe the current healthcare issues related to COVID-19;
- Discuss how best to deal reporting requirements to support state and federal responses to COVID-19;
- Discuss infection prevention and control requirements for survey preparation.

Product Theater sponsored by Broad River Rehab

COVID-19: MEDICAL COMPLEXITIES, INTERDISCIPLINARY CARE, AND RAI INTEGRATION

Renee Kinder, MS, CCC-SLP, RAC-CT, and Joel VanEaton, BSN, RN, RAC-MT, both of Broad River Rehab

Following this session, you'll be able to:

- Describe the current evidence related to medical complexities and risks for COVID-19
- Understand best practices for interdisciplinary team care for the COVID-19 patient
- Describe key elements of integration for documentation and coding during the RAI process

Breakout Sessions

1.1 *NAC* ICD-10 CODING TO SUPPORT PDPM

Carol Maher, RN-BC, RAC-MTA, RAC-MT, CPC, Hansen Hunter & Co.

ICD-10 coding will have a major impact on PDPM by establishing the principal diagnosis for the therapy components and identifying qualifying comorbidities that will impact the Non-Therapy Ancillary component. MDS Coordinators will need an understanding of ICD-10 coding guidelines and the basic steps for choosing the correct ICD-10 codes for each resident's stay. Following this session, you will be able to:

- Report the proper process for identifying an accurate ICD-10 code using the ICD-10-CM Manual
- List the PDPM components affected by accurate ICD-10-CM coding
- State where the Principal diagnosis ICD-10-CM code should be entered onto the MDS
- Describe how to determine the main term for ICD-10-CM coding

1.2 *NAC* HOW DO YOU SPELL SUCCESS? P-D-P-M!

Nisa McNeil, RN, BSN, RAC-CT, DNS-CT, QIN, Provider Professional Services – ASI Management, and Maria Arellano, RN, MS, PMC-III, PointRight Inc.

The implementation of PDPM has likely changed how your interdisciplinary team operates. How do you know if you're doing it right? As new practice patterns emerge, some may be beneficial while others could target you for increased governmental scrutiny. Close monitoring and measurement of key PDPM performance indicators are critical to gauge your progress and make the necessary adjustments along the way. Take a deeper dive into national trends in key PDPM focused analytics to provide critical insight to your organization's success. You'll examine one organization's lessons learned after the first six months of their PDPM journey. Following this session, you'll be able to:

- List five key performance indicators that provide insight into the facility's PDPM progress
- Identify two facility practices that could lead to increased scrutiny by CMS
- Develop strategies to enhance ongoing monitoring of your PDPM implementation

1.3 *DNS* CREATIVE AND MEANINGFUL EDUCATION: BUILDING NURSING COMPETENCIES

Lisa Thomson, BA, LNHA, HSE, Chief Strategy and Marketing Officer, Pathway Health Services, Inc.

Education can be fun and rewarding for the adult learner when it is organized, meaningful, and presented in a way that sticks. Adult learners need to hear it, see it, and do it. Successful outcomes come from good education. This session will provide the participant with five workable strategies for creating a simple but meaningful education session for staff members working in post-acute care. Following this session, you'll be able to:

- Identify the elements of competencies and evidence-based education to develop skills
- Develop a facility plan to implement competency-based training
- Describe key strategies for nursing leadership to operationalize the training process

1.4 *NAC/DNS* AVOID THE SLIPPERY (LEGAL) SLOPE OF IMPROPER CARE PLANNING

Gina D'Angelo, RN, BSN, MBA, NHA, CLNC, RAC-CT, DNS-CT, Clinical Consultant, Legal Nurse Consultant, Testifying Expert

Explore the slippery slope clinical leaders can sometimes get themselves into when care plans aren't properly completed. Whether you are an MDS Coordinator, DNS, rehab director or administer, timely, relevant, and person-centered care plans help the facility avoid the slide by litigators who know their way around a facility's electronic health record. Following this session, you will be able to:

- Explore the prevalence of litigation in skilled facilities
- Understand the process of a chart review and breech identification with reliance on federal regulations and the nurse practice act
- Discuss the importance the MDS Coordinator plays in spearheading the care planning process
- Share strategies for maintaining current, relevant, realistic, and meaningful care plans

2.1 *NAC* TRIPLE CHECK – THE NEW NORM UNDER PDPM

Stephanie Kessler, CHP, and Tracy Montag, RN-BSN, RAC-MT, both of RKL LLP

With the PDPM implementation on Oct. 1, 2019, there are new complexities to the triple check process. Providers must understand how a true triple check process cannot only mitigate risk of erroneous claims but also assist with identification of enhanced reimbursement. Following this session, you'll be able to:

- Identify the key elements of a successful triple check process
- Gain an understanding of the changes needed for the triple check process under PDPM

2.2 *NAC* PDPM: WHERE WE'VE BEEN AND WHERE WE'RE GOING – AUDITING AND MONITORING FOR CONTINUED SUCCESS

Eleisha Wilkes, Proactive Medical Review and Consulting LLC

Let's take a look at how PDPM has affected us since its implementation last October, and how we can continue to be successful under the new payment model. We will review recent trends, issues, and/or concerns, and gain insight into effective monitoring and auditing systems to avoid common errors and support MDS coding. Following this session, you'll be able to:

- Review PDPM trends since the Oct. 1, 2019 implementation
- Understand the difference between monitoring and auditing, and how to apply effective systems for PDPM
- Review common MDS coding errors and documentation needed to support MDS coding responses

2.3 *DNS* ACHIEVING PERSON-CENTERED CARE – FRAMED BY FRAILTY – DELIVERED WITH DIGNITY

Steven Buslovich, MD, MSHCPM, CMD, PALTC facilities in Western New York, Margaret Sayers, Geriatric Nurse Practitioner, Patient Pattern, and *Barbara Bates, RN, MSN, RAC-CT, DNS-MT, QCP-MT, MDS Solutions and MedNet Concepts*

You care about providing the kind of care we all seek. Care that considers our goals, priorities, and expectations. One important dimension to determining and delivering such care requires an understanding of the medical risk of the patient, their vulnerability to adverse outcomes, and the appropriateness of their goals and expectations. Frailty is the evidence-based, best metric for determining risk and thus for framing a truly person-centered plan of care. Following this session, you'll be able to:

- Describe the concept of frailty as the best predictor of risk in post-acute and long-term care and the measurement of frailty as a framework for person-centered care
- Remember three characteristics of frailty and three common patient outcomes occurring as frailty increases
- Identify three MDS generated insights central to person-centered care and developing care plans
- Evaluate the outcomes of your current approach to person-centered care to determine if a risk-based modality, communicated and operationalized, is warranted

2.4 *NAC/DNS* INTERDISCIPLINARY TEAM MODELS OF CARE: PAIN MANAGEMENT AND FALLS PREVENTION

M. Catherine Wollman, DNP, GNP-BC, CRNP, geriatric consultant, and Seema Gurnani, DPT, Board-Certified Geriatric Clinical Specialist, CEEAA, Accelerated Care Plus

Opportunities for interdisciplinary collaboration are essential to optimize resident-centered care and impact quality measures. The clinically complex SNF resident has multiple comorbidities, functional decline, and cognitive impairment often complicated by pain or history of falls. You will learn evidence-based approaches for residents with challenging issues of pain or history of falls within a collaborative team approach. The innovative model of care will facilitate action plans for performance improvement. Case-based scenarios will be included. Following this session, you'll be able to:

- Identify collaborative opportunities for improved outcomes for the resident with pain or history of falls
- Evaluate the nurse's role within the IDT plan of care for the resident with pain or history of falls
- Track and measure progress for continued performance improvement for residents with pain or history of falls

2.5 *NAC/DNS* ANATOMY OF AN MDS/CARE PLANNING LAWSUIT

Laura Ginett, JD, and Elizabeth Neidig, both of Hall, Prangle and Schoonveld

In this session using case studies, we will explore the common themes in litigation regarding care plans and the MDS. For care plans, that includes failure to create initial care plans, update care plans, communicate the contents of the plan to staff, and document the plan's components in the medical record. Regarding the MDS, that includes lack of consistency in the MDS, PT, Nursing and CNA notes concerning ADL function, and failure to accurately document the number of wounds and stages. Following this session, you'll be able to:

- Understand the standard of care required for care plans and the MDS
- Understand the importance of timing with care plans, care plan updates after changes in condition
- Learn how care plans and MDS assessments are used by plaintiffs in litigation against facilities and nursing staff

3.1 *NAC* QRP? FIVE STAR? QUALITY MEASURES? HOW IN THE WORLD DO WE KEEP ALL THIS STRAIGHT?

Scott Heichel, RN, CIC, RAC-MT, DNS-CT, QCP, LeaderStat

Is your facility confident that you know the in's and out's of these critical CMS programs? Each program offers facility staff a way to tell the journey of their residents. They also indicate quality, and they have financial penalties and consumer decision making tied to them. However, these programs don't make it easy to show that true picture of your facility or organization. In this session, we will tackle the strategies needed to be successful with these complex programs and show the quality journey of your residents. Following this session, you'll be able to:

- Name the MDS-based Quality Measures that make up the QRP
- State the Five Star calculation methodology
- State how a resident qualifies as either short stay or long stay for QMs

3.2 *NAC* THE CHANGING ROLE OF THERAPY UNDER PDPM

Mark McDavid, OTR/L, RAC-CT, CHC, Seagrove Rehab Partners

While the therapist's role in the SNF setting has always been to treat patients, from a management standpoint, it has been to work closely with MDS to appropriately drive and capture RUG scores. Now that therapy days and minutes no longer drive reimbursement, what role are your therapists playing (and what role should they play) in your SNF? In this session, we will explore the changing role of your therapist and the best way your facility can utilize their skills and knowledge. Following this session, you'll be able to:

- Understand current practice patterns of therapy providers in light of PDPM
- Discuss how therapists determine the volume of therapy for a given patient
- Understand how therapists are currently managed and how to best use your therapists' skills and knowledge
- Discuss which sections on the MDS therapy should have input in and why

3.3 *NAC/DNS* TAKING CARE: AN INSPIRATIONAL MESSAGE FOR HEALTHCARE PROFESSIONALS

Larry Johnson, MA, CSP, Johnson Training Group

In 2003, Larry Johnson's wife CJ incurred a severe TBI that left her hemiplegic, wheelchair-bound, and completely unable to perform ADLs. From intensive care, to skilled nursing facilities, to home-health, and finally hospice care, Larry served as CJ's primary caretaker and loving partner. Hear his personal story of that 13-year journey, which is guaranteed to touch your heart and make you proud of your noble profession. Following this session, you'll be able to:

- Make a fresh commitment to providing superlative care
- Acquire a new awareness of the negative behavior patterns that staff can sometimes slip into and what to do about it
- Be glad you have chosen the noble profession of nursing

3.4 *NAC* PDPM LESSONS LEARNED AND BEST PRACTICES

Leigh Ann Frick, PT/MBA, RAC-CT, Care Navigation Consulting, and Liz Barlow, RN, CRRN, DNS-CT, RAC-CT

This session will focus on interdisciplinary collaboration as it pertains to PDPM success; lessons learned and best practices going forward. While the touted "decrease in burden" as it relates to nurse assessment coordinators is specific to fewer assessments, we know that the accuracy and time spent on the Medicare Admission Assessments, IPAs (when applicable), and Discharge Summaries will increase. This session will use real-life examples of both what to do and what NOT to do, in order to present a best-practices approach to PDPM utilizing the entire care team.

- Articulate the main challenges identified since PDPM implementation
- Explain success strategies noted through case studies
- Apply best practices to their facility and workflow

4.1 *NAC* DON'T LET PBJ HURT YOUR FIVE-STAR RATING

Polly Kirkwood, Simple LTC

Payroll-Based Journal (PBJ) data is now the basis for your staffing Five-Star ratings. Learn how CMS is sharing your PBJ data with the public and state surveyors, plus how that data is being used. By understanding how PBJ determines your staffing Five-Star rating, you can take proactive action to manage your RN and staffing levels, tighten up MDS steps that affect staffing ratings, and prepare for potential audits, state survey inquiries and/or public scrutiny. Following this session, you'll be able to:

- Understand how your Five-Star staffing rating is calculated using PBJ data
- Identify key areas of focus for PBJ auditors
- Explain how PBJ data is shared and used by CMS
- Describe what actions will trigger a one-star staffing rating

4.2 *NAC* CONNECTING RESTORATIVE NURSING AND PDPM

Maureen McCarthy, RN, BS, RAC-MT, RAC-MTA, DNS-MT, QCP-MT, Celtic Consulting

Under PDPM, SNFs will likely experiment with alternative care models, which may include a restorative nursing program. Learn about the advantages that a restorative nursing program can bring to residents and your reimbursement. Understand how restorative nursing programs can improve resident and family satisfaction, impact reimbursement, and reduce rehospitalizations. Following this session, you'll be able to:

- Review the requirements of a restorative nursing program
- Outline how restorative nursing programs can improve resident satisfaction and care outcomes
- Explain how an effective restorative nursing program can assist in expense reduction, reduce rehospitalizations, and improve the bottom line

4.3 *DNS* AVOIDING F-TAGS: DODGING THE SPEEDING BULLETS

Kim Steele, RN, WCC, RAC-CT, Health System Management

There has been a significant jump in tags being cited related to all things MDS and care plans. Two main reasons facilities receive deficiencies are the lack of or failure to follow its own policy and that the Department of Health identified the issue that the facility should have already known about. MDS accuracy and having the MDS Coordinator drive Quality Measures is critical to avoiding these issues. The information in this session will assist you with implementing simple ways to ensure risk areas are identified and addressed without re-inventing the wheel. Following this session, you'll be able to:

- Understand and implement simple practices to avoid deficiencies
- Understand when to implement a QAPI PIP

4.4 *NAC/DNS* PUTTING QUALITY INTO DAILY SYSTEMS

Rosanna Benbow, RN, CCM, CIC, RAC-CT, DNS-CT, Leading Transitions Post-Acute Care Consultation and Staffing, LLC

With increasing focus on pay for performance, it is more important now than ever to integrate systems to monitor quality (traditional quality measures, Five Star, VBP and QRP). Gain a better understanding of triggers for the various quality measures as well as covariates, exclusions, and how to track these clinical conditions in routine daily processes. Following this session, you'll be able to:

- Identify resources for identifying quality measures triggers
- Discuss three strategies to implement quality measure tracking into daily systems
- List three common coding mistakes that contribute to inaccurate quality measures
- Identify four claims-based quality measures

5.1 *NAC* SECTION GG: CODING NURSING AND THERAPY

Kasey Clyde, RN, RAC-CT, Derby Health and Rehab

Often, therapy sees the resident for only a small part of the day, while nursing sees the resident throughout the day. There can be differences in how section GG is coded between the two disciplines. How should it be coded for MDS purposes? Following this session, you'll be able to:

- Understand why there are differences between disciplines
- Learn how to code section GG when differences are noted between nursing and therapy

5.2 *NAC* BEYOND THE BASICS OF IPAS AND INTERRUPTED STAYS

Jessie McGill, RN, RAC-MT, RAC-MTA, AAPACN

In this session, you will be able to improve your understanding and application of Interim Payment Assessments (IPAs) and Interrupted Stay Policy. Following this session, you'll be able to:

- Understand how the Interrupted Stay Policy affects the PPS schedule, variable per diem adjustment schedule, and reimbursement
- Delineate how an interrupted stay is reflected on the UB-04
- Describe missed opportunities which could warrant an IPA
- Recognize key meetings and areas to monitor for identifying changes in resident characteristics

5.3 *DNS* LET'S GO WRITE A PERFORMANCE IMPROVEMENT PROJECT (PIP)

Barbara Bates, RN, MSN, RAC-CT, DNS-MT, QCP-MT, and Linda Winston, RN, MSN, BS, RAC-CT, DNS-MT, QCP-MT, both of MDS Solutions and MedNet Concepts

The QAPI process is no longer new. We have known since 2016 that various aspects of the QAPI process needed to be put into place with the last being Phase 3. So, what happens now? The Requirements of Participation (ROP) requires facilities to, at minimum, develop a PIP each year. Are the PIPs that we have designed helping to make change? Are the PIPs being developed by staff trained in the QAPI process? This session will focus on building a PIP from a PIP Charter. Understand the PIP team roles and responsibilities, completing root-cause analysis, identifying barriers, and setting. Following this session, you'll be able to:

- Describe the purpose of developing a Performance Improvement Project (PIP) charter
- Identify three key elements to developing and implementing a PIP
- Identify three to five key high-risk and problem-prone areas related to resident quality of life and care, and determine priority order
- Describe the three to five steps to complete a root-cause analysis

5.4 *NAC/DNS* THE HEART OF LEADERSHIP – THE PATH TO EXHILARATING A TEAM

Jason Collett, MBA, BA Psychology, Adaptivity Development LLC

Now more than ever, the complexities of the employee landscape are impacting the way that people work. Gain a better understanding of the challenges that have grown out of a rapidly changing, multi-generation and diverse workforce. Different ages, values, and expectations create an increasingly difficult impediment of connecting, communicating, and leading people. The speaker will address and share examples of reframing the essence of leadership, so that strategic solutions can be nurtured and grown in others. Following this session, you'll be able to:

- Identify the "why" and self-passion to be a leader
- Learn to connect and lead an individual from where they are
- Inspire and connect a team to bond together and drive toward a meaningful goal

Bonus content: Learning Labs sponsored by SimpleLTC

**These sessions are not eligible for CEs but contain great content from industry experts.*

GETTING THE MOST FROM YOUR MDS SCRUBBER RULES

NHSN REPORTING OF LTC COVID-19 INFECTIONS

PBJ BEST PRACTICES FOR FIVE-STAR SUCCESS

SNF ANALYTICS – WHAT YOU DON'T KNOW CAN HURT YOU

UNLOCKING IQIES – THE BIG CHANGES COMING FOR CMS ACCOUNT SECURITY

WHAT'S NEW WITH THE OCTOBER 2020 MDS ITEM SET

TAKING GG FROM GOOD TO GREAT