

**Agency Mission:** To assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.

**Kansas State Board of Nursing  
Continuing Nurse Education & IV Therapy Committee Agenda  
September 14, 2021**

**NOTE: The meeting will be held via Zoom. Link to access meeting to follow agenda.**

**Time:** 12:30 p.m. – 2:00 p.m.

**Committee Members:** Julianna Rieschick, RN, MSN, NEA-BC – Chair  
Rebecca Sander, MSN, RN – V. Chair  
Adri Gouldsmith, LPN  
Gwendolyn Loyd, MBA, MSN, RN  
Geovanne Gone, Public Member  
Melanie Burnett, MSN, RN  
Laura Aberle, BSN, RN  
Kenetta Markelionis, RN, MSN  
Karen Aufdemberge, RN, BSN

**Staff:** Chelsey Stephenson – Education Specialist, CNE  
Carol Moreland, MSN, RN – Executive Administrator  
Michelle Brown, Senior Administrative Assistant

- I. Call to Order
- II. Review of On-Site Packet
- III. Additions/Revisions to the Agenda
- IV. Announcements
- V. Approval of Minutes – June 15, 2021
- VI. Unfinished Business
  - 1. Delinquent Long-Term CNE Providers Update
  - 2. CNE Coordinator Education Training
  - 3. Update on CNE Regulations
  - 4. PN Program IV-Therapy Rosters Update
- VII. New Business
  - 1. IOA Statistical Report
  - 2. Review of Long-Term CNE Provider Annual Report Data
  - 3. LTP Relinquishments
    - a. Robert J. Dole VA Medical Center; LT0083-0927
    - b. Allied Health Career Training, LLC; LT0302-0917
    - c. Kansas Heart Hospital, LLC; LT0258-1009
    - d. Hagan and Associates, LLC; LT0267-1010
  - 4. LTP 5-Year Renewals
    - a. Cloud County Health Center; LT0273-0911
    - b. Coffeyville Regional Medical Center; LT0099-0316

- c. EagleMed, LLC; LT0208-0916
- d. GERTI; LT0249-0916
- e. KC Hospice & Palliative Care; LT0118-0916
- f. Newton Medical Center; LT0209-0916
- g. Nuehealth; LT0276-0911
- 5. Initial LTP Applications
  - a. CE That Matters
- 6. Review of IV-Therapy Provider Annual Report Data
- 7. IV-Therapy Task Force Report

VIII. Agenda for December 2021 Committee meeting

IX. Adjourn

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/81317653654?pwd=M3Zmek52M0pYMHFCU0tsVWpFSmVVdz09>

Passcode: KsbnCEComm

Or One tap mobile :

US: +16699006833,,81317653654#,,,,\*4464516579# or +12532158782,,81317653654#,,,,\*4464516579#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 646 876 9923 or +1 301 715 8592 or +1 312 626

6799

Webinar ID: 813 1765 3654

Passcode: 4464516579

International numbers available: <https://us02web.zoom.us/j/81317653654?pwd=M3Zmek52M0pYMHFCU0tsVWpFSmVVdz09>

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**June 2021**

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**IOAs**

Received: 86  
Approved: 64 (2,115.0 hours)  
Denied: 44  
Pending: 0

**LTP Applications**

Received: 1  
Approved: 1  
Denied: 0  
Pending: 0

**SP Applications**

Received: 0  
Approved: 0  
Denied: 0  
Pending: 0

**IVT Providership  
Applications**

Received: 0  
Approved: 0  
Denied: 0  
Pending: 0

**July 2021**

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**IOAs**

Received: 122  
Approved: 76 (2,764.9 hours)  
Denied: 46  
Pending: 0

**LTP Applications**

Received: 1  
Approved: 0  
Denied: 0  
Pending: 1

**SP Applications**

Received: 1  
Approved: 1  
Denied: 0  
Pending: 0

**IVT Providership  
Applications**

Received: 0  
Approved: 0  
Denied: 0  
Pending: 0

**August 2021 (as of 08-18-21)**

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**IOAs**

Received: 89  
Approved: 57 (2,112.6 hours)  
Denied: 9  
Pending: 0

**LTP Applications**

Received: 0  
Approved: 0  
Denied: 0  
Pending: 0

**SP Applications**

Received: 1  
Approved: 1  
Denied: 0  
Pending: 0

**IVT Providership  
Applications**

Received: 0  
Approved: 0  
Denied: 0  
Pending: 0

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Accredo Health, Inc. LT0223-0538	32	248.1	3	181	1	0	248.1	0	7	41.1	0	28	3	0	Yes	Yes
AdventHealth Ottawa LT0055-0905	25	848	4	123	0	0	387	461	0	0	0	0	0	0	Yes	Yes
Advocacy Through Education, LLC LT0222-0538	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Allied Health Career Training, LLC LT0302-0917 Voluntarily Relinquished LTP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	No	N/A
Amberwell Atchison LT0147-0738	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Amberwell Hiawatha LT0233-1238	Did Not Submit 2021 Annual Report and Fee														No	No
American Academy of Family Phys. LT0278-0312	199	2037.3	96	978	17	0	764.63	1273	2	20.4	101	1019	16	0	Yes	Yes
ARJ Infusion Services, Inc. LT0285-0913	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Atkins Physical Therapy & Ergonomics LT0283-0813	Did Not Submit 2019, 2020 or 2021 Annual Report and Fee														No	No
B.E. Education Group, LLC LT0258-0310	63	479	2	104	10	0	4	475	0	0	0	0	0	0	Yes	Yes
Bailey Medical Service, LLC LT0295-1215	Did Not Submit 2019, 2020 or 2021 Annual Report and Fee														No	No
Blue Valley School District LT0174-0261	4	4	0	43	1	0	1	3	0	0	0	0	0	0	Yes	Yes
Butler Community College-Allied Health LT0093-0349	3	135	0	0	30	0	135	0	0	0	0	0	0	0	Yes	Yes
Carrefour Associates LT0280-0612	0	0	0	0	0	0	0	0	2	2	0	0	0	0	Yes	Yes
Case Management Society of America - KC LT0206-0606	10	30.5	0	237	0	0	3.5	27	0	0	0	0	0	0	Yes	Yes
Citizens Medical Center, Inc LT0298-0616	40	676.5	5	109	0	0	336	341	0	0	0	0	0	0	Yes	Yes
Clay County Medical Center LT0298-0616	Did Not Submit Annual Report in 2019, 2020 or 2021 or 2019 Fee														No	No
Cloud County Health Center LT0273-0911	2	64	1	7	0	0	7	1	0	0	0	0	0	0	Yes	Yes
Coffeyville Regional Medical Center LT0099-0316	19	63	1	60	0	0	48	15	0	0	0	0	0	0	Yes	Yes

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Community HealthCare System LT0115-0516	4	22.2	2	24	2	0	22.2	0	0	0	0	0	0	0	Yes	Yes
Debriefing the Front Lines Inc. LT0308-0621	Annual Report and Fee Not Required: New CNE Provider														N/A	N/A
Dodge City Community College LT0003-0527	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Dusenbury Healthcare Associates, LLC LT0306-0920	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
EagleMed, LLC LT0208-0916	272	1573	79	1214	49	0	209	238	0	0	0	0	0	0	Yes	Yes
Ellsworth County Medical Center LT0266-1010	6	125	1	39	3	0	121	4	0	0	0	0	0	0	Yes	Yes
Faith Community Nurses' Assoc. LT0297-0316	5	14.25	0	200	3	0	8.25	6	0	0	0	0	0	0	Yes	Yes
FlexCare Infusion Center LT0305-0619	2	2	6	4	3	0	2	0	0	0	0	0	0	0	Yes	Yes
Fort Scott Community College LT0205-0506	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	
Geary Community Hospital LT0289-0614	2	26.5	0	13	0	0	26.5	0	0	0	0	0	0	0	Yes	Yes
GERTI LT0249-0916	29	38	0	33	7	0	0	38	29	112	0	26	7	0	Yes	Yes
Girard Medical Center LT0254-1272	16	233	0	47	1	0	90	143	0	0	0	0	0	0	Yes	Yes
Great Plains Health Alliance LT0019-0149	14	104	2	54	0	0	18	86	0	0	0	0	0	0	Yes	Yes
Greater KC Ch. of Amer. Society for Pain LT0279-0412	45	185.2	87	812	0	0	158.2	27	6	14.4	0	86	0	0	Yes	Yes
Greater KC Chapter of NAPNAP LT0203-0505	4	4	84	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Hagan and Associates, LLC LT0267-1010 Voluntarily Relinquished LTP	Did Not Submit Annual Report; Voluntarily Relinquished Providership															N/A
Hays Medical Center LT0021-1138	70	472.25	25	506	16	0	364.5	108	0	0	0	0	0	0	Yes	Yes
Hutchinson Community College LT0101-0527	29	345.4	13	242	52	0	306.4	39	0	0	0	0	0	0	Yes	Yes
Hutchinson Regional Medical Center LT0025-1127	15	105.5	0	120	1	0	99.5	6	0	0	0	0	0	0	Yes	Yes

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Institute for Natural Resources LT0140-0927	60	429	22	194	1	3	0	429	70	249	4	138	2	0	Yes	Yes
Interim HealthCare LT0305-0620	9	8.5	0	21	3	0	24	0	0	0	0	0	0	0	Yes	Yes
Just Some Podcast, LLC LT0307-1220	0	0	0	0	0	0	0	0	0	0	0	0	0	0	No	N/A
KaMMCO LT0232-1238	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Kansas City CARE Clinic LT0256-0609	26	58.5	57	127	30	0	7	89	0	0	0	0	0	0	Yes	Yes
Kansas City Hospice & Palliative Care LT0118-0916	34	51	3	245	6	0	35	16	0	0	0	0	0	0	Yes	Yes
Kansas Coalition Against Sexual & Dom. LT0291-0914	10	189	0	189	0	0	111	78	0	0	0	0	0	0	Yes	Yes
Kansas Department of Health & Environ. LT0300-0317	Did Not Submit 2019, 2020 or 2021 Annual Report and Fee														No	No
Kansas Foundation for Medical Care LT0306-0619	1	3	0	27	5	0	3	0	0	0	0	0	0	0	Yes	Yes
Kansas HealthCare Association LT0030-0338	57	351	0	823	155	0	256	95	0	0	0	0	0	0	Yes	Yes
Kansas Heart Hospital LT0258-1009	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	N/A
Kansas Home Care & Hospice Association LT0287-0314	16	64.2	29	433	11	0	52.8	11	0	0	0	0	0	0	Yes	Yes
Kansas Hospital Association LT0031-0161	5	6.5	0	147	2	0	2.5	4	0	0	0	0	0	0	Yes	Yes
Kansas Neurological Institute LT0032-0316	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Labette Health LT0034-1127	12	115.5	6	45	0	0	48	68	0	0	0	0	0	0	Yes	Yes
Larned State Hospital LT0094-0727	76	489	4	116	61	4	0	489	0	0	0	0	0	0	Yes	Yes
Lawrence Memorial Hospital LT0035-0927	23	32.5	15	441	9	0	14.5	17	0	0	0	0	0	0	Yes	Yes
LeadingAge Kansas LT0102-1116	25	64	1	119	15	0	34.5	30	0	0	0	0	0	0	Yes	Yes
LifeSave LT0281-1217	21-Feb	447	8	338	8	0	386	61	0	0	0	0	0	0	Yes	Yes

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Manhattan Area Technical College LT0260-0710	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Memorial Health System LT0292-0615	2	8.6	2	20	0	0	8	1	0	0	0	0	0	0	Yes	Yes
Menorah Medical Center LT0227-0938	13	149	0	149	0	0	149	0	0	0	0	0	0	0	Yes	Yes
Mental Health Assoc. of South Central KS LT0105-0127	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Mid-America Wound Healing Society LT0296-1215	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Midland Care Connection; LT0211-0572	6	15	6	21	4	8	3.5	12	0	0	0	0	0	0	Yes	Yes
New Birth Company LT0290-0614	7	30.5	17	25	1	0	28	3	0	0	0	0	0	0	Yes	Yes
Newman Regional Health LT0046-0538	13	76.5	2	104	2	0	50	27	1	4	0	2	0	0	Yes	Yes
Newton Medical Center LT0209-0916	16	126	4	90	5	0	126	0	0	0	0	0	0	0	Yes	Yes
Olathe Medical Center, Inc. LT0048-0749	52	322.6	21	523	6	0	218.9	104	80	160.2	4	961	5	0	Yes	Yes
Olathe Public Schools #233 LT0242-0950	1	1	3	54	0	0	1	0	0	0	0	0	0	0	Yes	Yes
Omnicare Pharmacy of Kansas City LT0150-0738	0	0	0	0		0	0	0	0	0	0	0	0	0	Yes	Yes
Optum Infusion Pharmacy LT0271-0610	129	129	14	514	26	0	6	123	0	0	0	0	0	0	Yes	Yes
Osawatomie State Hospital LT0111-1105	79	405	4	114	40	16	140	265	0	0	0	0	0	0	Yes	Yes
Overland Park Regional Medical Center LT0225-0738	12	66.85	5	102	0	0	10	10	0	0	0	0	0	0	Yes	Yes
Parsons State Hospital & Training Center LT0304-0619	Did Not Submit 2020 or 2021 Annual Report and Fee														No	No
Perinatal ReSource LT0286-1213	Did Not Submit 2020 or 2021 Annual Report and Fee														No	No
Pittsburg State University LT0051-0738	1	1	0	2	0	0	0	1	0	0	0	0	0	0	Yes	Yes
Presbyterian Manors of Mid-America LT0246-0316	16	28.5	0	206	60	0	14	15	0	0	0	0	0	0	Yes	Yes

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Professional Continuing Education, Inc. LT0053-0949	1	14	0	6	2	0	14	0	13	63.6	0	39	0	0	Yes	Yes
Providence Medical Center LT0054-1127	40	169.9	0	488	0	0	142.7	28	0	0	0	0	0	0	Yes	Yes
Republic County Hospital LT0057-0338	11	93.1	1	65	0	0	93.1	0	1	1.8	0	8	0	0	Yes	
Robert J Dole VA Medical Center LT0083-0927 Voluntarily Relinquished LTP	12	12	0	55	0	0	12	0	0	0	0	0	0	0	Yes	N/A
Salina Regional Health Center LT0136-0727	89	447.2	0	419	5	0	383.9	54	0	0	0	0	0	0	Yes	Yes
Salina Surgical Hospital LT0207-0606	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Seward County Community College LT0163-0250	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Shawnee Mission Public Schools LT0069-0149	7	10	0	342	0	0	8	2	0	0	0	0	0	0	Yes	Yes
Southwest Medical Center LT0071-0327	3	21	0	11	0	0	21	0	12	12	0	117	12	0	Yes	Yes
St. Catherine Hospital LT0060-0738	7	360	2	51	0	0	158	202	0	0	0	0	0	0	Yes	Yes
Stormont Vail HealthCenter LT0072-0538	30	685.6	54	220	9	0	599.8	86	0	0	0	0	0	0	Yes	Yes
Susan B. Allen Memorial Hospital LT0074-0349	17	69.5	0	165	0	0	63.5	6	12	197	0	67	0	0	Yes	Yes
TCG Media, LLC LT0270-0111	0	0	0	0	0	0	0	0	45	66.7	0	2684	2611	0	Yes	Yes
The Nursing Connection LT0304-0620	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Univ. of KS Health System St. Francis LT0061-0138	62	111.8	60	270	0	0	12	50	0	0	0	0	0	0	Yes	Yes
KU Area Health Education Ctr-E LT0056-0749	366	470	605	1600	37	0	87	383	7	13.5	0	9	4	0	Yes	Yes
KU Area Health Education Ctr-W LT0086-1149 Voluntarily Relinquished LTP	30	177.8	40	154	27	0	30.3	148	1	4.1	10	2	0	0	Yes	N/A
Valuehealth (Nuehealth) LT0276-0911	1	8.75	0	26	0	0	1	8	0	0	0	0	0	0	Yes	Yes

LTP Name	Offering #	Offering Contact Hrs.	APRN	RN	LPN	LMHT	Nurse Taught	Others Taught	IS Topics	IS Contact Hrs.	APRN	RN	LPN	LMHT	TPE	Fee
Washburn Institute of Technology LT0299-0317	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Yes	Yes
Washburn University, School of Nursing LT0084-0538	12	56	23	258	10	12	35	21	0	0	0	0	0	0	Yes	Yes
Wesley Medical Center LT0085-0327	20	116	3	146	1	0	100	16	0	0	0	0	0	0	Yes	Yes
Wesley Perinatal Outreach LT0081-0905	23	86	3	147	12	0	56	30	0	0	0	0	0	0	Yes	Yes
Wichita State University LT0090-0327	8	92.5	17	822	38	0	92.5	0	0	0	0	0	0	0	Yes	Yes
William Newton Hospital LT0091-1138	20	68.5	3	66	1	0	67.5	1	14	0	0	0	0	0	Yes	Yes



**Name of Provider: Cloud County Health; LT0273-0911**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/08/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
• Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours	X	
• Credit for fractions of hours over 30 mins to be computed towards a contact hour	X	
• Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum	X	
• Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results		X
• Clinical hours		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
• The provider's name, address, provider number, and coordinator	X	
• The date and title of the offering, and the presenter or presenters	X	
• The participant's name and license number and the number of contact hours awarded	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
• The provider's name, address, provider number, and coordinator	X	
• The participant's name and license number, and the number of contact hours awarded	X	
• The title of the offering	X	
• The date on which the offering was completed	X	
• Either the completion of a posttest or a return demonstration	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
• The provider's name, address and provider number	X	
• The title of the offering	X	
• The date or dates of attendance or completion	X	
• The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded	X	
• The signature of the individual responsible for the providership	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>PALS</b>	<b>PALS Update</b>
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24934 **Date submitted:** Jul 8 10:48 2021

**radio** ~ Renewal

**Providername** ~ Cloud County Health Center

**providernum** ~ LT0273-0911

**legalbody** ~ ~

**address** ~ 1100 Highland Drive

**adress2** ~ Concordia, KS 66901

**telephone** ~ 7852431234

**email** ~ aelsasser@cchc.com

**coordinator** ~ Alison Elsasser

**date** ~ 07-08-2021

**planningce** ~ CNE programs will be coordinated based on patient safety & staff development needs as reported by: Quality Assurance Director, CNO, Infection Control Nurse, Nurse Managers &/or CEO. CNE programs also will be coordinated based on requests/reports from SHN or community agencies. Evaluations completed at the end of each CNE program will ask for participant input: FUTURE PROGRAMS I WOULD LIKE TO ATTEND. Planning for CNE programs will be conducted at the monthly Nurse Manager meeting.

**feeassessment** ~ CNE programs provided by CCHC will be given free of charge to CCHC employees. Fees may be required to purchase textbooks required for program or when special circumstances arise such as outside speakers/instructors require fee for service. Sunflower Health Network members will be charged a reduced rate based on cost of materials, meals when offered, snacks and/or presenter fee. All other participants will be charged a non-reduced fee predetermined by CCHC to cover materials, meals when offered, snacks and/or presenter fee. Refunds, minus textbook fees, will be given for 24 hour notice of inability to attend. The return of a check issued to Cloud County Health Center due to insufficient funds will be subject to a \$30 returned check fee.

**advertisement** ~ Calendar of CE programs will be published at least quarterly for regularly scheduled programs (BLS, ACLS, PALS, NRP, TNCC, etc.). ALL publications for offering announcements shall contain the following statement: "Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for \_\_\_\_\_ contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911" Individual offerings for CNE programs will be published for CCHC, SHN & surrounding communities at least 4-6 weeks in advance. Every attempt will be made to provide published community outreach for CNE programs. Offerings for CNE

programs may be deemed urgent by the Director of Nursing or CEO, in which time notice may be less than 4 weeks & may not be advertised to SHN & surrounding communities.

**approvalprocess** ~ All CNE offerings shall include the following:

1. A summary of program planning
  - a. Time spent on preparation for CCHC budgetary measures
  - b. Instructor handout(s)
  - c. Agenda of program
2. Behavioral objectives related to program content
  - a. Behavioral objectives means the intended outcome of instruction is stated as measureable learner behaviors (K.S.A. 60-9-105 Definitions)
3. Content meeting the definition of K.S.A. 65-1117: "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered, professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Documentation of the instructor's education, experience, knowledge & expertise in the content area
  - a. Curriculum Vitae of all CCHC instructors will be kept on file in the Education Department.
5. A bibliography that is reflective of program content
  - a. The bibliography is to include books published within the past 10 years and/or periodicals published within the past 5 years
6. Each CNE program will have an evaluation that includes each participant's assessment of
  - a. Assessment of learner achievement of each objective
  - b. Expertise of each individual presenter

**contacthours** ~ "Contact hour" means 50 minutes of participation in a learning experience that meets the definition of CNE 60-9-10 (j).

- a. Contact hours are awarded based on documentation of the program agenda for the actual time attended
- b. Contact hours are awarded for classroom time, not breaks
- c. Lunch hours are awarded as contact hour only when specified upon advertisement of CNE program ( i.e. "Lunch and Learn" offerings)
- d. Partial credit can be awarded for partial hours over one contact hour  
Instructor credit
- e. Two contact hours for each hour of first-time preparation and presentation of an approved CNE offering will be awarded
- f. Standardized, prepared curriculum will not be awarded contact hours for instructors (ACLS, PALS, PEARS, BLS, TNCC, nursing course instruction, etc.)

Independent study is not offered at CCHC at this time.

**verifycompletion** ~ An attendance roster will be provided for each CNE program and will contain the following:

- a. Cloud County Health Center 1100 Highland Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Lori Lowell, BSN, RN
- b. Date and Title of program offering
- c. Number of contact hours awarded
- d. Name of instructor(s)
- e. Participant name, License number

An attendance roster will be signed each day by each participant to verify attendance.

A certificate of attendance/CE transcript will be given to each participant after completion of an offering

The certificate/CE transcript will be completed before given to participant

The certificate/CE transcript will contain the following:

- f. Cloud County Health Center 1100 Highland Drive Concordia, KS 66901  
Provider # LT0273-0911
- g. Date of attendance and Title of program offering
- h. Number of contact hours awarded
- i. Designation of any independent study or instructor contact hours
- i. Organizational Development Manager's signature
- j. Participant name, License number

**recordkeeping** ~ Records will be stored in a locked cabinet to ensure confidentiality and easy retrieval by authorized persons only (Organization Development Manager, CNO). If computer storage is utilized for record keeping, the file will be password protected with access by authorized persons stated above and not part of a shared network drive.

1. The following items will be maintained in locked cabinet for two years

- a. Summary of planning including time required and copy of instructor handout(s)
- b. Copy of offering announcement or brochure
- c. The program title and behavioral objectives
- d. Agenda
- i. For independent study: pilot study results
- e. Program bibliography
- f. Summary of participant evaluations
- g. Instructor curriculum vitae
- h. Daily roster of participant attendance and instructor sign-in

**noticeofchange** ~ Within 30 days: The Organizational Development

Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the person responsible for providership of CNEs through CCHC.

Within 30 days: The Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the required policy & procedures written and approved by the Board during the initial application process. If CCHC decides to no longer participate in providership, the Education Coordinator or Director of Nursing will notify the Kansas State Board of Nursing in writing of the location at which the offered program records will be accessible to the Board for the next two years.

**programevaluation** ~ For the period of July 1 through June 30 of the previous year on or before the deadline designated by the Kansas State Board of Nursing during the initial application process, the following will be submitted in report form:

a. Program evaluation

i. Program administration- Education Coordinator responsibility reviewed

ii. Program management- Policies & procedures reviewed

iii. Total Program Evaluation- overall effectiveness of CNE providership

Statistical summary report

**Submission date** ~ 07-8-2021 10:48:09

**Form ID** ~ 1672730

## **Alison K. Elsasser**

26 Arrowhead Rd, Clyde, KS 66938

785-614-2673

[aelsasser@cchc.com](mailto:aelsasser@cchc.com)

### **Management Experience**

- **Organizational Development Manager** **2016-present**
  - Cloud County Health Center Concordia, KS
  - Direct initial and competency education to nursing staff
  - Manage education for all staff
  - Coordinate inservice and continuing education opportunities for all hospital staff and contracted physicians
  - Coordinate community presentations in conjunction with local agencies for health education

### **Registered Nurse Experience**

**January 2010-2016**

**Cloud County Health Center**

- **House Supervisor/ER/Med-Surg Nurse**
  - Cross trained to several areas so able to float due to emergencies and census fluctuations
  - Provided competent nursing care to medical-surgical and emergency room patients
  - Supervised and coordinated patient care activities
  - Supervised and coordinated staffing needs

### **Certifications**

- |                                                  |              |
|--------------------------------------------------|--------------|
| • Basic Life Support                             | 2005-present |
| • Pediatric Advanced Life Support                | 2010-present |
| • Advanced Cardiac Life Support                  | 2010-present |
| • Trauma Nursing Core Course                     | 2013-present |
| • AHA Basic Life Support Instructor              | 2016-present |
| • AHA Pediatric Advanced Life Support Instructor | 2016-present |
| • Neonatal Resuscitation Program                 | 2010-2020    |

### **Education**

- |                                            |                   |                  |
|--------------------------------------------|-------------------|------------------|
| • <b>Fort Hays State University</b>        | <b>Hays, KS</b>   | <b>2014-2016</b> |
| ○ Received Baccalaureate Degree in Nursing |                   |                  |
| • <b>Brown Mackie College-Salina</b>       | <b>Salina, KS</b> | <b>2009-2010</b> |
| ○ Received Associate Degree in Nursing     |                   |                  |



Alison K. Elsasser

60-9-107 b (3) (A)

60-9-107 b (3) (B)

60-9-107 b (3) (C)

60-9-107 b (3) (G)

60-9-107 h

60-9-107 b (3) (H)

60-9-107 b (3) (I)

**Cloud County Health Center (CCHC)**  
**Standard Operating Policies and Procedures**

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**Subject:** Assessing need & planning continuing nursing education (CNE)

**No:** 06-00-11  
Education

**Distribution** A, B, C

**Date issued:** 06-27-2011

**Date effective:** 08-01-2011

**Page:** 1 of 3

**Policy:** Continuing education will be provided to CCHC, members of Sunflower Health Network (SHN) and surrounding communities/agencies based on assessed educational needs.

Based on K.S.A. 65-1117 (a): Definition of CNE = "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered, professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."

**Purpose:** Provide CNE experiences intended to enhance professional practice

**Procedure:**

Assessment & Planning

1. Organizational Development Manager is responsible for providing a variety of educational programs for CCHC clinical employees.
2. An education survey will be completed annually by clinical employees to gain input for program offerings.
3. CNE programs will be coordinated based on patient safety & staff development needs as reported by: Quality Assurance Director, CNO, Infection Control Nurse, Nurse Managers &/or CEO.
4. CNE programs also will be coordinated based on requests/reports from SHN or community agencies.
5. Evaluations completed at the end of each CNE program will ask for participant input: FUTURE PROGRAMS I WOULD LIKE TO ATTEND.
6. Planning for CNE programs will be conducted at the monthly Nurse Manager meeting.
7. Calendar of CE programs will be published at least quarterly for regularly scheduled programs (BLS, ACLS, PALS, TNCC, etc.).
  - a. ALL publications for offering announcements shall contain the following statement: "Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for \_\_\_\_\_ contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911"
8. Individual offerings for CNE programs will be published for CCHC, SHN & surrounding communities at least 4-6 weeks in advance.
9. Every attempt will be made to provide published community outreach for CNE programs. Offerings for CNE programs may be deemed urgent by the Director of Nursing or CEO, in which time notice may be less than 4 weeks & may not be advertised to SHN & surrounding communities.

Fee assessment

1. CNE programs provided by CCHC will be given free of charge to CCHC employees
  - a. Fees may be required to purchase textbooks required for program or when special circumstances arise such as outside speakers/instructors require fee for service.
2. Sunflower Health Network members will be charged a reduced rate based on cost of materials, meals when offered, snacks and/or presenter fee.
3. All other participants will be charged a non-reduced fee predetermined by CCHC to cover materials, meals when offered, snacks and/or presenter fee.

4. Refunds, minus textbook fees, will be given for 24 hour notice of inability to attend.
5. The return of a check issued to Cloud County Health Center due to insufficient funds will be subject to a \$30 returned check fee.

(see *Appendix 1* for Pre-program Checklist)

#### Offering record keeping and storage

1. Records will be stored in a locked cabinet to ensure confidentiality and easy retrieval by authorized persons only (Organization Development Manager, CNO). If computer storage is utilized for record keeping, the file will be password protected with access by authorized persons stated above and not part of a shared network drive.
2. The following items will be maintained in locked cabinet for two years
  - a. Summary of planning including time required and copy of instructor handout(s)
  - b. Copy of offering announcement or brochure
  - c. The program title and behavioral objectives
  - d. Agenda
    - i. For independent study: pilot study results
  - e. Program bibliography
  - f. Summary of participant evaluations
  - g. Instructor curriculum vitae
  - h. Daily roster of participant attendance and instructor sign-in

#### Notice of coordinator or required policy & procedure changes

1. Within 30 days: The Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the person responsible for providership of CNEs through CCHC.
2. Within 30 days: The Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of any change in the required policy & procedures written and approved by the Board during the initial application process.
3. If CCHC decides to no longer participate in providership, the Organizational Development Manager or Director of Nursing will notify the Kansas State Board of Nursing in writing of the location at which the offered program records will be accessible to the Board for the next two years.

#### Annual evaluation plan

1. For the period of July 1 through June 30 of the previous year on or before the deadline designated by the Kansas State Board of Nursing during the initial application process, the following will be submitted in report form:
  - a. Program evaluation
    - i. Program administration- Organizational Development Manager responsibility reviewed
    - ii. Program management- Policies & procedures reviewed
    - iii. Total Program Evaluation- overall effectiveness of CNE providership (see *Appendix 2*)
  - b. Statistical summary report (see *Appendix 2*)
  - c. For the first two years of the providership, a copy of the records for one offering will be submitted including the following:
    - i. Summary of planning including time required and instructor handout(s)
    - ii. Copy of offering announcement or brochure
    - iii. The program title and behavioral objectives
    - iv. Agenda
      1. For independent study: pilot study results
    - v. Program bibliography
    - vi. Summary of participant evaluations
    - vii. Instructor curriculum vitae
    - viii. Daily roster of participant attendance and instructor sign-in

### Appendix 1 Pre-program Checklist

Item to be completed	Date	√ Completed	Completed by:	Time spent
Need for program identified <input type="checkbox"/> Independent study pilot test administered				
Fee assessed =				
Topic researched for Bibliography sources				
Program outline/handouts obtained				
CNE hours determined				
Program flyer made				
Program flyer sent to a. CCHC employees b. SHN members c. General community agencies via email				
Behavioral objectives				
Agenda				
Participant evaluation				
Individual participant & instructor roster				
Instructor curriculum vitae if non-CCHC employee				

### Appendix 2 Program Evaluation & Statistical Summary Report

Date	Title	Meets CNE Definition	Projected Audience	# CCHC # SHN #other Participants	# CNEs	Fee for program/amt	Need Identified by	Objectives & Agenda filed	Roster completed	Program Eval completed (not met objectives listed & reviewed)	Comments
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					
		<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no amt:					

Alison K. Elsasser  
60-9-107 b (3) (D)  
60-9-107 d

**Cloud County Health Center (CCHC)**  
**Standard Operating Policies and Procedures**

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**Subject:** Continuing nursing education (CNE) offerings

**No:** 06-00-12  
Education

**Distribution** A, B, C

**Date issued:** 06-27-2011

**Date effective:** 08-01-2011

**Page:** 1 of 1

**Policy:** All CNE programs offered at CCHC will meet all requirements as set forth by KSBN.

**Purpose:** Provide CNE experiences intended to enhance professional practice through a specified offering approval process.

**Procedure:**

All CNE offerings shall include the following:

1. A summary of program planning
  - a. Time spent on preparation for CCHC budgetary measures
  - b. Instructor handout(s)
  - c. Agenda of program
2. Behavioral objectives related to program content
  - a. Behavioral objectives means the intended outcome of instruction is stated as measureable learner behaviors (K.S.A. 60-9-105 Definitions)
3. Content meeting the definition of K.S.A. 65-1117: "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered, professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public."
4. Documentation of the instructor's education, experience, knowledge & expertise in the content area
  - a. Curriculum Vitae of all CCHC instructors will be kept on file in the Organizational Development Department.
5. A bibliography that is reflective of program content
  - a. The bibliography is to include books published within the past 10 years and/or periodicals published within the past 5 years
6. Each CNE program will have an evaluation that includes each participant's assessment of
  - a. Assessment of learner achievement of each objective
  - b. Expertise of each individual presenter

Alison K. Elsasser  
60-9-107 b (3) (E)  
60-9-107 e

**Cloud County Health Center (CHC)**  
**Standard Operating Policies and Procedures**

---

**Subject:** Continuing nursing education (CNE) contact hours

**No:** 06-00-13  
Education

**Distribution** A, B, C

**Date issued:** 06-27-2011

**Date effective:** 08-01-2011

**Page:** 1 of 1

**Policy:** All CNE programs offered at CCHC will meet all requirements as set forth by KSBN.

**Purpose:** Provide CNE experiences intended to enhance professional practice through a specified offering approval process.

**Procedure:**

1. "Contact hour" means 50 minutes of participation in a learning experience that meets the definition of CNE 60-9-10 (j).
  - a. Contact hours are awarded based on documentation of the program agenda for the actual time attended
  - b. Contact hours are awarded for classroom time, not breaks
  - c. Lunch hours are awarded as contact hour only when specified upon advertisement of CNE program ( i.e. "Lunch and Learn" offerings)
  - d. Partial credit will be awarded for fractions of hours over 30 minutes to be computed towards a contact hour
2. Instructor credit
  - a. Two contact hours for each hour of first-time preparation and presentation of an approved CNE offering will be awarded
  - b. Standardized, prepared curriculum will not be awarded contact hours for instructors (ACLS, PALS, PEARS, TNCC, nursing course instruction, etc.)
3. Independent study is a self-paced learning activity
  - a. Must be guided and monitored by the Organizational Development Department
  - b. Contact hours awarded for activity must be documented by CCHC pilot test results for completing independent activity or clinical hours

Alison K. Elsasser  
60-9-107 b (3) (F)  
60-9-107 f  
60-9-107 g

**Cloud County Health Center (CCHC)**  
**Standard Operating Policies and Procedures**

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**Subject:** Continuing nursing education (CNE) verification of attendance and certificates      **No:** 06-00-14  
Education  
**Distribution** A, B, C      **Date issued:** 06-27-2011      **Date effective:** to be determined      **Page:** 1 of 1

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**Policy:** All CNE programs offered at CCHC will meet all requirements as set forth by KSBN.

**Purpose:** Provide CNE experiences intended to enhance professional practice through a specified offering approval process.

**Procedure:**

1. An attendance roster will be provided for each CNE program and will contain the following:
  - a. Cloud County Health Center 1100 Highland Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Lori Lowell, BSN, RN
  - b. Date and Title of program offering
  - c. Number of contact hours awarded
  - d. Name of instructor(s)
  - e. Participant name, License number
2. An attendance roster will be signed each day by each participant to verify attendance.
3. A certificate of attendance/CE transcript will be given to each participant after completion of an offering
4. The certificate/CE transcript will be completed before given to participant
5. The certificate/CE transcript will contain the following:
  - a. Cloud County Health Center 1100 Highland Drive Concordia, KS 66901  
Provider # LT0273-0911
  - b. Date of attendance and Title of program offering
  - c. Number of contact hours awarded
    - i. Designation of any independent study or instructor contact hours
  - d. Organizational Development Manager signature
  - e. Participant name, License number

If independent study offering, documentation will be kept to verify completion of activity including:

- a. Cloud County Health Center 1100 Highland Drive Concordia, KS 66901  
Provider # LT0273-0911 Program Coordinator: Alison Elsasser, BSN, RN
- b. Title of program offering and Date completed
- c. Number of contact hours awarded
- d. Participant name, License number
- e. Completion of posttest or return demonstration by the participant

Total Program Evaluation: Long Term Provider CNE

Cloud County Health Center, 1100 Highland Drive, Concordia, KS 66901

July 1, 2020 – June 30, 2021

Area	Frequency	Responsible Person	Criteria	Findings	Actions / Recommendations
Administration	Annually	Program Coordinator, Director of Nursing	Review Job description	Job description reviewed annually. Alison Elsasser, BSN, RN is the LTP Program Coordinator	Alison will continue to complete the annual reports and oversee the program.
Policies: Assess need/planning - Written tool/needs assessments           -Evaluation summaries	Annually and PRN as indicated for individual classes	Program Coordinator, Department Directors, AHA Program Coordinators	Review Survey for appropriateness: Were survey findings and identified needs from evaluation summaries used in program planning?	Needs assessments: Needs within CCHC identified and addressed. Increased advertisement of and participation in CE offerings from other communities and facilities.           Evaluations completed for all programs. No unmet objectives noted upon review. Positive reviews of programs offered.	Increased demand for BLS courses, especially from Long Term Care providers in the area. Lower volume of ACLS and BLS courses by nursing professionals due to RQI and HeartCode systems being utilized.  Evaluation Summaries completed for all classes, summaries provided for Program Coordinators and appropriate Department Directors. Will continue to request suggestions for CNE topics and communicate with department directors to identify educational needs and

					opportunities for CNE development.
Policies: Fee assessment	Annually and PRN	Program Coordinator & CFO	Policy meets organization and customer needs	Annual Pricing review performed – Pricing found to be sufficient to cover costs. Did offer discount to Concordia EMS students who take courses here.	Fees for single offerings will continue to be assessed as needed and as classes become available. Fees and costs will be reassessed prior to the next budget cycle.
Policies: Announcement	Performed with each offering	Program Coordinator, AHA Program Coordinators	Review to be certain announcements reflect necessary information	Completed with each offering prior to publication of registration.	No problems identified, no action taken.
Policies: Offering Approval Process	Performed with each offering	Program Coordinator, AHA Program Coordinators & Instructors	Review policies and compare to KSBN requirements	Non-AHA certification courses reviewed/ compared to KSBN standards, courses meet at least minimum standards as published by KSBN.	No problems identified, no action taken.
Policies: Awarding Contact Hours	Performed with each offering	Program Coordinator	Review agendas to verify contact hours awarded; review documentation of partial credit.	CE certificates created, reviewed and verified with each offering. Copies maintained in secure location within Organizational Development department.	No problems identified, no action taken.



				Electronic copies of all CE certificates maintained.	
Policies: Verifying participation/ Completion	Performed with each offering	Program Coordinator, Instructors, AHA Program Coordinators	Review Rosters and certificates; compare to KSBN requirements	Rosters reviewed for each course at time of course completion by Instructors and Program Coordinator. CE certificates created and reviewed by Program Coordinator prior to distribution.	No problems identified, no action taken
Policies: Record Keeping	Performed with each offering	Program Coordinator, Instructors, AHA program Coordinators	Audit contents of files for compliance with KSBN requirements	Records for all courses complete, backup of rosters and CE certificates secure in Organizational Development Department and in computer records.	No problems identified, no action taken.
Policies: Notification of Changes	PRN	Program Coordinator, Instructors	Review procedures for changes reported to KSBN	No changes to report for 2020 – 2021.	No problems identified, no action taken.
Total Program Evaluation Effectiveness	Annually	Program Coordinator	Review Total Program Evaluation and compare contents to KSBN requirements	Completed July 8, 2021 Report submitted electronically on 7/8/2021.	

Report prepared by: Alison Elsasserl, BSN, RN  
Organizational Development Manager  
CNE Long Term Provider Program Coordinator  
Cloud County Health Center  
1100 Highland Drive  
Concordia, KS 66901  
785-243-1234 ext. 507  
aelsasser@cchc.com

Name	SIGNATURE	ADDRESS, PHONE, EMAIL	LICENSE

Ali Elsasser, BSN, RN  
Program Coordinator

Instructor/Presenters

Instructor Signature

### PALS Evaluation of Program

June 15, 2021 Cloud County Health Center 1100 Highland Drive Concordia, KS  
Presenters: Ali Elsasser, RN Denise Baumann, RRT Dr.

**5 = Agree      4 = Somewhat Agree      3 = Neutral      2 = Somewhat Disagree      1 = Disagree**  
**After the program, I can:**

- |                                                                                                          |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Perform general assessments in pediatric emergencies and describe appropriate actions to take         | 5 | 4 | 3 | 2 | 1 |
| 2. Outline the primary assessment of a pediatric patient                                                 | 5 | 4 | 3 | 2 | 1 |
| 3. Define compensated and hypotensive shock                                                              | 5 | 4 | 3 | 2 | 1 |
| 4. Complete a secondary assessment on the pediatric patient and describe the appropriate actions to take | 5 | 4 | 3 | 2 | 1 |
| 5. Relate the appropriate treatments for two of the four respiratory case studies                        | 5 | 4 | 3 | 2 | 1 |
| 6. Describe the appropriate treatments for two of the four shock case studies                            | 5 | 4 | 3 | 2 | 1 |
| 7. Outline actions necessary for treatment of two of the four cardiac cases presented                    | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Ali Elsasser, RN</u>                                                                       |   |   |   |   |   |
| 8. Presenter demonstrated expertise of subject matter                                                    | 5 | 4 | 3 | 2 | 1 |
| 9. Presenter allowed questions regarding material presented                                              | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Denise Baumann, RRT</u>                                                                    |   |   |   |   |   |
| 10. Presenter demonstrated expertise of subject matter                                                   | 5 | 4 | 3 | 2 | 1 |
| 11. Presenter allowed questions regarding material presented                                             | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Dr. Justin Poore, DO</u>                                                                   |   |   |   |   |   |
| 12. Presenter demonstrated expertise of subject matter                                                   | 5 | 4 | 3 | 2 | 1 |
| 13. Presenter allowed questions regarding material presented                                             | 5 | 4 | 3 | 2 | 1 |

STRENGTHS OF PROGRAM:

WAYS TO IMPROVE PROGRAM:

I WOULD ATTEND FUTURE PRESENTATIONS ASSOCIATED WITH THIS TOPIC: YES NO  
FUTURE PROGRAMS I WOULD LIKE TO ATTEND ARE:

# **Pediatric Advanced Life Support**

**Update Course**

**June 15, 2021**

**Room 106**

**Instructors: Denise Baumann, Ali Elsasser & Dr. Justin Poore**

0745-0800	Registration
0800-0815	Introductions and Course Overview
0815-0825	Science of Resuscitation
0825-0845	CPR Coach High Performance Teams
0845-0900	BLS Testing
0900-0915	BREAK
0915-0935	Rhythm Skills Check off
0935-1005	Vascular Access Skills Check off
1005-1035	Respiratory Skills Check off
1035-1130	Case Scenarios Practice
1130-1200	LUNCH
1200-1315	Case Scenarios Practice
1315	Course Summary and Testing Details -
1335-1500	Core Case Testing
1500-1600	Written Test
1600	Course Ends/Checkout

Medical Director: Justin Poore, MD

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## **PALS OBJECTIVES**

**June 15, 2021**

### Cognitive Objectives

Upon successful completion of this course, the student should be able to:

- understand and perform the systematic approach to pediatric assessment of a seriously ill or injured child, including the general, primary, secondary, and tertiary assessments
- understand the “assess-categorize-decide-act” approach to management of a seriously ill infant or child
- recognize and manage a child in respiratory distress or failure and/or compensated or hypotensive shock
- recognize and manage a child with a life-threatening bradyarrhythmia, tachyarrhythmia, or cardiac arrest rhythm
- describe key elements of resuscitation team behaviors and explain why the foundation of successful resuscitation includes both mastery of basic skills and effective team dynamics
- prevent further deterioration of the child’s condition during the stabilization and transfer phases of care

### Psychomotor Objectives

At the end of the course the student will be able to

- perform effective respiratory management skills, including use of oxygen delivery devices, suctioning, oropharyngeal airway (OPA), nasopharyngeal airway (NPA), bag-mask ventilation, and endotracheal intubation (according to scope of practice)
- use appropriate electrical therapy, including defibrillation and synchronized cardioversion
- demonstrate proper technique for intraosseous (IO) access
- perform as a team leader or team member in simulated cases

### Bibliography:

*Pediatric advanced life support: Provider manual.* (2020). Dallas: American Heart Association.

**Pediatric Advanced Life Support (PALS)  
Update Course  
June 15, 2021 0745-1750  
Cloud County Health Center Room 106  
1100 Highland Drive Concordia, KS  
Presenters: Denise Baumann RRT, Dr. Justin Poore, DO, Ali Elsasser RN**

**Pediatric Advanced Life Support (PALS)**

**Objectives:** The PALS Provider Course is designed to teach lifesaving skills required to be both a team member and a team leader in either a in-hospital or out-of-hospital setting.

The following will be reviewed & tested during this course:

- Rapid Cardiopulmonary Assessment
- Respiratory Distress or Failure
- Airway Techniques
- PALS Scientific Update
- BVM Ventilation & Airway Management
- Pediatric Assessment
- Rhythm Disturbances
- Vascular Accesses
- BLS/AED
- Shock

\*American Heart Association has made some changes in the PALS course. The most major changes occur with Basic Life Support (BLS).

**A copy of current BLS card must be submitted to CCHC prior to attending course**

To become certified and pass this course, you must come prepared!

\*All pre-course requirements will be sent via mail or e-mail upon receipt of registration & payment.

**\*Pretest must be completed & submitted to CCHC prior to attending course**

Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for 8 Contact Hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911. Alison Burchfiel, BSN, RN, CNE Coordinator.

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**PALS Registration June 15<sup>th</sup>**

Registration fee: CCHC employees: no course fee  
Sunflower Health Network members: \$125 (includes course textbook)  
Non-members: \$150 (includes course textbook)  
Optional: Additional Guideline Handbook \$15: yes \_\_\_\_ no \_\_\_\_

Name: \_\_\_\_\_  
[ ] Physician [ ] RN [ ] LPN [ ] RRT [ ] CRT  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Email: \_\_\_\_\_

License #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Evening phone: \_\_\_\_\_  
Please send pre-course info via email: yes \_\_\_\_ no \_\_\_\_

Return registration with payment or call for more information:  
Ali Elsasser, RN, Organizational Development Manager  
Cloud County Health Center  
1100 Highland Drive Concordia, KS 66901  
Phone: 785-243-1234 ext: 507  
Email: [aelsasser@cchc.com](mailto:aelsasser@cchc.com)

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Please **NOTE CANCELLATION:** Must be done at least one week prior to class to receive refund of class fee. Please note that instructors are based on number of students, so if cancelling or attending it is important to inform education department. Please sign that you understand: signature\_\_\_\_\_.

### PALS Evaluation of Program

January 7, 2021      Cloud County Health Center      1100 Highland Drive      Concordia, KS  
Presenters: Ali Elsasser, RN      Denise Baumann, RRT      Wann Sharp, RN

**5 = Agree      4 = Somewhat Agree      3 = Neutral      2 = Somewhat Disagree      1 = Disagree**  
**After the program, I can:**

- |                                                                                                          |   |   |   |   |   |
|----------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 1. Perform general assessments in pediatric emergencies and describe appropriate actions to take         | 5 | 4 | 3 | 2 | 1 |
| 2. Outline the primary assessment of a pediatric patient                                                 | 5 | 4 | 3 | 2 | 1 |
| 3. Define compensated and hypotensive shock                                                              | 5 | 4 | 3 | 2 | 1 |
| 4. Complete a secondary assessment on the pediatric patient and describe the appropriate actions to take | 5 | 4 | 3 | 2 | 1 |
| 5. Relate the appropriate treatments for two of the four respiratory case studies                        | 5 | 4 | 3 | 2 | 1 |
| 6. Describe the appropriate treatments for two of the four shock case studies                            | 5 | 4 | 3 | 2 | 1 |
| 7. Outline actions necessary for treatment of two of the four cardiac cases presented                    | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Ali Elsasser, RN</u>                                                                       |   |   |   |   |   |
| 8. Presenter demonstrated expertise of subject matter                                                    | 5 | 4 | 3 | 2 | 1 |
| 9. Presenter allowed questions regarding material presented                                              | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Denise Baumann, RRT</u>                                                                    |   |   |   |   |   |
| 10. Presenter demonstrated expertise of subject matter                                                   | 5 | 4 | 3 | 2 | 1 |
| 11. Presenter allowed questions regarding material presented                                             | 5 | 4 | 3 | 2 | 1 |
| Presenter: <u>Wann Sharp, RN</u>                                                                         |   |   |   |   |   |
| 12. Presenter demonstrated expertise of subject matter                                                   | 5 | 4 | 3 | 2 | 1 |
| 13. Presenter allowed questions regarding material presented                                             | 5 | 4 | 3 | 2 | 1 |

STRENGTHS OF PROGRAM:

WAYS TO IMPROVE PROGRAM:

I WOULD ATTEND FUTURE PRESENTATIONS ASSOCIATED WITH THIS TOPIC:    YES      NO  
FUTURE PROGRAMS I WOULD LIKE TO ATTEND ARE:

## **PALS OBJECTIVES**

**January 7, 2021**

### Cognitive Objectives

Upon successful completion of this course, the student should be able to:

- understand and perform the systematic approach to pediatric assessment of a seriously ill or injured child, including the general, primary, secondary, and tertiary assessments
- understand the “assess-categorize-decide-act” approach to management of a seriously ill infant or child
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### Psychomotor Objectives

At the end of the course the student will be able to

- perform effective respiratory management skills, including use of oxygen delivery devices, suctioning, oropharyngeal airway (OPA), nasopharyngeal airway (NPA), bag-mask ventilation, and endotracheal intubation (according to scope of practice)
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- perform as a team leader or team member in simulated cases

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*Pediatric advanced life support: Provider manual.* (2015). Dallas: American Heart Association.



## Cloud County PALS Training Site

### Pediatric Advanced Life Support

Update Course

January 7, 2021

0745-0815	Registration
0815-0830	Introductions and Course Overview
0830-0840	Science of Resuscitation
0745	Instructors Meeting: Ali, Wann, Denise
0845-0945	CPR/AED Practice and Testing
0945-1000	Systematic approach, Team Dynamics
1000-1015	Break
1015-1030	Post cardiac Arrest Care
1030-1145	Case Scenarios with Simulation Set 2
1145-1215	LUNCH
1215-1330	Case Scenarios with Simulation Set 3
1335-1345	Course Summary and Testing Details
1345-1545	Core Case Testing- Cardiac
1550-1650	Written Test
1650-1750	Course Ends/Checkout Remediation (if needed)

Medical Director: Justin Poore, DO

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## **AM Groups**

### **Group 1**

Alex Fall  
Shawna Huggans  
Haley Mastin  
Layce Siemsen

### **Group 2**

# **Pediatric Advanced Life Support (PALS) Update Course**

**January 7, 2021 0745-1750**

**Cloud County Health Center Room 106**

**1100 Highland Drive Concordia, KS**

**Presenters: Denise Baumann RRT,  
Wann Sharp RN, Ali Elsasser RN**

## **Pediatric Advanced Life Support (PALS)**

**Objectives:** The PALS Provider Course is designed to teach lifesaving skills required to be both a team member and a team leader in either a in-hospital or out-of-hospital setting.

The following will be reviewed & tested during this course:

- Rapid Cardiopulmonary Assessment
- Respiratory Distress or Failure
- Airway Techniques
- PALS Scientific Update
- BVM Ventilation & Airway Management
- Pediatric Assessment
- Rhythm Disturbances
- Vascular Accesses
- BLS/AED
- Shock

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To become certified and pass this course, you must come prepared!

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**\*Pretest must be completed & submitted to CCHC prior to attending course**

Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for 8 Contact Hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911. Alison Burchfiel, BSN, RN, CNE Coordinator.

## **PALS Registration January 7<sup>th</sup>**

Registration fee: CCHC employees: no course fee  
Sunflower Health Network members: \$125 (includes course textbook)  
Non-members: \$150 (includes course textbook)  
Optional: Additional Guideline Handbook \$15: yes \_\_\_ no \_\_\_

Name: \_\_\_\_\_  
☐ Physician ☐ RN ☐ LPN ☐ RRT ☐ CRT  
Address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_  
Email: \_\_\_\_\_

License #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Evening phone: \_\_\_\_\_  
Please send pre-course info via email: yes \_\_\_ no \_\_\_

Return registration with payment or call for more information:  
Ali Elsasser, RN, Organizational Development Manager  
Cloud County Health Center  
1100 Highland Drive Concordia, KS 66901  
Phone: 785-243-1234 ext: 507  
Email: [aelsasser@cchc.com](mailto:aelsasser@cchc.com)

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CNE/IV Therapy 39



CLOUD COUNTY HEALTH CENTER  
CONTINUING NURSING EDUCATION PROGRAM  
1100 HIGHLAND DRIVE  
CONCORDIA, KS 66901

Name: (last, first, title) \_\_\_\_\_

License No: \_\_\_\_\_

Address: (street, city, state, zip) \_\_\_\_\_

(Title of offering)  
(Date of offering)  
Cloud County Health Center  
(Names/credentials of presenters)  
Presenter(s)

Cloud County Health Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for 8 Contact Hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number: LT0273-0911

\_\_\_\_\_  
Alison Elsasser, BSN, RN  
Program Coordinator

## Wann Sharp

433 East 9th Street, Concordia, KS 66901-Home 785-243-1845

### Professional Summery:

Experienced RN with strong clinical and people skills with high standards of competent care for a wide variety of patients

#### Skills:

Strong Clinical Judgement	Strong at prioritizing and managing time
Strong Analytical Skills	Proven record of reliability and responsibility
Patient/family focused	Strong patient educataton teaching ability
Remains calm and professional during critical incidents	

### Work History:

#### Staff RN: 02/1997 to current

##### Cloud County Health Center: Concordia, KS

Implemented daily care of medical-surgical patients

Assessed patient status and notified physicians of clinical changes

Educated patients and family on health care needs and conditions, including med, disease process and discharge instructions.

Performed clinical tasks according to policies and procedures.

Implemented daily care and monitored care for patients on telemetry and in ICU

#### Staff RN: 10/1994 to 12/1996

##### NCK Medical Clinic: Concordia, KS

Assisted with daily office procedures, instructed patients on meds, procedures and home care.

#### Staff RN: LPN to RN 10/1981 to 10 1994

##### St Joseph Hospital(Cloud County Health Center): Concordia, KS

Worked in different area's of nursing including medical/surgical, outpatient surgery, recovery room, and surgery.

Managed care for pre-op patients, during surgery and post-op care until dismissal.

Developed and implemented policies and procedures to start an outpatient surgery department.

Assisted surgeon's with surgeries and non-invasive procedures.

### Education:

Kansas State Board on Nurslng: RN current since 1982-expires 10/2016

Associates of Science in Nursing: 1982

Cloud County Community College-Concordia, KS

LPN Nurslng: 1979

North Centraal Kansas Vo-Tech: Beloit, KS 1979

### Certificitations:

BLS expires 10/2017

PALS Provider expires 01/2018

PALS Instructor expires 10/2017

ACLS Provider expires 20/2017

**Justin M. Poore, D.O.**

1431 Noble Road  
Concordia, KS 66901  
785-243-4272  
[jpoore@cchc.com](mailto:jpoore@cchc.com)

**Education:**

University of Kansas School of Medicine, Smoky Hill Family Practice, Family Medicine Residency, 2000-2003  
Des Moines University Osteopathic Medical Center, D.O. Degree, 2000  
Fort Hays State University, B.S. Biology, 1995

**Licensure and Certification:**

Fully licensed to practice medicine and surgery in State of Kansas – 2001  
Board Certification – July 2003-July 2010  
Advanced Life Support Provider– 1998-present  
Pediatric Advanced Life Support Provider – 2000-present  
Drug Enforcement Agency – 2000-present  
Advanced Trauma Life Support Provider – 2002-present  
Pediatric Advanced Life Support Instructor – 2011-present

**Honors, Awards, Commendations:**

Sigma Sigma Phi National Osteopathic Honor Society  
Class Rank 10<sup>th</sup> out of 185 students in medical school class  
Kansas Osteopathic Primary Care Scholarship, 1996-2000  
Kansas Osteopathic Auxiliary Association Scholarship Award, 1999  
Smoky Hill Family Practice Behavioral Science Award, 2003

**Denise M Baumann**

1401 L Street, Concordia, KS 66901

785-275-1180

[dmbaumann@cchc.com](mailto:dmbaumann@cchc.com)

**Management Experience**

- **Cardiopulmonary Department Director** **11/2015-present**
  - Cloud County Health Center Concordia, KS
  - Manage staff for all RT responsibilities including EKG, EEG, Cardiac Rehab, PFT lab, Event monitors, Holter monitor, Stress testing and all respiratory services in and out patient.
  - Manage competencies for ABG and RT staff.

**Respiratory Experience**

**July 1991-present**

**Cloud County Health Center, Republic County Hospital & Salina Regional Health Center**

- **Staff Respiratory therapist**
  - Competent in Ventilator management, BiPAP/CPAP, all aspects of Respiratory patient care.
  - Competent in ABG punctures and analysis
  - Competent in performing all EKG, EEG, PFT, KOH and holter monitor testing
  - Cardiac Rehab
  - RT patient care in the emergency room and neonatal

**Certifications**

- Basic Life Support 1991-present
- Pediatric Advanced Life Support 2005-present
- Advanced Cardiac Life Support 2000-present
- Neonatal Resuscitation Program 2000-present
- Stable Certification 2005-present

**Education**

- **Cloud County Community College** **Concordia, KS** **1986,1988-1989**
  - General Education
- **Emporia State University** **Emporia, KS** **Fall 1986**
  - General Education
- **Wichita State University** **Wichita, KS** **Spring/Fall 1987**
  - General Education
- **California College of Health Science** **Concordia, KS** **1989-1991**
  - Associate Degree Applied Science, Respiratory Therapist

**Name of Provider: Coffeyville Regional Medical Center; LT0099-0316**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	06/18/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	



<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	X	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	X	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	X	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>Clinic. Doc.</b>	<b>Donation</b>
<ul style="list-style-type: none"> <li>A summary of planning</li> </ul>	X	X
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The title and behavioral objectives</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	X
<ul style="list-style-type: none"> <li>Each instructor's education and experience</li> </ul>	X	X
<ul style="list-style-type: none"> <li>A current bibliography</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The offering evaluation form</li> </ul>	X	X

5/2014

[back to screen version](#)**Reference No.:** 24916 **Date submitted:** Jun 18 09:19 2021**radio** ~ Renewal**Providername** ~ Coffeyville Regional Medical Center**providernum** ~ LT0099-0316**legalbody** ~ ~**address** ~ 1400 W 4th**adress2** ~ Coffeyville KS 67337**telephone** ~ 6202521110**email** ~ cpaolini@crmcinc.org**coordinator** ~ Charlene Paolini RN**date** ~ 06-18-2021

**planningce** ~ 5.Planning of the event is done by the education coordinator with guidance and assistance from the CNO. Particular learning events come from suggestions from general medical staff or areas identified by nursing directors, quality improvement projects and/or quality committees. The behavioral objectives are produced by the coordinator, as well as the group who has requested the particular topic, in addition to the speaker presenting the information. The coordinator reviews the request for the event, the outline, and the bibliography and objective information provided by the speaker to determine if the goals are met for the program topic and the learning experience desired for those attending. Curriculum Vitae must be provided by the speaker to the coordinator. Each participant must return at the conclusion of the offering an evaluation of the objectives and whether they were met and if the program was valuable for their area of expertise. The participant also evaluates the speaker themselves on their delivery and knowledge of the topic.

**feeassessment** ~ 2. At this time, fees may be assessed according to a scale of seven dollars per credit hour. Fees are refunded if requested in writing at least 24 hours before the offering. An invalid check has never occurred. If there were an occurrence, this would be referred to the business manager.

**advertisement** ~ 1.CRMC strives to release fliers six weeks before the event. The fliers are distributed within the hospital to staff via email, posting in departments, on the intranet, televised communication screens and social media. CRMC also utilizes social media and mailed newsletter to communicate offerings to other health care entities. The Education Coordinator is responsible for making phone calls, sending emails, and coordinating with the marketing staff to increase awareness and promote attendance. Reminders are sent out periodically leading up to event via email and text paging as needed.

3.Offering announcements are attached for some of this year's opportunities. All advertisements include the following: Coffeyville Regional Medical Center is approved as a provider of continuing education by the Kansas State Board of Nursing. This course is approved for contact hours applicable for APRN, RN or LPN licensure. Kansas State Board of Nursing Provider Number: LT-0099-0316.

**approvalprocess** ~ 5.Planning of the event is done by the education

coordinator with guidance and assistance from the CNO. Particular learning events come from suggestions from general medical staff or areas identified by nursing directors, quality improvement projects and/or quality committees. The behavioral objectives are produced by the coordinator, as well as the group who has requested the particular topic, in addition to the speaker presenting the information. The coordinator reviews the request for the event, the outline, and the bibliography and objective information provided by the speaker to determine if the goals are met for the program topic and the learning experience desired for those attending. Curriculum Vitae must be provided by the speaker to the coordinator. Each participant must return at the conclusion of the offering an evaluation of the objectives and whether they were met and if the program was valuable for their area of expertise. The participant also evaluates the speaker themselves on their delivery and knowledge of the topic.

**contacthours** ~ 6. Contact hours are awarded according to the time agenda provided by the speaker. One hour of credit is awarded for every fifty minutes present in the offering. This includes partial credit for one of more contact hours as well as fractions of hours over one contact hour. CRMC does not allow participants to be over ten minutes late or leave before 95 percent of the offering has been attended. Clinical hours are awarded according to state regulations, i.e. one credit is given for every three clinical hours spent in a course. CRMC does not currently offer instructor credit. CRMC does not offer independent study course for credit towards license renewal.

**verifycompletion** ~ 1. Each participant is asked to sign in before the offering. This roster will document the participants name, license number, number of credit hours earned, providers name and address, provider number, date and title of the event and speakers name and credentials. If the offering is more than one day in length, a second roster will be provided for subsequent days of attendance. The rosters are maintained in the Education Coordinators office for two years.

1. CEU Certificates will be given to participants at the conclusion of the program or event. The certificates will contain the providers' number assigned by KSBN, address, title of the program, date, number of contact hours, participants name and license number. If there are CEU hours awarded, those will appear on the certificate also. The name and signature of the coordinator will appear on each certificate of attendance. If for some reason the certificates are not available at the end of the program, the certificates will be mailed or hand delivered to participants as soon as possible. If a participant has an emergent need for the certificate, the provider will try to accommodate that participant to the best of availability at that time. If the participant loses the certificate, it is their responsibility to contact the Education Coordinator to receive another certificate. If the participant is not associated with CRMC, a five-dollar charge is made to replace the certificate.

**recordkeeping** ~ 1. For each approved offering, the provider will maintain the following for two years: summary of planning, a copy of the announcement or brochure, title and objectives, offering agenda, bibliography, summary of the participants evaluations, instructors education and experiences, and

documentation to verify completion of the offering.

2. The records will be kept both electronically and hard copy in the coordinators office. This will allow easy retrieval as well as confidentiality and only be accessed by authorized individuals.

**noticeofchange** ~ 4. Notice of change of coordinator or required policies and procedures are notified in writing to KSBN within 30 days of change as required. Any changes or unavailability of the Coordinator will be handled by the CNO.

**programevaluation** ~ 1. A total program evaluation is performed each year and submitted to KSBN. A copy of the plan is included.

**Submission date** ~ 06-18-2021 09:19:03

**Form ID** ~ 1672730

Coffeyville Regional Medical Center  
Long Term CNE Providership Renewal  
LTP: LT0099-0316

Information:

Coffeyville Regional Medical Center

1400 W. Fourth Street

Coffeyville KS 67337

620-251-1200

Education Coordinator:

Charlene Paolini MSN, RN

[cpaolini@crmcinc.org](mailto:cpaolini@crmcinc.org)

620-252-1110. phone

620-252-1181. fax

Policies & Procedures:

1. CRMC strives to release fliers six weeks before the event. The fliers are distributed within the hospital to staff via email, posting in departments, on the intranet, televised communication screens and social media. CRMC also utilizes social media and mailed newsletter to communicate offerings to other health care entities. The Education Coordinator is responsible for making phone calls, sending emails, and coordinating with the marketing staff to increase awareness and promote attendance. Reminders are sent out periodically leading up to event via email and text paging as needed.
2. At this time, fees may be assessed according to a scale of seven dollars per credit hour. Fees are refunded if requested in writing at least 24 hours before the offering. An invalid check has never occurred. If there were an occurrence, this would be referred to the business manager.
3. Offering announcements are attached for some of this year's opportunities. All advertisements include the following: Coffeyville Regional Medical Center is approved as a provider of continuing education by the Kansas State Board of Nursing. This course is approved for contact hours applicable for APRN, RN or LPN licensure. Kansas State Board of Nursing Provider Number: LT-0099-0316.

4. Notice of change of coordinator or required policies and procedures are notified in writing to KSBN within 30 days of change as required. Any changes or unavailability of the Coordinator will be handled by the CNO.
5. Planning of the event is done by the education coordinator with guidance and assistance from the CNO. Particular learning events come from suggestions from general medical staff or areas identified by nursing directors, quality improvement projects and/or quality committees. The behavioral objectives are produced by the coordinator, as well as the group who has requested the particular topic, in addition to the speaker presenting the information. The coordinator reviews the request for the event, the outline, and the bibliography and objective information provided by the speaker to determine if the goals are met for the program topic and the learning experience desired for those attending. Curriculum Vitae must be provided by the speaker to the coordinator. Each participant must return at the conclusion of the offering an evaluation of the objectives and whether they were met and if the program was valuable for their area of expertise. The participant also evaluates the speaker themselves on their delivery and knowledge of the topic.
6. Contact hours are awarded according to the time agenda provided by the speaker. One hour of credit is awarded for every fifty minutes present in the offering. This includes partial credit for one of more contact hours as well as fractions of hours over one contact hour. CRMC does not allow participants to be over ten minutes late or leave before 95 percent of the offering has been attended. Clinical hours are awarded according to state regulations, i.e. one credit is given for every three clinical hours spent in a course. CRMC does not currently offer instructor credit. CRMC does not offer independent study course for credit towards license renewal.

**Documentation of Attendance:**

1. Each participant is asked to sign in before the offering. This roster will document the participants name, license number, number of credit hours earned, providers name and address, provider number, date and title of the event and speakers name and credentials. If the offering is more than one day in length, a second roster will be provided for subsequent days of attendance. The rosters are maintained in the Education Coordinators office for two years.

**Certification of Attendance:**

1. CEU Certificates will be given to participants at the conclusion of the program or event. The certificates will contain the providers' number assigned by KSBN, address, title of the program, date, number of contact hours, participants name and license number. If there are CEU hours awarded, those will appear on the certificate also. The name and signature of the coordinator will appear on each certificate of attendance. If for some reason the certificates are not available at the end of the program, the certificates will be mailed or hand delivered to participants as soon as possible. If a participant has an emergent need for the certificate, the provider will try to accommodate that participant to the best of availability at that time. If the participant loses the certificate, it is their responsibility to contact the Education Coordinator to

receive another certificate. If the participant is not associated with CRMC, a five-dollar charge is made to replace the certificate.

**Record Keeping and Storage:**

1. For each approved offering, the provider will maintain the following for two years: summary of planning, a copy of the announcement or brochure, title and objectives, offering agenda, bibliography, summary of the participants evaluations, instructors education and experiences, and documentation to verify completion of the offering.
2. The records will be kept both electronically and hard copy in the coordinators office. This will allow easy retrieval as well as confidentiality and only be accessed by authorized individuals.

**Program Evaluation Plan:**

1. A copy of the plan is included.

**Two Proposed Offerings:**

1. Information included in regards to two offerings that were completed this year.



# CHARLENE PAOLINI

604 E Walnut Independence KS 67301 • 620-515-2895  
emtrox@yahoo.com • cpaolini@crmcinc.org

## EXPERIENCE

### **APRIL 2015 – PRESENT**

#### **REGISTERED NURSE, COFFEYVILLE REGIONAL MEDICAL CENTER-COFFEYVILLE KS**

Women's Health Labor and Delivery RN April 2015- Present  
Education Coordinator/Quality Dept./ UR/CDI March 2019- Present

### **JULY 2016– DECEMBER 2018**

#### **REGISTERED NURSE, COFFEYVILLE COMMUNITY COLLEGE-COFFEYVILLE KS**

CCC Nursing Program, Clinical Adjunct Instructor  
Clinical Instructor for Fundamentals, Maternal Child, Medical Surgical I&II

### **DECEMBER 2005 – JUNE 2015**

#### **REGISTERED NURSE, MERCY HOSPITAL- INDEPENDENCE KS**

Women's Health Labor and Delivery RN August 2014- June 2015  
Women's Health Clinic LPN/RN January 2012- August 2014  
Primary Care Clinic Medical Assistant December 2005- January 2012

## EDUCATION

### **CLASS OF 2017**

#### **MASTERS OF SCIENCE IN NURSING EDUCATION, WESTERN GOVERNORS UNIVERSITY**

### **CLASS OF 2015**

#### **BACHELORS OF SCIENCE IN NURSING, OKLAHOMA WESLEYAN UNIVERSITY**

\*MAGNA CUM LAUDE

### **CLASS OF 2012**

#### **ASSOCIATES DEGREE IN NURSING, LABETTE COMMUNITY COLLEGE**

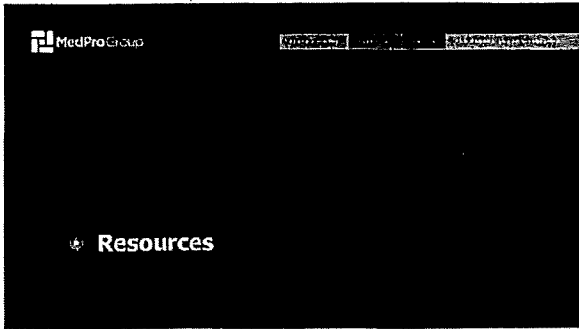
\*Phi Theta Kappa \* Class President\*

## **CERTIFICATIONS**

- ADVANCE CARDIAC LIFE SUPPORT
- NEONATAL RESUSCITATION PROVIDER
- BASIC LIFE SUPPORT
- STABLE
- INTERMEDIATE FETAL MONITORING

## **COMMITTEES/ ORGANIZATIONS/ ACHIEVEMENTS**

- KANSAS HEALTHCARE EDUCATION COUNCIL  
(KAHEC) MEMBER
- ACDIS MEMBER
- CRMC NURSE EXPERIENCE COMMITTEE CHAIR
- CRMC UTILIZATION REVIEW COMMITTEE CHAIR
- CRMC EMPLOYEE OF THE MONTH  
NOV 2016/SEPT 2019
- DAISY AWARD WINNER MAY 2021
- INDEPENDENCE HIGH SCHOOL BOOSTER CLUB




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#### Resources

- CRICO Strategies. (2016). *2015 Annual Benchmarking Report: Malpractice Risks in Communication Failures*. Retrieved from [www.mli.harvard.edu/CRICO-Resources/Investigation-and-Publication/2016/2015-The-Malpractice-Risks-of-Health-Care-Communication-Failures](https://www.mli.harvard.edu/CRICO-Resources/Investigation-and-Publication/2016/2015-The-Malpractice-Risks-of-Health-Care-Communication-Failures)
- MedPro Group. (2017). *Checklist: Documentation essentials*. Retrieved from [www.medpro.com/documents/10501/2733124/Checklist\\_Documentation\\_Essentials.pdf](https://www.medpro.com/documents/10501/2733124/Checklist_Documentation_Essentials.pdf)
- MedPro Group. (2017). *Checklist: Electronic documentation*. Retrieved from [www.medpro.com/documents/10501/2733124/Checklist\\_Electronic\\_Documentation.pdf](https://www.medpro.com/documents/10501/2733124/Checklist_Electronic_Documentation.pdf)
- MedPro Group. (2015). *Risk Management Review: Deficiencies in documentation make malpractice allegations indefensible*. Retrieved from [www.medpro.com/documents/10501/2733124/RM\\_RM2015.pdf](https://www.medpro.com/documents/10501/2733124/RM_RM2015.pdf)
- MedPro Group. (2016). *Risk Management Review: Miscommunication and poor documentation lead to suboptimal outcome for cardiac patient*. Retrieved from [www.medpro.com/documents/10501/2733124/Risk-Management\\_Review\\_11-2316.pdf](https://www.medpro.com/documents/10501/2733124/Risk-Management_Review_11-2316.pdf)
- Rose, R. Y. (2017, March 9). *How EHR documentation can become a liability*. Physicians Practice. Retrieved from <https://www.physicianspractice.com/blog/how-ehr-documentation-can-become-liability>

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Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

TOPIC	EVALUATION INTERVAL	BY WHOM	METHODS	RESULTS	RECOMMENDATIONS
<b>A. Administration</b>					
Organizational Chart identifies the relationship between the administrative structure of CRMC and the Education Dept.	Annually or with any revisions.	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Review of organizational chart and the position of the Education Dept.	Continuing Nursing Education (CNE) Coordinator continues to report all aspects of professional and staff education directly to the Chief Executive Officer (CEO) and Chief Nursing Officer (CNO) The Staff Education Coordinator position assists with some clerical duties as well as assisting in coordinating events.	The organizational chart will reflect that the CNE Coordinator will continue to report directly to the CEO and the CNO. Staff Education Coordinator will report to the CEO and the CNO accordingly. The Chief Financial Officer (CFO) will act as back up for CNO, and will be consulted on any major issues. This applies to Staff Education Coordinator also.
Philosophy, goals, objective: The philosophy of the CE program has been reviewed within the last year and updated.	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Verification of date of latest review.	Reviewed July 1, 2020. The philosophy statement of the CE program continues to reflect those elements that verify CRMC's commitment to evaluation of nursing's educational needs, specific program evaluation, and continued availability of educational services.	This past year we have worked with the Community College, our CRMC Quality team, and CRMC staff. Staff Education Coordinator worked with outside entity Care Learning (LMS) to providing on line education.
The goals and objective of the CE program are designed to reflect those of Coffeyville Regional Medical Center as well as regional and State areas of interest, in order to promote evidence-based best practice and current trends in healthcare.	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Director, and Continuing Nursing Education Coordinator	Comparison of goals and objectives with those of the Medical Center as well as those required by State and local agencies.	Continue to compare and reflect compatibility. As well as look closely at budget issues, which are a large part of planning all education.	To be reviewed annually in July. Continue to look for specific topics related to changes or needs in healthcare and specific educational needs by organization.

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

TOPIC	EVALUATION INTERVAL	BY WHOM	METHODS	RESULTS	RECOMMENDATIONS
Program Director Job Description.	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Review job description of Continuing Nursing Education Coordinator for specific statements describing management of the CE Program.	Reviewed in July 2020. The job description outlines specific duties with regard to the continuing nursing education program management. In accordance with KAR-9-107 (f) policy, the job description for the Continuing Nursing Education Coordinator will continue to prescribe that the position of CNE Coordinator be licensed to practice nursing, have three years of clinical experience, and one year of experience developing and implementing educational offerings. The present policy at CRMC further states that the CNE director will have a baccalaureate degree as KNR 60-9-107 stipulates by 1-1-97. This criterion has been met.	Reviewed in July 2020 along with budget process. The job description and all aspects of the position of CNE Coordinator will be evaluated during annual evaluations according to hire date. Consideration will involve management of the CNE providership; educational offerings and close working relationships with local community college, nursing leadership and other clinical collaborations. This partnership with local physicians and providers will promote nursing education. Charlene Paolini RN MSN continues to be the CNE Coordinator for CRMC.
The Education Planning and Staff Development Committee	Quarterly or monthly if needed	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, Senior Executive Director of Business Development and Continuing Nursing Education Coordinator	Review written purpose, functions, and membership categories. Up-date membership categories with compatible representatives.	Membership will include members from Administration and Nursing. Other members may include department managers or representatives from various hospital departments.	This committee reviews current web-based and live education in order to present the most up-to-date and relevant educational opportunities to both professional and non-professional staff. Additionally, committee assesses the educational needs of nursing as well as all other employees.

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

TOPIC	EVALUATION INTERVAL	BY WHOM	METHODS	RESULTS	RECOMMENDATIONS
<b>B. Program Management</b>					
Policies and Procedures	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Review policy and procedures for the Education Dept. as compared to those of the Medical Center for compatibility. Areas of the Education Dept. policy and procedure to be evaluated are: <ul style="list-style-type: none"> <li>- General Policy Statement</li> <li>- Attendance Policy</li> <li>- Offering Planning Procedure</li> <li>- Needs Assessment</li> <li>- Type of Offering Announcements</li> <li>- Faculty Selection</li> <li>- Awarding of Certificates</li> <li>- Review/update also of policy and procedure manual.</li> </ul>	Reviewed July 2020. A review of the CRMC Program Management with the new CNO and Quality Team yielded some new ideas for the organization. The education committee was more focused this past year on current educational nursing needs or concerns related to types of patients in our facility as well as topics suggested from Physicians and nursing staff.	Will continue to work with local entities and educators to provide a wide array of offerings to our hospital staff and community healthcare partners. Staff Education Coordinator worked with Care Learning (LMS) and CRMC staff to provide up to date educational offerings. After many setbacks related to Covid 19 we were able this year to offer two different opportunities than we have had in the past, we are going to continue the relationship with these providers as well as explore others in the coming year.
Needs Assessment Process	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Needs assessment survey is distributed annually according to policy and procedure of the Education Department. Continue to evaluate learning needs to determine deficits in knowledge, skills, and in attitude and those capable of being addressed via learning experiences through the assessment tool, as stated in KAR 60-9-105-(0).	Ongoing "Needs Assessment" distributed to clinical staff to determine areas of interest, and future learning opportunities. "Needs Assessment" is also utilized by attendees as part of individual program evaluations.	Survey continues to be valuable tool for measuring educational needs. The Education Coordinator works with CNO and nursing leaders after educational opportunities in developing or brainstorming any new ideas or needs for education.  Will continue to work with all departments regarding their needs for educational offerings.

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

TOPIC	EVALUATION INTERVAL	BY WHOM	METHODS	RESULTS	RECOMMENDATIONS
Offerings	Annually	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Director, and Continuing Nursing Education Coordinator	Review planning procedure for preparation of each offering for relevance and for continued adherence to goals and objectives.  Review offering objectives. Identify terms that define the expected outcomes for the learner.  Review content of offerings for topic appropriateness; justification of time frames; and compatibility of topics and objectives.	Our organization feels that we get more attendance by posting on Facebook, and email blast instead of sending out mailers. CNE Coordinator works closely with the presenter to identify learning objectives.  The CRMC Nursing/Clinical teamwork together to report ideas for learning opportunity. The committee discusses time frames according to presenters' availability.	All offerings continue to reflect compatibility with all time frame parameters. Brochures continue to reflect explicit explanations in policy. CNE Coordinator continues to monitor brochure development closely. CRMC utilizes social media, and email for delivery of educational offerings. CRMC also posts on Website and the Internal newsletter.  Information about offerings will continue to be shared with the Nursing Leadership team, Local Hospitals, Long Term Care Organizations and all local EMTs, and paramedics.
<b>C. Total Program Evaluation Plan</b>					
Individual offering evaluations.	Ongoing	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Provide evaluation forms for each offering.  Collect at end of each offering.  Tabulate results for each offering.  Analyze each area of evaluation, provide results to presenter, retain for records, and report to presenter.  Evaluate evaluation tool for effective delivery of desired information and measurements.	Input from staff to managers has proven helpful in planning events of interest.  Physician and staff nurse collaboration regarding educational opportunities have proven to be beneficial this past year for topics of education.  Information is shared with presenter after each offering.  Evaluation tool was reviewed in 2020 and continues to be useful in achieving goals.	Use of current evaluation form provides easily compiled data regarding the participant's opinions of the offering as well as ideas for future events.  One on one with staff after program has helped identify different areas of education and ways to evaluate.  Evaluations will continue to be shared with presenter and CNE committee after each offering.  Evaluation tool will continue to be updated and revised as necessary.

Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

TOPIC	EVALUATION INTERVAL	BY WHOM	METHODS	RESULTS	RECOMMENDATIONS
Faculty Evaluation	Ongoing	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Use evaluation tool to evaluate faculty's effectiveness according to participants.	Throughout 2020, CEU program evaluations continue to provide valuable assessments of the faculty providing each offering.	The evaluations for each offering are discussed for future planning and feedback. This year CRMC has used KU Medical Center Education Department, Coffeyville Community College, Midwest Transplant and Medpro for continuing education opportunities.
Annual Summary of CE Programs	Ongoing	Chief Executive Officer, Chief Financial Officer, Chief Nursing Officer, Human Resources Manager, and Continuing Nursing Education Coordinator	Review process of annual summary, i.e., each offering is entered by title, with number of participants, total amount of expenditures, total amount of income, and summary of evaluations by attendees in the form of a chart.  Present "chart" of annual summary to Staff Development Committee members.  Evaluate total offering schedule for topic appropriateness, as directed by learning needs list.	Process reviewed in July 2021 (at end of CE year; i.e. prior to annual report) by Education Coordinator and CEO/CNO.  All processes continue to meet intended criteria i.e. easy access to all information and easy access to Administration.  CNE offerings must continue to reflect identified learning needs of our staff as well as meet administrative goals and objectives.  The overall program will continue to strive to meet the demands of the ever-changing state and national environment of healthcare.	Review of annual summary of CE presentations/presenters continues to prove valuable. Not only as a tool of reflection but as a tool to plan the coming CE year. This review is also valuable to the budget process annually.  Review at end of each CNE year upon preparation of annual report.  The review coincides with CRMC budget process. Validation of budget results is often drawn from CE report. The need to keep pace with other institutions and collaborate with them for providing CE is a motivating factor.  Continuous changes in the health care delivery and emphasis on quality improvement have been included in our educational efforts.
<b>ACTION PLAN</b>					



Total Program Evaluation  
Coffeyville Regional Medical Center  
July 2021

In 2020-2021, we continue to be dedicated to making sure that education of our new nurses is of utmost importance. We continue to utilize our Nurse Experience Committee to come up with issues within the system to increase nurse satisfaction as well as educational opportunities that are felt to be important to staff. Thru suggestions to the committee as well as ideas from nursing directors and the learning assessment tool, we are able to get a new viewpoint on education needed. As program coordinator, Charlene Paolini continues to look at options to bring to our nursing staff for continued education and hopefully more CEU hours. The beginning of 2021 we were able to bring some new and exciting learning opportunities to the hospital and we are looking forward to continuing this in the rest of the year.

CRMC continues to collaborate with University of Kansas Education program for continuing education including a Cancer Symposium, we utilize Coffeyville Community College to coordinate our ACLS provider classes and we collaborated with new entities Midwest Transplant and Medpro to offer new CEU activities this year. CRMC will continue to work within the means of the annual budget and look for other partnerships to collaborate with to offer continuing education for our employees and community members. We continue to look towards nursing leadership to enhance education and process changes. Charlene Paolini remains in the position of coordinator and oversees these processes.

CRMC will continue to review our needs assessment and work with our Nursing leadership team as well as our providers for educational offerings. We will continue to share our educational offerings with surrounding long-term care facilities, other hospitals and post on our website as well as share on social media and our quarterly magazine. CRMC will continue to focus on new and creative ways to engage employees in the education process.

## TOOL ASSESSMENT

The total program assessment annually provides a useful and valuable tool in looking at nursing continuing education.

In 2020-2021, the Total Program Evaluation review continues to reinforce the need of professional training. Staff Education Coordinator worked with our previous entities as well as some new ones to provide high quality education. We continue to look into other avenues and organizations to bring continuing learning to our employees and community members.

# Clinical Documentation Class

brought to us by:



MedPro Group is our liability insurance carrier. We are pleased to partner with them to bring this educational opportunity in regards to legal documentation in nursing.

**THURSDAY MAY 13TH**

**8 AM | 10 AM | 12PM**

Fourth Floor Conference Room

## Learning Objectives:

- Identify medical record documentation essentials.
- Describe the relevancy of documentation for quality of care, payment and standard of care issues.
- Review common problems in documentation that can result in poor patient outcomes and make cases hard to defend.
- Review documentation strategies for difficult patient/family behaviors.
- Review documentation strategies for difficult staff/physician interactions.

## Speakers:

Christie Hoskins, MS, RN, CPHRM  
AVP, Patient Safety and Risk Solutions- Education Leader Medpro

Amy Wright, RN, MSN, CPPS, CPHQ  
Senior Patient Safety and Risk Solutions- Consultant Medpro

## Continuing Education Credits:

Nurses- CMMC is approved as a provider of continuing education by the Kansas State Board of Nursing.  
This course offering is approved for 1 contact hour applicable for RN and LPN relicensure.  
KSBN Provider Number: LT0099-0316

**Christine M. Hoskin, RN, MS, CPHRM  
AVP, Patient Safety & Risk Solutions**

Christine has been involved in risk and quality management throughout her career, providing oversight of clinical education, epidemiology, safety, accreditation, risk management, quality improvement, and nursing.

She has experience in a range of care settings – including both inpatient and outpatient facilities, primary care, specialty care, dental care, and rehabilitation – and with various patient populations. These opportunities have enabled Christine to develop a strong understanding of the challenges and opportunities facing healthcare providers and organizations.



In her role at MedPro, Christine leads the development of new patient safety and risk management education for all lines of business, including physicians, dentists, healthcare professionals, facilities, hospitals, and senior care. She collaborates with the Patient Safety & Risk Solutions team, division leadership, continuing education committee members, and other key individuals within the organization to facilitate the delivery of high-quality educational programs.

Christine is a registered nurse and a certified professional in healthcare risk management (CPHRM). She earned her bachelor of science in nursing degree and master's degree from Nebraska Methodist College. Christine is scheduled to complete coursework towards a doctoral degree in education and leadership in healthcare in July of 2022 through Nebraska Methodist College.

Christine M. Hoskin, RN, MS, CPHRM  
MedPro Group  
P.O. Box 145  
Plattsmouth, NE 68048

Phone/Fax: 402-804-3382/972-543-9212  
Email: [christine.hoskin@medpro.com](mailto:christine.hoskin@medpro.com)  
Website: [www.medpro.com](http://www.medpro.com)  
Twitter: @MedProProtector

**Amy Wright, RN, MSN, CPPS, CPHQ**  
**Senior Patient Safety and Risk Solutions Consultant**

Amy has been involved in patient safety, accreditation, and quality management throughout her career. Her focus has been on areas of process improvement, risk identification/reduction, and promoting a nonpunitive culture that mitigates patient harm and optimizes patient outcomes.

She has experience in a wide range of healthcare settings, including both acute and ambulatory care settings, behavioral health facilities, and both primary and specialty care practices. These opportunities have enabled Amy to provide oversight of clinical quality management as well as the development, strategic planning for, and oversight of patient safety.

Amy, a registered nurse, earned her bachelor of science degree in healthcare leadership from National Louis University and her master's degree in nursing with a concentration in education from the University of St. Francis.

Amy is a Certified Professional in Patient Safety (CPPS) as well as a Certified Professional in Healthcare Quality (CPHQ). She also is a member of the National Association for Healthcare Quality, Institute for Healthcare Improvement/Patient Safety Network, International Society for Quality in Health Care, Patient Safety Movement, The Center for Health Design, and the American Society for Quality.

Amy Wright, RN, MSN, CPPS, CPHQ  
MedPro Group  
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Email: Amy.Wright@medpro.com  
Website: www.medpro.com  
Twitter: @MedProProtector

## Clinical Documentation Class by Medpro

### Summary of planning

In October of 2019 the Quality department had a meeting with Christine Hoskins who is our Risk Management consultant for our liability carrier, Medpro. At that time she advised that if we were ever interested she could come and speak to our staff regarding clinical documentation and the impact it has. When the education dept was informed of this, we knew it was something that we wanted to do. In December of 2019 we reached out to Christine and scheduled a class. Covid hit at that time and it was postponed numerous times until it came to fruition on May 13<sup>th</sup>, 2021. We decided to incorporate it into the week of Nurses Week/Hospital Week to try to advertise it a little bit differently in hopes of more attendance from our staff. We offered it at three different time slots and made effort by the directors to cover so as many as people as possible could attend. Flyers were distributed throughout the hospital as well as email and heavily

### Summary of evaluations

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
How well did he/she state objectives?	18	10	2	0	0
How well did he/she keep the meeting interested?	17	8	5	1	0
How well did he/she use instructional media?	19	9	3	0	0
How clear and understand- able was he/she?	19	9	3	0	0
How effective was the summary?	16	11	4	0	0
How would you rate the speaker overall?	18	10	3	0	0

#### 1. Did the speaker meet the following objectives :

Learner is able to identify medical record documentation essentials.	<b>ALL YES</b>
Learner is able to describe the relevancy of documentation for quality, payment and standard of care issues.	<b>ONE NO</b>
Learner understands common problems that can result in poor patient outcomes and make cases harder to defend.	<b>ALL YES</b>
Learner understands documentation strategies for difficult patient and family behaviors.	<b>ONE NO</b>
Learner understands strategies for difficult staff/physician interactions.	<b>ALL YES</b>

### Comments

Make more interactive

More about code documentation, narrative notes, key points for including and do nots in a code blue narrative note.

Would like more on this topic, more in depth and more examples.

Go slower.

Provide coffee.

Longer time.

# PROGRAM EVALUATION FORM

DATE: \_\_\_\_\_

Please complete the following questionnaire, answering each question as completely as possible. You do not need to sign your name.

Title of Program: \_\_\_\_\_ MedPro Clinical Documentation \_\_\_\_\_

Speaker: \_\_\_\_\_ Christine Hoskins and Amy Wright \_\_\_\_\_

1. Was the subject relevant to your needs and interests?      YES      Somewhat      Not at all

2. Please rate the group leader on the following:

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
How well did he/she state objectives?					
How well did he/she keep the meeting interested?					
How well did he/she use instructional media?					
How clear and understand- able was he/she?					
How effective was the summary?					
How would you rate the speaker overall?					

3. Did the speaker meet the following objectives :

Learner is able to identify medical record documentation essentials.	YES	NO
Learner is able to describe the relevancy of documentation for quality, payment and standard of care issues.	YES	NO
Learner understands common problems that can result in poor patient outcomes and make cases harder to defend.	YES	NO
Learner understands documentation strategies for difficult patient and family behaviors.		

	YES	NO
Learner understands strategies for difficult staff/physician interactions.	YES	NO

What improvements would you make in the program ? Please use space below or back of paper.



# ORGAN, EYE, AND TISSUE DONATION

There have been many advancements and process changes regarding organ, eye and tissue donation over the past few years. Join Midwest Transplant Network and Saving Sight for an interesting and exciting look into donation and the very important role RNs have honoring the gift of life!

SPEAKERS

Cathy Lucchi  
Haley Lyne

Midwest Transplant Network  
Saving Sight

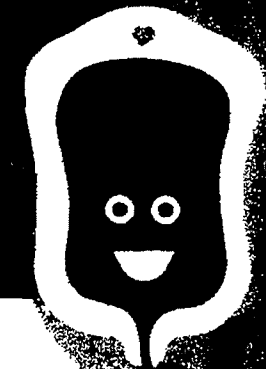
Midwest Transplant Network  
Saving Sight

## OBJECTIVES

- Identify clinical triggers for Imminent and Cardiac Referrals
- Describe organ, eye, and tissue donation process
- First Person Donor Designation (FPA)
- S.E.E. Eye Prep
- Review organ and tissues transplanted and their uses
- Review the Effective Request Process (ERP)

April 21, 2021

7:30 AM OR 11:00 AM  
CRMC Fourth Floor  
Conference Room



Nurses- CRMC is approved as a provider of continuing education by the Kansas State Board of Nursing. **This course offering is approved for 1 contact hours applicable for RN and LPN relicensure.**

KSBN Provider Number: LT0099-0316

# CATHY LUCCHI

607 Oakcrest Drive  
Pittsburg, KS 66762  
Work #: 620.202.0422  
[clucchi@mwtn.org](mailto:clucchi@mwtn.org)

## WORK EXPERIENCE

Midwest Transplant Network, Westwood, Kansas

August 2006 - Present

Hospital Services Coordinator III

January 2020 - Present

- All duties as Hospital Services Coordinator II
- Support MTN donor activities such as: facilitating authorization for organ and tissue donation, obtaining medical/social histories, coordinating donor process in conjunction with organ procurement coordinator.
- Responsible for the implementation of hospital services such as donor development, strategic planning, relationship management and delivery of educational programs in assigned hospitals.

Hospital Services Coordinator II

August 2006 – January 2020

- Identify and meet the customized needs of assigned hospitals
- Maintain appropriate records and reports in compliance with policies and regulations
- Maintain effective working relationships with hospital contacts and knowledge of hospital structure
- Internal relationships between departments and functions
- Knowledge of federal and state laws/regulations related to the donation process
- Maintain in-depth knowledge of organ and tissue donation processes and criteria including DCD and death by neurological criteria

Pittsburg State University, Pittsburg, KS

June 1999 – August 2006

Administrative Specialist

- Increased responsibilities through promotional process within two university departments, Career Services and Facilities Planning.
- Key Planner/Organizer for five large events per year hosting employers from across the country.
- Responsible for daily and monthly activity of thirteen (13) budgets within Career Services. Developed monthly reports and review for director.
- Managed all daily aspects of office operations including time entry, budgets, maintenance, purchasing, procurement card reconciliation, travel, scheduling personnel, etc.

Midwest Transplant Network, Westwood, KS

August 1992 – April 1999

Administrative Assistant to Executive Director

- Coordinated board of director meetings/retreats; conferences; education programs; and other events.
- Assisted in personnel administrative activities to include recruiting and interviewing applicants, scheduling phone coverage, organizing and processing insurance benefits and billing, processing personal leave time, conducting employee orientation, and coordinating motivational activities for organization.
- Developed relationships and served as liaison between CEO and board members, physicians, hospital administration, and staff; planned and coordinated events including CEU programs for nurses.

## PROFESSIONAL AND COMMUNITY AFFILIATIONS

- 2006-2017, NATCO Membership (North American Transplant Coordinators Organization)
- 2015-2017, NATCO Faculty – Hospital Development Course Instructor

## EDUCATION

Pittsburg State University

Bachelor's Degree in Business Administration

May 1984

CNE/IV Therapy 70

## WORK EXPERIENCE

### Saving Sight, Kansas City, Missouri

October 2015 – Present

#### Hospital Development Manager

July 2017 – Present

- Build and maintain strong positive relationships with organizational partners and internal eye bank staff to improve the overall eye donation process. Such partners include hospital staff, coroners, medical examiners, funeral directors, surgeons, and partner recovery agencies.
- Maintain and update agreements between donor hospitals and Saving Sight in accordance with CMS CFR 482.45.
- Regularly communicate with organizational partners to identify barriers to eye donation and problem solve to overcome these barriers.
- Develop and coordinate professional educational programs on eye donation to deliver to organizational partners.
- Compile and interpret eye donation analysis reports, regularly sharing key findings with appropriate stakeholders.
- Follow organizational policies and procedures and protects donor and recipient information by maintaining confidentiality.

#### Ocular Tissue Recovery Technician

October 2015 – July 2016

- Recover eye tissue from consented donors for transplant and research purposes, including drawing blood samples for serological testing.
- Perform donor medical history reviews and physical assessment.
- Gather pertinent data and accurately relay information to appropriate internal/external partners.
- Transport supplies, eye tissue and blood samples to/from Saving Sight facilities.
- Prepare eye tissue and biological specimens for transport.
- Perform facility cleaning and equipment maintenance as required.
- Prepare ocular tissue for processing in the eye bank laboratory as needed.
- Accurately document donor and tissue information on reports and in eye bank database system
- Maintain inventory and stock recovery supplies.

### Mercy Clinic Eye Specialists – Ophthalmology, Springfield, MO

July 2013 – October 2015

#### Ophthalmic Assistant

- Acted as a medical scribe for physicians.
- Performed ocular slit-lamp examinations and completed manifest refraction for corrected visual acuity.
- Performed blood draws and compounded autologous serum eye drops.
- Obtained ocular eye exams for visual acuity, ocular motility, pupillary assessment, and intraocular pressures.
- Obtained patient ocular, medical, and family history.
- Obtained diagnostic measurements of eye including endothelial cell counts using confocal imaging, corneal topography, and optic nerve tomography.
- Refilled medications and completed patient FMLA and disability paperwork.
- Assist physician with additional testing as directed.
- Surgical scrub in clinical outpatient procedures such as zLASIK/PRK refractive surgery, corneal perforation repair, and superficial keratectomy.

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## PROFESSIONAL AND COMMUNITY AFFILIATIONS

- 2016-2018, State Team Member of Donate Life Missouri
  - 2016-2017, Lions Club International Volunteer – Community School Education
- 

## EDUCATION

Ozark Hight School

High School Diploma

May 2011

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### Summary of planning

I started speaking with Midwest Transplant on coming and doing an in person education regarding organ donation in January of 2020. We scheduled it numerous times and it had to be rescheduled due to Covid. We finally got to have them come on April 21<sup>st</sup>, 2021 which coincided with Organ Donation Month. We utilized flyers via email, communication boards, print and newsletter.

### Summary of evaluation

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
How well did he/she state objectives?	4	1	0	0	0
How well did he/she keep the meeting interested?	5	0	0	0	0
How well did he/she use instructional media?	5	0	0	0	0
How clear and understand- able was he/she?	5	0	0	0	0
How effective was the summary?	5	0	0	0	0
How would you rate the speaker overall?	5	0	0	0	0

#### 1. Did the speaker meet the following objectives :

Learner is able to identify clinical triggers for imminent and cardiac referrals.	<b>YES</b>	<b>NO</b>
Learner is able to describe the organ, eye and tissue donation process.	<b>YES</b>	<b>NO</b>
Learner understands what is the First Person Donor Designation.	<b>YES</b>	<b>NO</b>
Learner understands the S.E.E. Eye prep.	<b>YES</b>	<b>NO</b>
Learner is able to describe what organs & tissues are transplanted and uses.	<b>YES</b>	<b>NO</b>
Learner understands the effective request process.	<b>YES</b>	<b>NO</b>

### Comments

She was great !

Very informative, I learned a lot and will be thinking more about donation processes in my everyday work.

## PROGRAM EVALUATION FORM

DATE: \_\_\_\_\_

Please complete the following questionnaire, answering each question as completely as possible. You do not need to sign your name.

Title of Program: \_\_\_\_\_ Midwest Organ and Tissue Donation \_\_\_\_\_

Speaker: \_\_\_\_\_ Cathy Lucci \_\_\_\_\_

1. Was the subject relevant to your needs and interests?      **YES**      **Somewhat**      **Not at all**

2. Please rate the group leader on the following:

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
How well did he/she state objectives?					
How well did he/she keep the meeting interested?					
How well did he/she use instructional media?					
How clear and understand-able was he/she?					
How effective was the summary?					
How would you rate the speaker overall?					

3. Did the speaker meet the following objectives :

Learner is able to identify clinical triggers for imminent and cardiac referrals.	<b>YES</b>	<b>NO</b>
Learner is able to describe the organ, eye and tissue donation process.	<b>YES</b>	<b>NO</b>
Learner understands what is the First Person Donor Designation.	<b>YES</b>	<b>NO</b>
Learner understands the S.E.E. Eye prep.	<b>YES</b>	<b>NO</b>
Learner is able to describe what organs & tissues are transplanted and uses.	<b>YES</b>	<b>NO</b>
Learner understands the effective request process.	<b>YES</b>	<b>NO</b>

4. What improvements would you make in the program ? Please use space below or back side.

Coffeyville Regional Medical Center, Inc

# Certificate of Education Roster

Course # \_\_\_\_\_

Entered By: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_

Location: \_\_\_\_\_

**Instructor :** \_\_\_\_\_

**Contact Hours:**

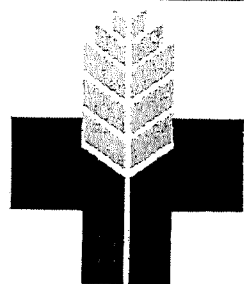
**Name and Address**

(Address only if you are not a CRMC employee)

**License #**Dept

**Signature**

[illegible]



# COFFEYVILLE REGIONAL MEDICAL CENTER

1400 W 4<sup>th</sup>, Coffeyville, KS 67337

620.251.1200

[www.crmcinc.org](http://www.crmcinc.org)

*This is to certify that*

\_\_\_\_\_  
*Participants Name*

\_\_\_\_\_  
*License Number*

*has successfully completed*

*Title:* \_\_\_\_\_

*Date(s):* \_\_\_\_\_

*Instructor:* \_\_\_\_\_

*Contact Hours:* \_\_\_\_\_

Coffeyville Regional Medical Center is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN and LPN relicensure. Kansas State Board of Nursing Provider Number: LT0099-0316.

\_\_\_\_\_  
*Charlene Paolini, RN, MSN*  
*Education Coordinator*



# Partnership in Saving Lives: Nurses and Midwest Transplant Network



Citation	Reference
<a href="http://www.aopo.org">www.aopo.org</a>	Association of Organ Procurement Organizations 8500 Leesburg Pike, Suite 300 Vienna, VA 22182 tel: 703-556-4242 <a href="http://aopo.org/resources">aopo.org/resources</a>
<a href="http://www.natco1.org">www.natco1.org</a>	NATCO P.O. Box 711233, Oak Hill, VA 20171 tel: 913-895-4612   fax: 913-895-4652 <a href="mailto:info@natco1.org">info@natco1.org</a>  "Proposed Treatment Guidelines for Donor Care", Powner, David, Darby, Joseph, and Kellum, John; <a href="http://www.natco1.org/Publications/files/Treatment%20Guidelines%20for%20Donor%20Care.pdf">http://www.natco1.org/Publications/files/Treatment%20Guidelines%20for%20Donor%20Care.pdf</a> Classic <b>Partnership in Saving Lives: Nurses and Midwest Transplant Network</b>
<a href="http://www.organdonationalliance.org">www.organdonationalliance.org</a>	The Alliance PO Box 140027, Coral Gables, FL 33114 <a href="mailto:info@odt-alliance.org">info@odt-alliance.org</a>
<a href="http://www.neurology.org">www.neurology.org</a>	American Academy of Neurology  Evidence-based guideline update: Determining brain death in adults: Report of the Quality Standards Subcommittee of the American Academy of Neurology Eelco F.M. Wijdicks, Panayiotis N. Varelas, Gary S. Gronseth and David M. Greer Neurology 2010; 74; 1911-1918 DOI: 10.1212/WNL.0b013e3181e242a8 Classic

**Name of Provider: EagleMed LLC; LT0208-0916**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/09/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: ”</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor’s education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant’s assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>2Q Sim.</b>	<b>ACLS</b>
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24940 **Date submitted:** Jul 9 11:38 2021

**radio** ~ Renewal

**Providername** ~ EagleMed LLC

**providernum** ~ LT0208-0916

**legalbody** ~ ~

**address** ~ 6601 W Pueblo,

**adress2** ~ Wichita, KS 67209

**telephone** ~ 3166134828

**email** ~ cindy.webster@gmr.net

**coordinator** ~ Cynthia Webster

**date** ~ 07-09-2021

**planningce** ~ Outreach CE need is assessed by the facilities we service. Continuing education needs are requested by facilities.

Additional educational offering requirements are often identified during courses and additional courses are arranged for those facilities.

Courses are scheduled as requested, well in advance, to facilitate appropriate courses and student to presenter ratios.

**feeassessment** ~ Classes are not billed until the course has been completed.

Fees can be paid directly through our learning management website via credit or debit card, or payment will be billed to the facilities at their requests.

We bill our courses based on actual attendants a refund can be provided via the website directly to the payors credit or debit card.

Please see attached course brochure with fee schedule.

**advertisement** ~ The outreach education we provide is requested from facilities and agencies.

Most advertisement for a specific offering is the responsibility of the hosting facility.

Please see attached brochure.

**approvalprocess** ~ We are a long-term provider and do not apply for individual offering approval.

American Heart Association (AHA) course behavioral objectives are established by the AHA. PHTLS, AMLS and EPC course behavioral objectives are established by the National Association of Emergency Medical Technicians (NAEMT) TNCC course behavioral objectives are established by the ENA.

Behavioral objectives for EagleMed proprietary offerings (airway

management, blood administration, etc) are established based on course content and desired course outcome.

All EagleMed instructors are licensed nurses, and/or paramedics, and/or respiratory therapists considered experienced in subject matter being presented.

AHA courses are updated every 5 years by the AHA.

NAEMT courses are updated approximately every 5 years.

ENA courses are updated every 4-5 years.

Proprietary courses are evaluated for accuracy and current content before each presentation by the presenter. Medical Director, Greg Faimon, MD is available for review of course content and course oversight.

New proprietary courses are evaluated by the Outreach Education Managers prior to issuing CNE hours.

Each course requires individual/course evaluations be completed by each course attendant.

**contacthours** ~ Contact hours are credited based on actual clock hours for the offering.

Course attendants must be present throughout the offering to receive CNE.

Online offerings require that students check in every 15 minutes electronically to verify attendance.

Course sign in rosters are required for each presentation that includes; nurses name, physical address, nursing license number and signature.

Course instructors will be awarded two contact hours for each presentation hour if a new proprietary course. The additional hour is only provided on request of the instructor.

EagleMed no longer offers CNE for independent study.

EagleMed does not offer CNE for clinical hours.

**verifycompletion** ~ Course sign in rosters are required for all course offerings and require course attendance/participation - Please see attached sign in sheet.

Online participants provide a signed attendance sheet and electronically check in every 15 minutes during the presentation.

EagleMed no longer offers CNE for independent study.

Please see attached certificate.

**recordkeeping** ~ Course files are kept in locked file cabinets within a secure office in the secure area of EagleMed LLC in Wichita, KS.

Course records are stored for 5 years from date of the course.

After 5 years the course records are shredded by The File Depot

Digital records are maintained on the secure OneDrive of parent company GMR with only limited access allowed.

**noticeofchange** ~ The program coordinator is currently and will remained Cynthia Webster, APRN/RN/MSN/EMT-P, CFRN  
If a change in Program Coordinator is required, the board will be notified in writing within 30 days of the change.

**programevaluation** ~ See attached file labeled "Total Program Evaluation 2020-2021-nursing".

**Submission date** ~ 07-9-2021 11:38:20

**Form ID** ~ 1672730

## **Curriculum Vitae.**

**Mr. Jeffrey A. Prilliman**

Tel: 316-613-4828 fax 316-943-4812  
E-mail: education@flyeaglemed.com  
jeffrey.prilliman@gmr.net

6601 W. Pueblo  
Wichita  
Kansas  
67209

---

**Profile:** Outreach Education Manager with experience base as a Flight Nurse/Paramedic and strong background in Public Service. Training and experience as both instructor and coordinator for all levels of Pre-hospital, Emergency and Critical Care Medicine.

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**Employment:** **Med-Trans Corp** **2-2017-present**

Air Medical Transport Service incorporating Helicopter, Fixed wing and Ground Critical Care Transport of the sick and injured

**Position:** Outreach Education Manager  
**Duties:** To provide high quality outreach education in support of flight operations and support the agencies within our system. Oversee, Supervise, Coordinate and instruct all aspects of companies outreach education offerings.

**EagleMed LLC** **10/2007 – 2-2017**

Air Medical Transport Service incorporating Helicopter, Fixed wing and Ground Critical Care Transport of the sick and injured

**Position:** Education Manager  
**Duties:**  
> Oversee, Supervise, Coordinate and Instruct all aspects of patient care for all Medical employees  
> Insure CAMTS compliance for Education.  
> Oversee, Supervise, Coordinate and instruct all aspects of companies outreach education offerings.

**EagleMed LLC** **05/2006 – 10/2007**

Air Medical Transport Service incorporating Helicopter, Fixed wing and Ground Critical Care Transport of the sick and injured

**Position:** Education Coordinator  
**Duties:**  
> Coordinate and Instruct all aspects of patient care for all Medical employees.  
> Coordinate and instruct all aspects of companies outreach education offerings.

**EagleMed** **05/1998 - 05/2006**

Air Medical Transport Service incorporating Helicopter, Fixed wing and Ground Critical Care Transport of the sick and injured

**Position:** Flight Paramedic.  
**Duties:**  
> General patient care.  
> Assist with education duties as required or needed.

**Medicine Lodge Police Department** **09/1995 – 05/1998**

Law Enforcement agency for Medicine Lodge, KS.

**Position:** Patrol Officer/K-9 handler  
**Duties:**  
> General Patrol duties.  
> Specialize Enforcement utilising K-9.

**Mount Hope Police Department** **08/1989 – 09/1995 CNE/IV Therapy 84**



Law Enforcement agency for Mount Hope KS.

**Position:** Chief of Police

**Duties:** > Administer, maintain, oversee and coordinate law enforcement duties.

**Sedgwick County EMS**

**10/1981—08/1989**

Emergency Medical Service for Wichita, KS and surrounding area.

**Position:** Lieutenant Paramedic

**Duties:** > Care and Transport of sick and injured

> Training and instruction for both new employees and new Paramedics

---

**Education:**

Wichita High School, South  
701 W. 33<sup>rd</sup>  
Wichita, KS 67217

1979  
High School Graduate

Wichita Vo-Tech Center  
Wichita, KS

1981  
Mobile Intensive Care Technician

Wichita State University  
Wichita, KS

1993  
Associate Science of Sociology

Excelsior College  
Albany, NY

1997  
Associate Science of Nursing

---

**Certifications:**

Mobile Intensive Care Technician/Paramedic 1982-Present

RN- Texas- 2009-Present

Advanced Cardiac Life Support- AHA

Pediatric Advance Life Support- AHA

Basic Life Support/CPR- AHA

Pre Hospital Trauma Life Support- NAEMT

Neonatal Resuscitation Program- AAP

Rescue Diver- PADI

**Instructor Certifications:**

Advanced Cardiac Life Support- AHA

Pediatric Advance Life Support- AHA

Basic Life Support/CPR- AHA

Pre Hospital Trauma Life Support- NAEMT

Trauma Nurse Core Course- ENA

Identification of Improvised Explosives and Devices- DHS

**References:**

Available upon request.

Cynthia K. Webster  
11801 E 77<sup>th</sup> St N  
Wichita, Ks 67226-8417  
(316)737-1314 (C)

### Certifications

Adult-Gerontology Acute Care Nurse Practitioner (Pending KSBN approval)  
Registered Nurse (KS -105977, AR - R092486, CO - RN1619260, MO - 2012037464, NE - 75351, OK - 0108236, TX - 827933)  
Advanced Cardiac Life Support Provider/Instructor  
Advanced Life Support Obstetrics - Provider  
Basic Life Support Provider/Instructor  
Certified Flight Registered Nurse  
Critical Care Emergency Medical Technician Paramedic  
Kansas Certified Paramedic (016514)  
Kansas Certified Paramedic Instructor Coordinator  
National Registry Emergency Medical Technician-Paramedic (M0891904)  
Neonatal Resuscitation Provider  
Pediatric Advanced Life Support Provider/Instructor  
Pediatric Education for Prehospital Professionals Course Coordinator  
Prehospital Trauma Life Support Provider/Instructor/Affiliate Faculty

### Education

2019	Graceland University	MSN: Adult Gerontology Acute Care Nurse Practitioner
2010	Cowley County Community College	Critical Care Emergency Medical Technician
2008	Excelsior College New York, New York	Associate Degree of Nursing
2005	University of Kansas Lawrence, Kansas	Fire Fighter I
1997	Cowley College Winfield, Kansas	Mobile Intensive Care Technician
1996	Barton County Community College Great Bend, Kansas	Emergency Medical Technician Instructor/Coordinator
1990	Southwestern College Winfield, Kansas	Ks Board of Education Teaching Certificate for Secondary Biology, Chemistry, Math
1989	Colorado State University Fort Collins, Colorado	Bachelors of Science Biology

### Work Experience

2012 - present	EagleMed LLC	Education Coordinator/Flight Nurse & Paramedic
1994-1999 & 2009-2019	Cowley College	Adjunct Instructor for Anatomy & Physiology and Emergency Medical Technician/Paramedic
2011 - 2012	William Newton Hospital	Emergency Department RN (PRN)
2011 - 2012	Pratt Community College	Adjunct Nursing Instructor (PRN)
2009 - 2012	Galachia Heart Hospital	Intensive Care Unit Registered Nurse
1995-2012	Winfield Area EMS	EMT/Paramedic
2010 - 2011	Pratt Community College	Second Level Nursing Instructor
2010	Midwest LifeTeam	Flight Paramedic
1999-2009	Cowley College	Lead Paramedic Instructor
1998-2009	Sedgwick County EMS	Paramedic

## Total Program Eval 2020-2021

Area	Frequency	Responsible Person	Criteria	Findings	Actions/Recommendations
<b>Administration</b>	Annually	Program Coordinator & Outreach Education Manager	Review job description	No change	None
<b>Policies: Assess need, planning written tool evaluation summary</b>	In conjunction with every offering	Program Coordinator, Outreach Education Manager, Medical Director	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning	Evaluations have largely indicated few items to change. Most being personal preference of attendants.	The primary complaint now received concerns the poor quality of the written tests provided by the AHA. Although EagleMed has no control over this the complaints have been forwarded on to the AHA.
<b>Policies: Fee Assessment</b>	As needed	Program Coordinator, Outreach Education Managers, Medical Director,	Policy meets organization and customer needs	Fee schedule needs evaluated to determine competitive viability of the program.	Fee schedule was evaluated to determine competitive viability of the program in January 2021. New fee schedule was implemented in April of 2021. Escalating increases for TNCC fees occurring on July 1 <sup>st</sup> , 2021 and January 1 <sup>st</sup> , 2022.
<b>Policies: Announcement</b>	As needed	Program Coordinator, Outreach Education Managers, Medical Director,	Review to be certain they reflect necessary information	Need for updated course brochure.	Due to consolidation of services and change in corporate ownership the management structure has been adjusted as reflected in the "Responsible Person" category of this form. Course brochure has been updated to reflect changes- Please see attached brochure.
<b>Policies: Offering approval process</b>	Annually and as needed	Program Coordinator, Outreach Education Manager	Review policies and compare to KSBN and KBEMS requirements	No changes identified.	None

## Total Program Eval 2020-2021

<b>Policies: Awarding</b>	Every offering and as needed	Program Coordinator, Outreach Education Manager	Review agendas/pilot test results to verify contact hours awarded. Review documentation of partial credit.	No changes identified.	None
<b>Policies: Verifying participation /completion</b>	Every offering	Instructor, Outreach Education Managers Coordinator, Program Coordinator.	Review rosters and certificates; compare to KSBN and KBEMS requirements	Completion of course is verified by instructor, administrative education coordinator and available for review by the program coordinator and Medical Director.	None
<b>Policies: Record keeping</b>	Every offering, annually for CNE.	Program Coordinator, Outreach Education Managers, Medical Director	Audit contents of files for compliance with KSBN	Every offering is audited for completeness.	Continue with current process.
<b>Policies: Notification of changes</b>	Annually	Program Coordinator, Outreach Education Manager	Review procedures for changes reported to KSBN	No changes	None
<b>Total Program Evaluation: Effectiveness</b>	Annually and/or as needed	Program Coordinator, Outreach Education Manager	Review total program evaluation and compare to KSBN	Evaluation of program is in line with KSBN requirements.	Continue with evaluation process annually and/or as needed.



## LUNCH AND LEARN

Do you ever feel the need for a "tune up" on a continuing education topic? If so, the Lunch and Learn could work for you. Simply pick an available topic and we will come and educate your team.

**Lunch & Learn Offered at Various Times**  
11 a.m. | 12 p.m. | 1 p.m.

Typical sessions are an hour or less. This will provide some flexibility for your staff to attend a session. Lunch can also be provided.

If interested in the Lunch and Learn program, please contact one of our Outreach Education Managers.

## MONTHLY ONLINE EDUCATION

Each month the Outreach Education Team hosts an online educational covering on various topics for healthcare providers of all disciplines. These live learning sessions are one hour in length and continuing education is available. For further information, or to add your name to the mailing list for monthly offerings, contact Tracy Cleary at [tracy.cleary@gmr.net](mailto:tracy.cleary@gmr.net).

*We are proud to serve you!*

## OUTREACH EDUCATION MANAGERS



**MICHAEL L. WALLACE**  
Midwest AeroCare,  
Life Star of Kansas  
[Michael.Wallace@gmr.net](mailto:Michael.Wallace@gmr.net)  
816.469.9410



**JEFFREY PRILLIMAN**  
EagleMed  
[Jeffrey.Prilliman@gmr.net](mailto:Jeffrey.Prilliman@gmr.net)  
316.648.2209



**TRACY CLEARY**  
EagleMed  
[Tracy.Cleary@gmr.net](mailto:Tracy.Cleary@gmr.net)  
316.617.0329

## EXCELLENCE IN PATIENT CARE EXCELLENCE IN EDUCATION

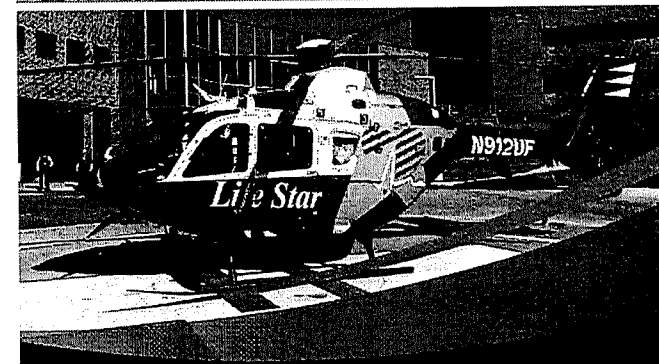
[www.med-trans.net](http://www.med-trans.net)

Global Medical Response is the industry-leader in medical transportation. Med-Trans and subsidiary companies including Life Star of Kansas, Midwest AeroCare and EagleMed are a part of the Global Medical Response family of companies.

Med-Trans | 940.591.5800 | 2200 Westcourt Road | Denton, TX 76207



## OUTREACH EDUCATION COURSE OFFERINGS



**Global Medical  
Response**

— GMR AIR SOLUTIONS IN KANSAS —



MIDWEST  
**AERO CARE**



## FEATURED OFFERINGS

### AMERICAN HEART ASSOCIATION

(renewals and initial provider)

**\$10.00** Heartsaver CPR/AED/First Aid

**\$30.00** Basic Life Support (BLS-HCP)

**\$30.00** Advanced Cardiac Life Support (ACLS)

**\$30.00** Pediatric Advanced Cardiac Life Support (PALS)

### EMERGENCY NURSE ASSOCIATION

(renewals and initial provider)

**\$200.00** Trauma Nurse Core Course (TNCC)

### NAEMT

(renewals and initial provider)

**\$200.00** Pre-Hospital Trauma Life Support (PHTLS)

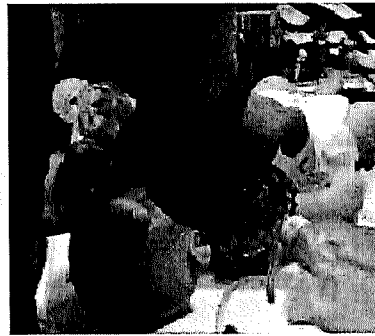
**\$250.00** Advanced Medical Life Support (AMLS)

**\$95.00** Geriatric Emergency Medical Service (GEMS)

Prices listed are per student and do not include textbooks. Individuals attending the courses will be responsible for providing their own textbooks. For our hospital and first responder customers, we encourage maintaining a library of books to help control the costs for your staff.

Kansas EMS continuing education available under EagleMed's Program Provider 4855 with the Kansas Board of EMS and continuing nursing education by the Kansas State Board of Nursing under provider number LT0208-0916. The included nursing courses are approved for contact hours applicable for APRN, RN, LPN, and LMHT relicensure. No nursing CNEs offered for BLS, HS or PEARs.

Individuals may participate regardless of their professional affiliation. A fair market value fee is assessed for all certification courses to ensure compliance with federal regulations and ensure attendance of registered participants.



## OTHER OFFERINGS AND WORKSHOPS

- 12 Lead Interpretation
- Advanced 12 Lead
- Capnography
- IO Access
- Difficult Airway Management
- Mechanical Ventilation
- Arterial Blood Gases
- Arterial Lines
- Burns
- Diabetes
- Head & Spine Trauma
- Heat Emergencies
- Landing Zone Training
- STEMI
- Sepsis
- Stroke
- Trauma in Pregnancy
- RSI
- Pediatric Emergencies
- Packaging Patients for Transport
- Sport Injuries
- Transport Physiology
- High Performance CPR
- Improving Cardiac Arrest in Your Community
- The Science of Resuscitation



## CERTIFICATE OF ATTENDANCE



this certifies that

was in attendance at

presented by **EagleMed LLC**

on \_\_\_\_\_ in \_\_\_\_\_, KS

CE Hours Awarded: \_\_\_\_\_ hours

CNE Hours Awarded: \_\_\_\_\_ hours

Provider Number LT: 0208-0916

Nursing License Number: \_\_\_\_\_

EMS Number: PP4855/state

EagleMed Number: EM2021-

*C. Webster-Medic/APRN*

Cindy Webster, Paramedic, MSN, RN, APRN Program Coordinator Date \_\_\_\_\_

*JA DA*

Jeffrey Prilliman Provider Program Director, EMS

Date \_\_\_\_\_

This program has been approved by the Kansas Board of EMS as a provider of Continuing Education Hours

EagleMed is approved by the Kansas State Board of Nursing as a provider of Continuing Nursing Education

EagleMed LLC, 6601 W. Pueblo, Wichita, Kansas 67209



**EagleMed**

## CONTINUING EDUCATION OFFERING EVALUATION

Course Title: 2021 2 Q Sim

Date: April 4/5 2021 Location: Cowley College, Wellington Ks

Instructor(s): W.Keller, C. Betts, C. Isom, L.Webster, M. McCaslin, H. Cline, C. Webster

Level of Cert (REQUIRED): \_\_\_\_\_ Name (Optional): \_\_\_\_\_

Please read each statement carefully and mark your response. Your evaluation of this offering, and the instructor(s), is valuable for planning and improvement purposes.

### WERE THE FOLLOWING OBJECTIVES MET?

☒ YES / ☐ NO: Identify patients needing NPPV.

☒ YES / ☐ NO: Discuss the differences between NPPV and biphasic NPPV.

☒ YES / ☐ NO: Monitor a patient who is on NPPV.

☒ YES / ☐ NO: Predict oxygen usage requirements on patients needing oxygen therapy.

☒ YES / ☐ NO: Understand how to effectively document patients receiving NPPV.

☒ YES / ☐ NO: Differentiate differences in vasopressor therapies.

☒ YES / ☐ NO: Correctly treat a posterior wall acute myocardial infarction

INSTRUCTOR EVALUATION	Disagree				Agree
Presented in an organized format	1	2	3	4	<input checked="" type="radio"/> 5
Discussion guide at appropriate rate	1	2	3	4	<input checked="" type="radio"/> 5
Instructor well prepared	1	2	3	4	<input checked="" type="radio"/> 5
Instructor was interested in the information	1	2	3	4	<input checked="" type="radio"/> 5
Instructor was clear in presenting information	1	2	3	4	<input checked="" type="radio"/> 5
Positive attitude towards attendees	1	2	3	4	<input checked="" type="radio"/> 5
Instructor was knowledgeable on subject matter	1	2	3	4	<input checked="" type="radio"/> 5

GENERAL OFFERING EVALUATION	Disagree				Agree
Room was appropriate	1	2	3	4	<input checked="" type="radio"/> 5
Text, handouts or other content of value	1	2	3	4	<input checked="" type="radio"/> 5
Audiovisuals appropriate	1	2	3	4	<input checked="" type="radio"/> 5

What aspects of the course did you like? \_\_\_\_\_

What aspects of the offering could we improve? \_\_\_\_\_

THANK YOU FOR ATTENDING OUR CNE/CE OFFERING! EAGLEMED PRIDES ITSELF IN OFFERING QUALITY AND RELEVANT CONTINUING EDUCATION AND HAVE ENJOYED PROVIDING THIS PRESENTATION.



2021 2Q Sim Lecture

Objectives and Schedule

1200 – 1300 – Lecture: NPPV and Pressor Therapy

Objectives:

Differentiate three forms of noninvasive pressure therapy that may be used to ventilate patients.

Identify patients needing NPPV

Monitor a patient who is on NPPV.

Discuss the differences between NPPV and biphasic NPPV.

Predict oxygen usage requirements on patients needing oxygen therapy.

Understand how to effectively document patients receiving NPPV.

Differentiate differences in vasopressor therapy.






















Identify differences between alpha and beta receptors.

# References




- ◆ A. V. (2018). Noninvasive ventilator techniques hospital medicine update ACOI 2018. Retrieved March 14, 2021, from <https://www.acoi.org/sites/default/files/uploads/VasoyaNoninvasiveVentilation.pdf>
- ◆ Mattera, C. J. (2010, January 29). Physiology Explains CPAP's Effectiveness. *JEMS*. Retrieved from <https://www.jems.com/patient-care/physiology-explains-cpap-s-eff-sup/>
- ◆ Pamidi, S., Chapotot, F., Wroblewski, K., Whitmore, H., Polonsky, T., & Tasali, E. (2020). Optimal Continuous Positive Airway Pressure Treatment of Obstructive Sleep Apnea Reduces Daytime Resting Heart Rate in Prediabetes: A Randomized Controlled Study. *Journal of the American Heart Association*, 9(19). doi:10.1161/jaha.120.016871
- ◆ Scala, R., & Pisani, L. (2018). Noninvasive ventilation in acute respiratory failure: Which recipe for success? *European Respiratory Review*, 27(149), 180029. doi:10.1183/16000617.0029-2018
- ◆ Szymanski MW, Singh DP. Isoproterenol. [Updated 2021 Jan 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK526042/>
- ◆ VanValkinburgh D, Kerndt CC, Hashmi MF. Inotropes And Vasopressors. [Updated 2021 Feb 11]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482411/>

### Outline for ACLS Traditional Update Course

Approximate course duration: 6.75 to 7.75 hours (without breaks);  
student-instructor ratio for learning stations is 6:1

Lesson plan number	Course event	Duration (minutes)	Type of lesson
ACLS START	Welcome, Introductions, and Course Administration	15	
ACLS 1	ACLS Update Course Overview and Organization	10	
ACLS-Traditional 2	Systems of Care	10	 
ACLS-Traditional 3	The Science of Resuscitation	15	 
ACLS-Traditional 4	Systematic Approach	15	 
ACLS-Traditional 5	CPR Coach	10	 
ACLS 6	Learning/Testing Station: High-Quality BLS (Lesson 2 in ACLS Lesson Plans)	45	 
ACLS 7	Learning/Testing Station: Airway Management (Lesson 3 in ACLS Lesson Plans)	45	 
ACLS 8	Technology Review (Lesson 4 in ACLS Lesson Plans)	15	 
ACLS 9	High-Performance Teams (Lesson 7 in ACLS Lesson Plans)	30	 
ACLS 10	Learning Station: High-Performance Teams: Megacode Practice (Lesson 9 in ACLS Lesson Plans)	138	  

(continued)

Lesson plan number	Course event	Duration (minutes)	Type of lesson
ACLS T	High-Performance Teams: Megacode Testing and Megacode Testing Details (Lessons T2-T4 in ACLS Lesson Plans)	12-75	
ACLS T	Exam (Lessons T5-T6 in ACLS Lesson Plans)	45	
ACLS REM	Remediation	Variable	



## **ADVANCED CARDIAC LIFE SUPPORT COURSE OBJECTIVES**

Upon successful completion of this course, the student should be able to:

- Recognize and initiate early management of peri-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome.
- Demonstrate proficiency in providing BLS care, including prioritizing chest compressions and integrating AED use.
- Manage cardiac arrest until return of spontaneous circulation (ROSC), termination of resuscitation, or transfer of care.
- Identify and treat ischemic chest pain and expedite the care of patients with acute coronary syndromes
- Recognize other life-threatening clinical situations, such as stroke, and provide effective initial care and transfer to reduce disability and death.
- Demonstrate effective communication as a member or leader of a resuscitation team and recognize the impact of team dynamics on overall team performance.

### **Resources/Credits:**

- American Heart Association 2015 Advanced Cardiac Life Support Provider Manual
- American Heart Association 2016 Advanced Cardiac Life Support Instructor Kit
- American Heart Association ECG and Pharmacology course material



## BLS, ACLS, PEARS, or PALS Course Roster

### Course Information

- ☐ BLS Provider  
☐ BLS eLearning Skills Assessment  
  
☐ ACLS Provider  
☒ ACLS Update  
☐ ACLS eLearning Skills Assessment  
  
☐ ACLS Provider/BLS Combo class  
☐ ACLS Update/BLS Combo class  
  
☐ PEARS  
☐ PEARS eLearning Skills Assessment  
  
☐ PALS Provider  
☐ PALS Update  
☐ PALS eLearning Skills Assessment

Lead Instructor for BLS \_\_\_\_\_  
 Course Director for ACLS, PALS, or PEARS Jeff Prilliman  
 Instructor Number 01112248984

Training Center: Air Evac  
 Sponsoring Base: EM11  
 Course Location Kingman Health Care Center  
 City and State: Kingman, KS

Course Directors are required at Instructor led ACLS, PEARS, and PALS courses.

Course Start Date/Time 5-10-2021 9:00      Course End Date/Time 5-10-2021      Total Hours of Instruction \_\_\_\_\_  
 Student-Manikin Ratio 1:1      Manikins sanitized by jp

#### Assisting Instructors *(Attach copy of instructor card for instructors aligned with a TC other than the primary TC)*

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

\_\_\_\_\_  
Signature of Lead Instructor

\_\_\_\_\_  
Date

51

## References

- American Heart Association. (2020). *Advanced cardiovascular life support: Instructor manual* (2020 ed.). Dallas, TX: American Heart Association.
- American Heart Association. (2021). *Advanced cardiovascular life support: Provider manual* (2021 ed.). Ottawa, ON: Heart & Stroke Association.

Date: 5-10-2021

BLS, ACLS, PEARS, PALS Roster

Instructor: Jeff Prilliman

Course Participants

Name and EMS Title (if applicable)	Email Address	Complete/ Incomplete	Remediation/ Date Completed	Exam Score
1. Angie Beck	angieb@kchks.com	C		94
2. Kelsey Drouhard	kelseynicolemoore@gmail.com	C		98
3. Judy Kinsler	doublekfarms@kanokla.net	C		92
4. Susan Pelton	sp187401@yahoo.com	C		90
5.				
6.				
7.				
8.				
9.				
10.				





### Continuing Education Offering Evaluation

Course Title: American Heart Association Advanced Cardiac Life Support  
 Date: 5-10-21 Participant's Title (REQUIRED) RA  
 Instructor(s): J. K. Your Name (optional) \_\_\_\_\_  
 Location: Kingman, KS

Please read each statement carefully and mark your response. Your evaluation of this offering, and the instructor(s), is valuable for planning and improvement purposes.

Were the following objectives met?

Yes / No: Recognize the need for, and initiate, early management of peri-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome

Yes / No: Demonstrate proficiency in providing BLS care, including prioritizing chest compressions and integrating AED use

Yes / No: Manage cardiac arrest until return of spontaneous circulation (ROSC), termination of resuscitation, or transfer of care

Yes / No: Identify and manage respiratory arrest

Yes / No: Identify and treat ischemic chest pain and expedite the care of patients with acute coronary syndromes

Yes / No: Recognize other life-threatening clinical situations, such as stroke, and provide effective initial care and transfer to reduce disability and death

Yes / No: Demonstrate effective communication as a member or leader of a resuscitation team and recognize the impact of team dynamics on overall team performance

Instructor Evaluation:	Disagree			Agree		
Presented in an organized format	1	2	3	4	5	5
Discussion guide at appropriate rate	1	2	3	4	5	5
Instructor well prepared	1	2	3	4	5	5
Instructor was interested in the information	1	2	3	4	5	5
Instructor was clear in presenting information	1	2	3	4	5	5
Positive attitude towards attendees	1	2	3	4	5	5
Instructor was knowledgeable subject matter	1	2	3	4	5	5

General Offering Evaluation:	Disagree			Agree		
Room was appropriate	1	2	3	4	5	5
Text, handouts or other content of value	1	2	3	4	5	5
Audiovisuals appropriate	1	2	3	4	5	5

What aspects of the course did you like? \_\_\_\_\_

Were there areas of the offering where we could improve? \_\_\_\_\_

Thank you for attending our CNE/CE offering! EagleMed prides itself in offering quality and relevant continuing education and have enjoyed providing this presentation.

**EagleMed****EagleMed****NURSING CONTINUING EDUCATION ROSTER**

Date(s): \_\_\_\_\_

Course Title: \_\_\_\_\_

CNE Hours Awarded: \_\_\_\_\_

Location: \_\_\_\_\_

Class Hours: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Participant: \_\_\_\_\_ License Type: (circle one) RN LPN ARNP LMHT

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#1 Sign In: \_\_\_\_\_ #2 Sign In: \_\_\_\_\_ Nursing License. # \_\_\_\_\_

Name of Provider: GERTI; LT0249-0916

Long Term CNE Provider Checklist (K.A.R. 60-9-107)

Information Required	Received	NA
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/08/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>The expertise of each individual presenter</li> </ul> </li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>Empower</b>	<b>Meaning</b>
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24938 **Date submitted:** Jul 8 15:09 2021

**radio** ~ Renewal

**Providername** ~ GERTI

**providernum** ~ LT0249-0916

**legalbody** ~ ~

**address** ~ 11875 S. Sunset Drive

**adress2** ~ Suite 200

**telephone** ~ 9134778242

**email** ~ chriso@eliinc.org

**coordinator** ~ Chris Osborn, RN, BSN

**date** ~ 07-08-2021

**planningce** ~ The advisory group includes the GERTI Director, CNE educators and consultants who participate in identifying CNE offerings presented. GERTI will continuously assess needs for learning through observation of performance, input from staff and Director of Nursing, as well as individuals and/or members of an advisory committee, ancillary departments, and in anticipation of implementation of current trends in nursing/ancillary practices. Trends and issues identified through the Quality Assurance process which impacts educational needs of the staff will be appropriately provided.

Information from course evaluations will be compiled, as well as educational needs conveyed by adult care home trade associations, KACE, KHCA and LeadingAge Kansas in addition to feedback from KDADS. This information will be evaluated to identify learning needs. The presentations are designed to augment the knowledge, skills, and attitudes of nurses and therefore enrich nurses' contributions to quality health care, resident-centered care, and best practices.

**feeassessment** ~ To provide a means of evaluating appropriateness of participant fees, fees for CNE will be evaluated on a yearly basis. These variables will be considered: analysis of continuing nursing education class budgets; survey of fees charged by other continuing nursing education providers in the area, in accordance with Kansas State Board of Nursing K.S.A. 60-9-107(b)(3)(B).

If a refund is needed because of inability to attend, GERTI must be notified two business days prior to the start of the program.

- The participant requesting a refund must notify education staff.
- The Director of Education or GERTI Administrative Assistant will provide

a copy of the participant registration and fee payment to the CFO of Evergreen Living Innovations, Inc. for refund approval.

- The Accounting Department will mail the refund check or issue a credit to the credit card of the participant.

If a minimum enrollment is not met, the course coordinator may elect to cancel the offering with approval of the Director of Education. All enrollees will be notified as soon as cancellation decision is made. Registration payment will be returned within two weeks.

In the case of insufficient funds, a GERTI representative will call and request another form of payment. CNE will be withheld until payment is received.

**advertisement** ~ The Director of Education or educator is responsible for developing the brochure/announcement of offering via GERTI website, email or other appropriate media to include:

- Providership name and/or sponsorship if applicable;
- Title of offering as well as a brief summary of offering;
- Dates, times, and locations, map if necessary;
- List of coordinators of offering, speakers, and their credentials;
- Purpose of offering;
- Behavioral objectives;
- Target audience, exceptions if in compliance with other professional organizations regulations;
- Fees and exceptions as determined by the policies of GERTI must be stated on the brochure. Partial credit will be awarded at the discretion of the provider. Refund provided according to policy;
- CNE contact hours to be awarded;
- The Kansas State Board of Nursing accreditation statement: "Grow with Evergreen Resources for Transforming Innovations is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This offering is approved for contact hours applicable for RN, LPN or LMHT re-licensure. Kansas State Board of Nursing provider number: 1111LT0249-0916", K.S.A. 60-9-107(b)(3)(C). GERTI will not grant fractional increments of hours as stated in the providership policies;
- Registration forms with stated return due date;
- Phone number and name of those seeking additional information regarding the CNE offering;
- Statement of Cancellation/Refund policy;
- Accommodations, if necessary;

- Parking;

**approvalprocess** ~ GERTI will continue to plan classes based on the existing policies, including planning within the advisory committee, setting objectives, compiling past evaluations, scheduling classes at various locations, and determining the GERTI instructor appropriate for each offering.

**contacthours** ~ Guidelines for awarding credits for attendance to CNE offerings:

- “Contact hour” means 50 minutes of participation in a learning experience that meets the definition of CNE in Kansas State Board of Nursing K.S.A. 65-1117 and amendments thereto.
- All participants must sign the course roster, ensuring that their names on both the rosters and certificates are identical to the nurse’s name as it appears on their nursing license.
- Partial credit will be awarded at the discretion of the provider. One contact hour will be given for each 50 minutes of attendance. Partial credit may only be awarded for more than one contact hour, in accordance with K.A.R. 60-9-106(e)(1-2).
- Auditing of offerings is permitted with approval of the course coordinator. Participants who audit will register on the class roster, but will receive no continuing education credit. The course coordinator will document on the course roster that no credit was provided for audit participation.
- Instructors will be eligible for instructor credit hours which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering excluding any standardized, prepared curriculum, as specified by Kansas State Board of Nursing K.S.A. 60-9-106(c)(4), 60-9-107(e)(3).
- Children and unregistered persons, unless pre-approved, will not be allowed in the room during offerings.

**verifycompletion** ~ Participant completion of offerings:

Documentation to verify that each participant attended the offering as specified by the Kansas State Board of Nursing K.S.A. 60-9-107(f) will include the following:

- A daily roster which the participant must sign each session, as indicated by the provider which includes:
- The provider’s name, address, provider number and coordinator;
- The date and title of the offering and the presenter(s);
- The participant’s name and license number and the number of contact hours awarded.



### CNE certificates:

- Each certificate shall be complete before distribution to the participant;
- Each certificate shall contain the following information:
  - The provider's statement KSA 60-9-107 b (3) (C) including name, address, and provider number;
  - The title of the offering;
  - The date or dates of attendance or completion;
  - The number of contact hours awarded and, if applicable, the designation of any independent study;
  - The signature of the individual responsible for the providership;
  - The name and license number of the participant, as specified by Kansas State Board of Nursing K.S.A. 60-9-107(g).
- Certificates of completion will be issued at the end of the program or mailed/emailed to each participant within two (2) weeks following the program.
- A \$10 fee will be assessed for a duplicate copy of certificate.

**recordkeeping** ~ 1. Records are maintained for at least two (2) years in accordance with the regulations of the Kansas State Board of Nursing K.S.A. 60-9-107(h)(1).  
2. Records will be maintained in a locked filing cabinet in the GERTI office.

A copy of each CNE offering(s) will be retained for a period of at least two (2) years, as required by Kansas State Board of Nursing K.S.A. 60-9-107 (h), are as follows:

- Summary of each planning session of each CNE offering(s);
- Copy of the brochure and/or announcement;
- Copy of title and objectives;
- Copy of course syllabus;
- Bibliography and/or References (books 10 yrs, periodicals 5 yrs);
- Summary of participant evaluations;
- Copy of pre and post-tests, if applicable;
- Each instructor(s) education and experience; and
- Documentation to verify completion of the offering will include:
  - A daily roster which the participant must sign each session, as indicated by the provider which includes:
    - The provider's name, address, provider number and coordinator;
    - The date and title of the offering and the presenter(s);
    - The participant's name and license number and the number of contact hours awarded.

**noticeofchange** ~ The program coordinator shall notify the Kansas State Board of Nursing in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days.

**programevaluation** ~ GERTI will continue to perform an annual Total Program Evaluation, which will be submitted to KSBN for the annual report.

**Submission date** ~ 07-8-2021 15:09:02

**Form ID** ~ 1672730

**Chris Osborn, R.N., M.B.A., L.A.C.H.A.**  
23228 W. 124<sup>th</sup> Pl., Olathe, KS 66061  
(816) 516-1835

**EDUCATION**    **Master of Business Administration**, GPA 4.0  
Baker University, Overland Park, KS campus – August 2002

**Bachelor of Science in Nursing**, GPA 3.73  
Pittsburg State University, Pittsburg, KS – May 1997

**LICENSES**        • Kansas Licensed Adult Care Home Administrator  
                         • Kansas Registered Nurse

**EXPERIENCE**

2/06 - Present

**Chief Executive Officer/Director of Education**

Evergreen Living Innovations, Inc. (ELI) & GERTI (Grow with Evergreen Resources for Transforming Innovations), Olathe, KS

- Provide programmatic leadership and input for strategic planning processes with the CEO and Executive Team
- Develop business plans with CEO and Executive Team
- Act as a liaison and representative between the ELI Board and GERTI, Development and Evergreen Hospice Care, LCC
- Develop strategic plan to expand services through Evergreen Hospice Care
- Supervise fundraising and marketing efforts for Evergreen Living Innovations
- Grew GERTI's course offerings, student enrollment, consulting revenues, and speaking engagements locally and nationally each year
- Design, develop, implement, and instruct training programs to improve the quality of care in long-term care nursing homes
- Promote culture change and person-centered care in nursing homes through educational programs and speaking engagements
- Provide consulting on quality improvement to healthcare organizations

9/00 - 12/05:

**Director of Nursing / Assistant Director of Nursing / Quality Assurance Coordinator / Charge Nurse Supervisor, Geriatrics-** Lakeview Village, Lenexa, KS

- Coordinated project development of new Care Center units, "Green House" homes, from conception to ground breaking
- Conducted resident focus groups for new Care Center project
- Managed \$4 million Care Center budget and increased revenues annually
- Wrote policies and procedures to comply with state and federal regulations
- Presented staff education to improve staff knowledge and resident care
- Developed educational pain management pamphlet for residents, family members, and staff
- Assisted in development of end-of-life program to improve the dying process for residents
- Acted as liaison with pharmacist to improve medication management

- Led Falls Committee and decreased resident falls by 10% from previous year
- Led Wound Management Team and decreased pressure ulcers below state avg.
- Developed Weight Management Program and decreased dietary recommendations by 75%
- Communicated with physicians regarding residents' condition and plan of care
- Communicated with resident and family members to resolve concerns
- Developed, implemented, and monitored quality assurance programs and presented to committees

8/98 - 8/00: **Staff Nurse, Operating Room-** Truman Medical Center, Kansas City, MO

- Assisted surgeons with operations and medication administration
- Assisted in the teaching and counseling of patients and families

6/97 - 5/98: **Staff Nurse, Medical/Surgical-** Mount Carmel Medical Center, Pittsburg, KS

- Coordinated patient care with healthcare staff, physicians, and families

## HONORS

- 2015 & 2013 GERTI and Evergreen Living Innovations were awarded the Promoting Excellent Alternatives in Kansas (PEAK) Nursing Homes Award from the Kansas Department for Aging and Disability Services (KDADS)
- 2012 selected as a coach for LeadingAge Kansas' Center for Leadership
- 2011 selected to LeadingAge's Leadership Academy Class of 2012, one of 32 selected nationally
- 2011 guest speaker on medication reduction at LeadingAge Kansas' fall conference in Wichita, KS
- 2010 co-authored Death & Dying module for University of North Texas' Certified Aging Services Professional program
- 2010 & 2008 GERTI and Evergreen Living Innovations were awarded the Promoting Excellent Alternatives in Kansas (PEAK) Nursing Homes Award from the Kansas Department on Aging (KDOA)
- 2010, 2009, 2008, & 2006 guest speaker on culture change in nursing homes at Pioneer Network's National Conference
- 2010 & 2009 guest speaker on leadership and culture change in nursing homes at the Missouri Health Care Association's annual conference
- 2009 GERTI & Evergreen Living Innovations awarded the United Community Services Excellence in Community Service award which is given to a human service organization that has significantly improved the lives of Johnson County residents
- 2009 guest speaker on leadership and culture change in nursing homes at the American Association of Homes and Services for the Aging's Annual Meeting & Exposition in Chicago, IL
- 2008 guest speaker on culture change in nursing homes at the Utah Health Care Association's 46<sup>th</sup> Annual Convention & Showcase in Salt Lake City, UT
- 2008 GERTI and Evergreen Living Innovations were awarded the first annual Ombudsman Award of Excellence by the Kansas Long-Term Care Ombudsman Program and recognized by Kansas Senate Resolution 1865
- 2007 guest speaker on leadership and culture change in nursing homes at the

American Association of Homes and Services for the Aging's Annual Meeting & Exposition in Orlando, FL

- 2007 guest speaker on leadership and culture change in nursing homes at the American College of Health Care Administrators' national conference in Charlotte, NC
- 2005 Centers for Medicare and Medicaid cited co-authored pain management article in Provider magazine (2002) in newly revised "Guidance to Surveyors" and posted article on the "Sharing Innovations in Quality" web repository
- Panel speaker for "Good Endings" Seminar detailing end-of-life program for elders in nursing homes, sponsored by Kansas Association of Homes and Services for the Aging (KAHSA)
- 2004 Director of Nursing when Lakeview Village was named one of the top 10 nursing homes in Kansas by KDOA
- 2004 Lakeview Village received Innovation of the Year Award for "Good Endings" Program from KAHSA
- 2003 Lakeview Village received Promoting Excellent Alternatives in Kansas Nursing Homes Award from KDOA for creating a culture that empowered residents and staff
- Guest speaker at Joint Summer Training for Adult Care Home Staff and KDHE Surveyors, "Pain Management and Quality Care at the End of Life"
- 2002 Co-authored article detailing pain management program that was published in local newspaper, Nursing News and national magazine, Provider.
- 2002 Clinical Care Award for Pain Management Program at Lakeview Village awarded by KAHSA

- COMMUNITY INVOLVEMENT**
- 2015-present, LeadingAge Leadership Academy Alumni Network Board
- BOARDS & COMMITTEES**
- 2013-present, Kansas Adult Care Executives Board
  - 2012-present, LeadingAge Kansas Center for Leadership Coach
  - 2012-present, LeadingAge Leadership Academy Continued Learning Comm.
  - 2011-present, Olathe Persons with Disabilities Advisory Board
  - 2011-2012, Kansas Secretary on Aging's PEAK Workgroup
  - 2010-present, Olathe Rotary Club member
    - 2012-present, Board member
  - 2010-2012, LeadingAge Housing with Services Committee
  - 2010-present, Kansas Culture Change Coalition Board
    - 2011-2014, Board Treasurer
  - 2009-present, Olathe Chamber of Commerce member
  - 2006-present, Johnson County Community College Practical Nursing Advisory Board
    - 2010-2012 Committee Chair
  - 2006-2013, Kansas City Kansas Community College Health Occupations Advisory Board

## **Continuing Nursing Education Advisory Committee**

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**Belinda Vierthaler, LMSW, LACHA**  
GERTI Instructor and Director of Development  
Evergreen Living Innovations, Inc.

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**Shawna Walberg**  
ELI Business Coordinator  
Evergreen Living Innovations, Inc.

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**Chris Osborn, LACHA, RN, BSN, MBA**  
Chief Executive Officer & Director of Education  
Evergreen Living Innovations, Inc.

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**Karen Craig, RN**  
GERTI Instructor  
Evergreen Living Innovations, Inc.

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**Penny Shaffer, RN**  
GERTI Instructor  
Evergreen Living Innovations, Inc.

Continuing Nursing Education  
Total Program Evaluation Plan  
2019-2020

Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>I. Administration</u></b>					
<b><u>A. Organization</u></b>					
1. Organizational structure of Grow with Evergreen Resources for Transforming Innovations (GERTI) is identified within the parent organization	Evergreen Community of Johnson County Organizational Chart	Review organizational charts	GERTI Director, Evergreen Living Innovations, Inc. (ELI) CEO	Annually	Organizational structure does identify GERTI
<b><u>B. Philosophy, Goals and Objectives</u></b>					
1. GERTI functions within the parent organization's mission, values, philosophy statements and meets Continuing Nursing Education goals and objectives	Mission, Value Statements, Organization Objectives, GERTI Objectives	Review documents Review current literature of CNE trends	GERTI Director, ELI CEO	Annually	GERTI does function within the parent company
2. GERTI promotes compliance with CNE Rules and Regulations of KSBN	Nurse Practice Act, KANCEP Resource Manual, CNE Policies and Procedures	Review documents	GERTI Director	Annually	Administration of the Continuing Nursing Education Program is in compliance with KSBN regulations

Continuing Nursing Education  
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2019-2020

Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>C. Director</u></b>					
1. Program Director's job description complies with KSBN coordinator criteria	GERTI Director, ELI CEO	Review KSBN regulations for overall program compliance	GERTI Director, ELI CEO	Annually	Level of Education criteria and teaching experience complies with KSBN regulations
2. GERTI works collaboratively with Directors, Unit Coordinator, Clinical Educators, Nursing staff, Community leaders and educators, and CNE Advisory Committee to provide CNE	Needs assessments, Unit Coordinator, Clinical Education meetings, GERTI meetings, CNE Advisory Committee	Review minutes of meetings; Review & tabulate results of needs assessments; Review recommendations for improvement	GERTI Director, ELI CEO, Advisory Committee, GERTI Business Coordinator	Annually	Level of involvement with Unit Coordinator, clinical educators and nursing staff, community leaders, educators and CNE Advisory Committee is adequate Recommendations and changes are considered, appropriate actions taken
3. CNE Educators, Consultants, participate in identifying CNE offerings presented	Needs Assessment, Post Program Evaluations	Review topics requested on needs assessment with topics currently available by CNE	CNE Educators, GERTI Director	Annually	CNE Educators, GERTI Director identify topics for CNE offerings



Continuing Nursing Education  
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Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>II. PROGRAM MANAGEMENT</u></b>					
<b><u>A. Policies and Procedures</u></b>					
1. There are policies and procedures to facilitate the CNE program:	GERTI Resource Manual and KSBN Rules and Regulations	Review of GERTI Resource Manual and KSBN Rules and Regulations	CNE Educators, GERTI Director, ELI CEO	Annually	Responsibilities are clear and the staff are in compliance
a. Approval of offering for continuing nursing education					Policies and Procedures are reviewed annually and updated as KSBN regulations change
b. Management of CNE attendance rosters and CNE certificates					
c. Payment and tuition fees					
d. Refund of registration fees					
e. Class cancellation					
f. Departmental publications					
g. Offering co-sponsorship with outside agencies and nursing groups					Policies and Procedures remain current with nursing trends and licensure regulations
h. Management of outreach requests					
i. Policy statements					

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Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>B. Records</u></b>					
1. Records are maintained for each CNE offering that includes:  a. Planning Committee minutes b. Syllabus c. Bibliography d. Copy of handouts e. Vitae f. Original roster g. KSNB roster h. Evaluation results i. Budget	KSNB Rules and Regulations, CNE file	Review file contents for KSNB requirements	CNE Educator, Conference Coordinator, GERTI Director, GERTI Business Coordinator	Annually	Records comply with KSNB regulations
2. Storage of CNE records by major nursing categories allows for easy retrieval of information	Master CNE listing, hard copies and electronic files	Survey files for ease of accessibility with master CNE listing. Computer back-up files maintained as a secondary measure.	GERTI Business Coordinator, GERTI Director	Annually	Records are accessible
3. Confidentiality of sign-in rosters is monitored	Locked file	Survey office for security- file cabinet locked. Observe management of roster at offerings.	CNE Educators, GERTI Director, GERTI Business Coordinator	Annually	Rosters are kept in a locked file. Sign-in rosters are not left unattended at CNE offerings. Confidentiality is maintained at all times.

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Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>C. Educators</u></b>					
1. The faculty are academically and clinically prepared in their area of responsibility	Curriculum Vitae/resume, Education Profile	Survey vitae for academic & clinical preparation and continuing education activities; Survey currency of vitae	CNE Educators, GERTI Director	Upon Employment, Annually	Credentials are appropriate for teaching continuing nursing education
2. Faculty utilize andragogy education principles and exhibit effective teaching skills	CNE offering evaluation, vitae/resumes	Observe faculty teaching and offering; Review results of offering evaluation	CNE Educators, GERTI Director	Annually with faculty performance improvement evaluations	Teaching skills are effective for promoting and facilitating learning
3. Faculty are providing appropriate content for CNE approval	Syllabus, offering evaluation	Review syllabus and offering handouts; Observe faculty teaching content	CNE Educators, GERTI Director	Annually	Content is applicable for continuing education for participants
<b><u>D. Needs Assessment</u></b>					
1. Nursing staff, CNE Advisory Committee, and Community leaders in education gave input into topics for CNE offerings	Needs assessment tools, planning committees for conference	Review results of needs assessments; Review minutes of planning meetings	CNE Educators, GERTI Director	Annually	Educational needs of nursing staff are being met
2. Participants have input into topics on CNE offerings	Offering evaluation	Review evaluation results for suggested topics and compile listing	CNE Educators, GERTI Director, GERTI Business Coordinator	Annually	Input for future CNE topics is solicited from the participant

Continuing Nursing Education  
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2019-2020

Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>E. Offering Design</u></b>					
1. Offerings are planned by faculty with expertise representing the topic content area, learner and management	Minutes of planning meetings, listing of committee members	Review membership	CNE Educators, GERTI Director, ELI CEO	Annually	Planning committees involve two or more types of identified members
2. Faculty take an active part in planning, implementing, and evaluating the offering	Syllabus, Offering Coordinator, Communications with other consulting faculty, Offering evaluation	Review communications with offering coordinators, review syllabus, review results of offering evaluation	CNE Educators, GERTI Director	Annually	Faculty are involved in evaluative and total CNE process
3. Objectives are appropriate and stated in behavioral terms that define the expected outcomes for the learner	Syllabus	Review syllabus	CNE Educators, GERTI Director	Annually	Objective outcomes are measurable and attainable
4. Objectives are consistent with time allotted for the offering	Syllabus, offering evaluation	Review syllabus and results of offering evaluations	CNE Educators, GERTI Director	Annually	Objectives are met in the class time allotted
5. Objectives are consistent with knowledge base of target audience	Syllabus, offering evaluation	Review syllabus and results of offering evaluations	CNE Educators, GERTI Director	Annually	Objectives reflect education level of audience
6. Content reflects current or advanced nursing practice in the topic areas	Resources individuals, literature searches, bibliography, speaker credentials	Review literature searches, bibliography and vitae; books 10 years and periodicals 5 years	CNE Educators, GERTI Director	Annually	Content reflects latest trends in nursing practice
7. Content satisfies the stated behavior objectives for participant	Syllabus, offering evaluation	Review syllabus and results of offering evaluations	CNE Educators, GERTI Director	Annually	Participant perceives the objectives were met

Continuing Nursing Education  
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Criteria	Resource	Process	Person Responsible	Frequency	Outcome
<b><u>E. Offering Design (continued)</u></b>					
8. Content is appropriate for the time allotted for offering	Syllabus, offering evaluation	Review syllabus and results of offering evaluations	CNE Educators, GERTI Director	Annually	Content is adequately covered in time allotted
9. Evaluation tool provided to the participant for evaluation of the following: a. Teaching effectiveness b. Content c. Achievement of stated objectives d. Environmental status for learning e. Suggestions for new offering	Offering evaluation	Review tool	CNE Educators, GERTI Director	Annually	Participants do have an opportunity to evaluate the offering
10. The marketing tool includes:  a. Offering description b. Objectives c. Target population d. Faculty and qualifications e. Fee f. KSBN provider statement & number g. Number of contact hours awarded h. Policy statements	Flyers for each program and email reminders, GERTI website, GERTI Facebook page, & LinkedIn	Examine flyers before and after each offering, update website, LinkedIn and Facebook page as new educational offerings are available	CNE Educators, GERTI Director, GERTI Business Coordinator, ELI CEO	Annually	Marketing tools include appropriate information for the participant  All offerings are developed to meet the needs of the nursing community, consideration is given to the disadvantaged/disabled
11. Participants are satisfied with topic areas presented	Offering evaluation, attendance roster	Review tools	CNE Educators, GERTI Director, GERTI Business Coordinator	Annually	Offering evaluations reflect satisfaction in content offered; Attendance is adequate

Continuing Nursing Education  
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2019-2020

12. Participants are provided an opportunity to interact with the faculty	Offering evaluation, syllabus	Review tools	CNE Educators, GERTI Director	Annually	Faculty provides opportunities for participant involvement
---------------------------------------------------------------------------	-------------------------------	--------------	-------------------------------	----------	------------------------------------------------------------

### III. Total CNE PROGRAM

## EVALUATION

[illegible]



11875 S. Sunset Drive, Suite 200  
Olathe, KS. 66061



*Sponsored by a grant through the Kansas Health Foundation*

**Resident Choice & a Meaningful Life  
and  
Staff Empowerment & Making a Home**  
November 14-15, 2016  
9:30am—4:30pm

**Brewster Place  
Topeka, Kansas**

**FREE!!!**

*Space is limited.  
Register Today!*

*Presented by*



Grow with Every Resource for Transforming Innovations

[www.gerti.org](http://www.gerti.org)

## Resident Choice & Meaningful Life

No matter where you are on your person centered care journey, this Person Centered Care class is for you. Discover how to honor resident choice in regards to schedules, bathing, dining, and living a meaningful life with real life examples and success stories. Resident Choice and Meaningful Life are two of the domains for the PEAK 2.0 program in Kansas.

- Discover the value of honoring choice related to eating, bathing, sleeping and spending the day
- Describe the importance of sleep on residents' quality of life
- Analyze the impact of consistent staffing on resident choice
- Identify three modifications that may need to be made
- Explore the importance of developing an individualized plan of care with input from the direct care partners

## Staff Empowerment & Making a Home

In order to be successful at Person Centered Care, communities must have consistent assignments and give care partners the authority to make day to day decisions in providing care. Often the design of the building limits creating neighborhoods or households that are a part of culture change. Investigate how to de-institutionalize the environment to make a home. These are two of the domains for the PEAK 2.0 program in Kansas.

- Discover the value of honoring choice related to eating, bathing, sleeping and spending the day
- Describe the importance of sleep on residents' quality of life
- Analyze the impact of consistent staffing on resident choice
- Identify three modifications that may need to be made
- Explore the importance of developing an individualized plan of care with input from the direct care partners

### Approved for 7 Continuing Education Units per Class

*GERTI is approved as a provider of continuing nursing education by the Kansas Board of Nursing. These course offerings are each approved for 7 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas Board of Nursing Provider Number LT0249-0916*

*Each course is approved for 7 continuing education clock hours for Kansas Licensed Adult Care Home Administrators and Licensed Social Workers.*

*Kansas Department of Health and Environment Provider LTS-A1141  
Kansas Behavioral Sciences Regulatory Board Provider 07-003.*

#### Instructor:

**Belinda Vierthaler, Director of GERTI, LMSW, LACHA**

Belinda received her bachelors and masters degrees in social work from the University of Kansas. In 2001, she began her career in senior living as an assisted living operator. It was during this time that she solidified her passion to ensure residents are the center of everything we do. She also has served as a nursing home administrator and executive director. She was appointed as Kansas State Long-Term Care Ombudsman in 2009 by Governor Mark Parkinson. Her advocacy continues as she instructs future assisted living operators and nursing home administrators at Johnson County Community College.

#### REGISTRATION:

**FREE** for any employee of a Kansas Long Term Care Home  
Sponsored by the Kansas Health Foundation

Register online at [GERTI.org](http://GERTI.org)

OR

Call 913-477-8251 or email [ShawnaW@gerti.org](mailto:ShawnaW@gerti.org)

OR

Fax 913-477-8255

#### LOCATION:

**Brewster Place  
1205 SW 29th St.  
Topeka, KS 66611  
785-274-3350**

\*Sign in begins at 9:00am each day.

☐ **Resident Choice & a Meaningful Life**  
**November 14, 2016, 9:30am—4:30pm**

☐ **Staff Empowerment & Making a Home**  
**November 15, 2016, 9:30am—4:30pm**

Full name, as it appears on license, and Job Title - above

Street Address - above

City, State, Zip Code - above

Work Phone & Home Phone - above

Professional Title, License Number & State - above

Employer - above

Your E-mail Address - above

CNE/IV Therapy 124



Resident Choice and a Meaningful Life  
11/14/2016 Brewster Place, Topeka  
Evaluation

Student Count	1	2	3	4	5	6	7	8	9	10	Individual Item Averages	
Individual Scores												
<b>Evaluation of Objectives</b>												
1 Discover the value of honoring choice related to eating, bathing, sleeping and spending the day	5.00	5.00	5.00	5.00	4.00	5.00	5.00	4.00	5.00		4.7778	1
2 Describe the importance of sleep on residents' quality of life	4.00	5.00	5.00	5.00	4.00	5.00	4.00	5.00	5.00		4.6667	2
3 Analyze the impact of consistent staffing on resident choice	3.00	5.00	5.00	5.00	4.00	5.00	5.00	5.00	5.00		4.6667	3
4 Identify three modifications that may need to be made	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.00	5.00		4.8889	4
5 Explore the importance of developing an individualized plan of care with input from the direct care partners	4.00	5.00	5.00	5.00	5.00	5.00	5.00	4.00	5.00		4.7778	5
											4.7556	
<b>Evaluation of Course Content</b>												
1 The course contained practical information I will use on my job	5.00	5.00	4.00	5.00	5.00	5.00	5.00	4.00	5.00		4.7778	1
2 The course content met my expectations	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	2
3 The material was well organized	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	3
4 Audio/visual materials were useful & enhanced learning	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	4
5 The manuals were helpful and enhanced my learning	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.00	5.00		4.8889	5
6 Exercises were helpful and increased my learning	5.00	5.00	5.00	5.00	4.00	5.00	5.00	5.00	5.00		4.8889	6
											4.9259	
<b>Evaluation of Instructor(s)</b>												
1 Instructor demonstrated knowledge of the subject	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	1
2 Instructor responded appropriately to questions	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	2
3 Instructor involved the students in group participation	5.00	5.00	5.00	5.00	4.00	5.00	5.00	5.00	5.00		4.8889	3
4 Instructor held my interest	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	4.00		4.8889	4
5 I would recommend this instructor to others	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		5.0000	5
										Instructor Average	4.9556	
Overall day rating by student	4.75	5.00	4.94	5.00	4.69	5.00	4.94	4.69	4.94			

**ADDITIONAL SUMMARY:**

Day 1 Average 4.8790

Well spoken & knowledgeable; enjoyed class  
One of the more enjoyable programs I've attended.  
Excellent course, informative in a practical way. Enjoyed speakers presentation.  
It was good to know we are already doing many of the components of person centered care and learn about how to improve on some of the things.  
Made me discover new ideas that I can bring to work to make my workplace less institutionalized. Also, made me see some things I can do differently in my personal life with family members I have to care for.

## **BELINDA S. VIERTHALER, LMSW, LACHA**

**15101 170<sup>th</sup> Street  
Bonner Springs, KS 66012  
(913) 485-7750  
belindav2954@att.net**

### **EDUCATION**

October 2003	<b>Kansas City Kansas Community College</b>	Adult Care Home Administrator Practicum
May 2000	<b>University of Kansas</b>	Master of Social Work
May 1999	<b>University of Kansas</b>	Bachelor of Social Work

### **EXPERIENCE**

August 2016 to present- **GERTI Instructor and Director of Development**  
Evergreen Living Innovations, INC.

Direct, instruct and promote education programs for long-term care employees. Grant writing, fundraising, and marketing. Oversee external marketing, social media marketing, and online presence.

April 2015 to June 2016- **Community Leader**  
The Piper Assisted living and Memory Care

Promoted new community, provided outreach, assisted in opening and provided administration and leadership to community.

May 2012 to May 2017- **Instructor/AIT Coordinator**  
Johnson County Community College

Developed new Administrator-In-Training (AIT) program, applied for and awarded sponsorship from State, developed and instructed two in-person classes, coordinated AIT practicum, revised and instructed Assisted Living Operators Course

September 2011 to September 2012- **Kansas Culture Change Coalition Board Chairperson**

August 2009 to March 2012- **State Long-Term Care Ombudsman**  
State of Kansas

Governor appointed -Director of the Office of the State Long-Term Care Ombudsman and state-wide advocacy for more than 26,000 residents in over 650 long-term care communities  
Responsible for 10 employees (9 Regionals and 1 Senior Administrative Assistant)  
Control costs/maintain budget  
Promote program statewide  
Recruit, retain and train volunteers across the state

September 2007 to May 2008- **Executive Director**  
Villages of Jackson Creek- Skilled Nursing and Assisted Living

Responsible for successfully opening new 120 bed skilled nursing and 52 unit assisted living community.  
Direct, coordinate and responsible for all day-to-day operations, including compliance with State regulations (obtaining all necessary licenses for new community)

Hire all direct reports and oversee hiring process for all employees  
Promote census growth  
Control costs/maintain budget

October 2003 to September 2007- **Administrator**  
Shawnee Gardens Healthcare and Rehabilitation

Direct, coordinate and responsible for all day-to-day operations of 145 bed skilled nursing community with 150-160 employees.

48.3% turnover rate (lowest in division)

Increased skilled mix from 16 (2005) to 32 average (2006)

3<sup>rd</sup> highest profit margin in 2005 and 5<sup>th</sup> highest in 2006 in division (45 buildings)

Successfully opened 28-bed Express Recovery Unit (March 2006)

April 2003 to September 2003- **Executive Director**  
Ashford Place Assisted Living

Direct, coordinate and responsible for day-to-day operations for 75 unit residential care community with a 29 unit Alzheimer's care wing with 40-50 employees.

July 2001 to January 2003- **Executive Director**  
Mission Springs Assisted Living

Direct, coordinate and responsible for day-to-day operations of two buildings, 92 units with 60-65 employees.

June 1997 to January 2003- **Senior Teller**  
Bank Of America

General teller responsibilities.

April 2000 to July 2001- **Social Worker**  
Overland Park Regional Medical Center- Geriatric-Psychiatry Unit

Provide individual therapy, group therapy, discharge planning, psychosocial assessments, treatment plans and resource acquisition.

May 1999 to April 2000- **Social Worker**  
Independence Regional Health Center

Provide social work services for skilled nursing, rehab, partial day program, geri-psych, and emergency room.



## Person Directed Living Staff Empowerment and Making a Home Evaluation of Day 2

Circle the number that most closely indicates your responses to the following questions:

1 – strongly disagree, 2 – disagree, 3 – neutral, 4 – agree, 5 – strongly agree

### Evaluation of Objectives

- |    |                                                                                                           |           |
|----|-----------------------------------------------------------------------------------------------------------|-----------|
| 1. | Discover the value of permanent assignments in providing individualized care                              | 1 2 3 4 5 |
| 2. | Compare what “home” means to me and to my residents                                                       | 1 2 3 4 5 |
| 3. | Differentiate between staff empowerment and delegation                                                    | 1 2 3 4 5 |
| 4. | Analyze how orientation and mentoring results in employee longevity and satisfaction                      | 1 2 3 4 5 |
| 5. | Evaluate the impact the physical environment has on residents and their ability to maintain independence. | 1 2 3 4 5 |

### Evaluation of Course Content

- |    |                                                                 |           |
|----|-----------------------------------------------------------------|-----------|
| 1. | The course contained practical information I will use on my job | 1 2 3 4 5 |
| 2. | The course content met my expectations                          | 1 2 3 4 5 |
| 3. | The material was well organized                                 | 1 2 3 4 5 |
| 4. | Audio/visual materials were appropriate and useful              | 1 2 3 4 5 |
| 5. | The manuals were helpful and enhanced my learning               | 1 2 3 4 5 |
| 6. | Exercises were helpful and increased my learning                | 1 2 3 4 5 |

### Evaluation of Instructor(s)

- |    |                                                  |           |
|----|--------------------------------------------------|-----------|
| 1. | Instructor demonstrated knowledge of the subject | 1 2 3 4 5 |
| 2. | Instructor responded appropriately to questions  | 1 2 3 4 5 |
| 3. | Instructor involved students in participation    | 1 2 3 4 5 |
| 4. | The instructor held my interest                  | 1 2 3 4 5 |
| 5. | I would recommend this instructor to others      | 1 2 3 4 5 |

### Comments:



## Person Directed Living Resident Choice and a Meaningful Life Evaluation of Day 1

Circle the number that most closely indicates your responses to the following questions:

1 – strongly disagree, 2 – disagree, 3 – neutral, 4 – agree, 5 – strongly agree

### Evaluation of Objectives

- |    |                                                                                                              |           |
|----|--------------------------------------------------------------------------------------------------------------|-----------|
| 1. | Discover the value of honoring choice related to eating, bathing, sleeping and spending the day              | 1 2 3 4 5 |
| 2. | Describe the importance of sleep on residents' quality of life                                               | 1 2 3 4 5 |
| 3. | Analyze the impact of consistent staffing on resident choice                                                 | 1 2 3 4 5 |
| 4. | Identify three modifications that may need to be made when providing group activities                        | 1 2 3 4 5 |
| 5. | Explore the importance of developing an individualized plan of care with input from the direct care partners | 1 2 3 4 5 |

### Evaluation of Course Content

- |    |                                                                 |           |
|----|-----------------------------------------------------------------|-----------|
| 1. | The course contained practical information I will use on my job | 1 2 3 4 5 |
| 2. | The course content met my expectations                          | 1 2 3 4 5 |
| 3. | The material was well organized                                 | 1 2 3 4 5 |
| 4. | Audio/visual materials were appropriate and useful              | 1 2 3 4 5 |
| 5. | The manuals were helpful and enhanced my learning               | 1 2 3 4 5 |
| 6. | Exercises were helpful and increased my learning                | 1 2 3 4 5 |

### Evaluation of Instructor(s)

- |    |                                                  |           |
|----|--------------------------------------------------|-----------|
| 1. | Instructor demonstrated knowledge of the subject | 1 2 3 4 5 |
| 2. | Instructor responded appropriately to questions  | 1 2 3 4 5 |
| 3. | Instructor involved students in participation    | 1 2 3 4 5 |
| 4. | The instructor held my interest                  | 1 2 3 4 5 |
| 5. | I would recommend this instructor to others      | 1 2 3 4 5 |

### Comments:

## References

- Alzheimer's Association. 2015. Alzheimer's Disease Facts and Figures.
- Corazzini, Kirsten, Jack Twersky, Heidi K. White, Gwendolen T. Buhr, Eleanor S. McConnell, Madeline Weiner, and Cathleen S. Colón-Emeric. "Implementing Culture Change in Nursing Homes: An Adaptive Leadership Framework." *The Gerontologist* 55.4 (2014): 616-27. Web.
- Grabrowski, David, PhD, James O'Malley, PhD, Christopher Afendulis, PhD, Daryl Caudry, PhD, Amy Elliot, PhD, and Sheryl Zimmerman, PhD. "The Gerontologist." Culture Change and Nursing Home Quality of Care. N.p., 16 Oct. 2013. Web.
- Kaup, Migette L. "Culture Change Movement in Nursing Homes/Person-Centered Care/Household Models." *The Encyclopedia of Adulthood and Aging* (2015): 1-6. Web.
- Pinkowitz, J., Love, K. (eds). *The Dementia Action Alliance Is A Volunteer Coalition Engaged In Changing, Understanding Of And Attitudes About Dementia. We Are Committed To Helping, People Live Fully With Dementia And Supporting Those Who Care About Them. The, and Alliance Is Led By Ccal-Advancing Person-Centered Living, Amda - The Society For. "LIVING FULLY WITH DEMENTIA: WORDS MATTER"* (n.d.): n. pag. [Nhaqualitycampaign.org](http://Nhaqualitycampaign.org). June-July 2015. Web.
- Schaeffer, K. and S. Kilen *The New Face of Leadership in the Household Model*, (Action Pact, LLC, 2011).
- Zimmerman, S., V. Shier, and D. Saliba. "Transforming Nursing Home Culture: Evidence for Practice and Policy." *The Gerontologist* 54.Suppl 1 (2014): n. pag. Web.

## CERTIFICATE OF COMPLETION

*This certificate is awarded to*

-----  
*License #:* \_\_\_\_\_

*Approved for 7 continuing education clock hours for Kansas Licensed Nurses  
by the Kansas Board of Nursing.  
KSBN Provider # LT0249-0916*

*In*

***Resident Choice and a Meaningful Life***  
*November 14, 2016*

PRESENTED BY  
GERTI™

11875 S. SUNSET DRIVE, SUITE 200, OLATHE, KANSAS 66061

*Belinda Vierthaler*

Belinda Vierthaler, LACHA, LMSW, Presenter

11/14/2016

*Chris Osborn*

Chris Osborn, LACHA, RN, Coordinator

11/14/2016



**GERTI**

*enhancing lives through education*



## Resident Choice and a Meaningful Life Class Agenda

Time	Subject	Total Contact Hours
9:00 AM	Person Directed Living Introduction	1.5
10:30 AM	Break	0.25
10:45 AM	Person Directed Living - continued	1.5
12:15 PM	Lunch	0.75
1:00 PM	Resident Choice in Dining	1.25
2:15 PM	Break	0.17
2:25 PM	Creating Meaning through Life Enhancement	1.08
3:30 PM	Learning Circles	0.5
4:00 PM	Class evaluation/dismissal	7



## **Summary of Planning Resident Choice and a Meaningful Life**

The GERTI Director, Instructor, and Business Coordinator evaluated need for the program based on evaluations and best practice in long-term care in the State of Kansas. Classes were designed to meet the CNE requirements for nurses. Content was developed to meet multiple learning styles combining small group discussions, videos, lecture, and small group exercises.



## Staff Empowerment & Making a Home Class Agenda

Time	Subject	Total Hours
9:00 AM	What Do You Call Home?	.5
9:30 AM	De-Institutionalize the Environment: Create Home	1.25
10:45 AM	Break	0.25
11:00 AM	Hiring Right, Training for Success & Scheduling that Works	1.5
12:30 PM	Lunch	0.75
1:15 PM	Empowering Staff	1.5
2:45 PM	Break	0.17
2:55 PM	Regulations that Support Creating Home	1.08
4:00 PM	Class evaluation/dismissal	7

## **Summary of Planning Staff Empowerment and Making a Home**

The GERTI Director, Instructor, and Business Coordinator evaluated need for the program based on evaluations and best practice in long-term care in the State of Kansas. Classes were designed to meet the CNE requirements for nurses. Content was developed to meet multiple learning styles combining small group discussions, videos, lecture, and small group exercises.

**Name of Provider: KC Hospice & Palliative Care; LT0118-0916**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/20/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	

Information Required	Received	NA
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
<ul style="list-style-type: none"> <li>The name and license number of the participant</li> </ul>	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
<ul style="list-style-type: none"> <li>A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title and objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	
<ul style="list-style-type: none"> <li>A bibliography</li> </ul>	X	
<ul style="list-style-type: none"> <li>A summary of the participants' evaluations</li> </ul>	X	
<ul style="list-style-type: none"> <li>Each instructor's education and experiences</li> </ul>	X	
<ul style="list-style-type: none"> <li>Documentation to verify completion of the offering</li> </ul>	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	#0181	#0179
<ul style="list-style-type: none"> <li>A summary of planning</li> </ul>	X	X
<ul style="list-style-type: none"> <li>A copy of the offering announcement or brochure</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The title and behavioral objectives</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	X
<ul style="list-style-type: none"> <li>Each instructor's education and experience</li> </ul>	X	X
<ul style="list-style-type: none"> <li>A current bibliography</li> </ul>	X	X
<ul style="list-style-type: none"> <li>The offering evaluation form</li> </ul>	X	X

5/2014

**Reference No.:** 24948 **Date submitted:** Jul 13 12:22 2021

**radio** ~ Renewal

**Providername** ~ Kansas City Hospice & Palliative Care

**providernum** ~ LT0118-0916

**legalbody** ~ ~

**address** ~ 1500 Meadow Lake Parkway, Suite 200

**adress2** ~ Kansas City, MO 64114

**telephone** ~ 816-276-2749

**email** ~ ktraylor@kchospice.org

**coordinator** ~ Heather Murphy, BS, BSN, RN

**date** ~ 07-13-2021

**planningce** ~ Learning needs of both clinical and administrative staff are assessed on a continuous basis via formal evaluations, in person conversations, email and phone calls with Staff Development Specialist and Clinical Nurse Educator, meetings and formal surveys. Anticipated learning needs and evaluation of learning needs are discussed in the QAPI quarterly meetings and the monthly Patient Care Manager's meetings. Educational opportunities are then planned accordingly and offered to staff. In our agency, the nurse's role crosses into the psychosocial, spiritual and cultural realms that are faced by our patients and families in our communities, thus we offer a wide variety of different educational programs to address these areas. Please see policies 05-20-03 and 05-20-05.

**feeassessment** ~ Kansas City Hospice & Palliative Care does not charge for educational events.

**advertisement** ~ A sample announcement is provided. The policy reference is 05-20-08.

**approvalprocess** ~ Policies 05-20-08, 05-20-06 and 05-20-09 reference this process.

**contacthours** ~ Policies 05-20-04, 05-20-06, 05-20-08 and 05-20-09 address this process.

**verifycompletion** ~ Policies 05-20-04 and 05-20-08 are reference this process.

**recordkeeping** ~ Policy 05-20-08 addresses this process. Many files are now kept electronically by the Staff Development Specialist and Clinical Nurse Educator. The locked file cabinets containing any paper record storage system is located directly adjacent to the Staff Development Specialist and Clinical Nurse educator offices.

**noticeofchange** ~ Verbal notification by The Quality and Regulatory Compliance Director is how the Staff Development Specialist and Clinical Nurse Specialist are notified; KSBN is then notified in writing of the

change.

**programevaluation** ~ Our most recent Total Program Evaluation is included.

**Submission date** ~ 07-13-2021 12:22:48

**Form ID** ~ 1672730



**ELNEC-Final Hours #0179**  
**Program Evaluation**

**Date:** May 10, 2021 **Time:** 3:00pm-4:30pm **1.5 Contact/Continuing Education Hours**

<b>Speaker: Donna Stevenson, BSN, RN</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Speaker presented information in a clear, understandable manner.						
The presentation was of high quality overall.						
AV materials and/or handouts were useful.						
Speaker was knowledgeable on subject and well prepared for presentation.						
I will apply the information/skills learned from these sessions.						
The content was current and relevant to the objectives.						
For clinical presentations, the session provided evidence-based information.						

**Please review the following objectives, and then indicate your choice:**

Met	Not Met	Assess an imminently dying patient and list five physical signs and symptoms of the dying process.
Met	Not Met	Assess physical, psychological, social, and spiritual care needs and interventions for an imminently dying patient and their family.
Met	Not Met	Discuss the role of the palliative care nurse surrounding the death of a patient.

**Please offer any constructive comments about the speakers and/or presentations:**

**Please list suggestions for programs that would help meet your educational needs:**

**Following this program, what will you do differently in the care of your patients? Or, what will you do differently in the management of your practice?**

## ELNEC EDUCATION

Nurses spend more time with patients and families facing the end of life than any other health professional. Nurses are intimately involved in all aspects of end-of-life/palliative care and they address the myriad of needs facing individuals at this time of life. However, research has shown that major deficiencies exist in nursing education for end-of-life/palliative care.

Here is your opportunity to increase your knowledge and obtain CE's at the same time. KCH & PC is proud to offer The End-of-Life Nursing Education Consortium (ELNEC) modules to all staff at KCH & PC, not just nurses.

The ELNEC Core curriculum contains nine modules addressing critical aspects of end-of-life/palliative care: Palliative Nursing Care, Pain Management, Symptom Management, Ethical and Legal Issues, Cultural and Spiritual Considerations, Communication, Leadership, Loss, Grief & Bereavement and Final Hours.

All modules will be offered 2-3 times a year. All sessions will take place via zoom and will be 1.5 hours in length- there will be no breaks during the sessions. You will be sent the zoom link once you have registered for a particular session.

Here is the schedule for the upcoming ELNEC May sessions:

- May 10, 2021 3:00pm-4:30pm Final Hours presented by Donna Stevenson, RN
- May 13, 2021 1:45pm-3:15pm Palliative Nursing Care presented by Tammi Watkins, APRN
- May 13, 2021 3:30pm-5:00pm Pain Management presented by Tammi Watkins, APRN
- May 14, 2021 8:30am-10:00am Symptom Management presented by Tammi Watkins, APRN
- May 20, 2021 1:00pm-2:30pm Ethical and Legal Issues presented by Tammi Watkins, APRN
- May 20, 2021 3:00pm-4:30pm Communication presented by Tammi Watkins, APRN
- May 21, 2021 8:30am-10:00am Leadership presented by Tammi Watkins, APRN
- May 21, 2021 10:30am-12:00pm Cultural and Spiritual Considerations presented by Kelli Traylor, LMSW
- May 27, 2021 1:00pm-2:30pm Loss, Grief and Bereavement presented by Kelli Traylor, LMSW

To register for an upcoming session please click on this link: [ELNEC May 2021 Sessions](#)

\*Kansas City Hospice is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved for 3 contact hours applicable to RN or LPN relicensure. Kansas State Board of Nursing Approved Provider #LT0118-0916

A summary of planning:

The Staff Development Specialist and Clinical Educator planned the ELNEC Education calendar in conjunction with Tammi Watkins, APRN and Heather Murphy, Program Coordinator. Clinical Educator then sent email out to all staff regarding opportunity for ELNEC education.

Offering One:

ELNEC-Pain Management #0181

Objectives:

- Identify barriers to adequate pain relief at the EOL for patients across the life span.
- List components of a thorough pain assessment.
- Describe pharmacological and nonpharmacological therapies used to relieve pain.
- Discuss the role of the nurse involved with pain assessment and management at the EOL.

Agenda:

ELNEC-Pain Management #0181 via zoom 3:30pm-5:00pm

Offering Two:

ELNEC-Final Hours #0179

Objectives:

- Assess an imminently dying patient and list five physical signs and symptoms of the dying process.
- Assess physical, psychological, social and spiritual care needs and interventions for an imminently dying patient and their family.
- Discuss the role of the palliative care nurse surrounding the death of a patient.

Agenda:

ELNEC-Final Hours #0179 via zoom 3:00pm-4:30pm

ELNEC-Final Hours May 10, 2021  
Continuing Education Attendance Roster

**Approved Provider:** Kansas City Hospice & Palliative Care  
1500 Meadow Lake Parkway, Suite 200 KCMO 64114

**Provider:** #LT0118-0916

**Coordinator:** Heather Murphy, BS, BSN, RN

**Course Title:** ELNEC-Final Hours

**Presenter:** Donna Stevenson, RN

**Course:** #0179 **Time:** 3:00pm-4:30pm **Date:** May 10, 2021

**Total Contact/Continuing Education Hours:** 1.5

Name	Discipline/License #

# **Titania (Tammi) R Watkins**

2333 W Piatt Lane  
Olathe, Kansas 66061  
phone: (816) 506-9606  
watkins1196@comcast.net

## **PERSONAL**

**Date of Birth:** June 24, 1963  
**Place of Birth:** Olathe, Kansas  
**Citizenship:** United States  
**Visa Status:** Permanent Resident  
**Gender:** Female

## **EDUCATION**

**University of Cincinnati, Cincinnati, OH**  
Master Degree in Adult Nurse Practitioner  
December 2013

**MidAmerica Nazarene University, Olathe, KS**  
Bachelor of Science in Nursing  
May 2011

**Johnson County Community College, Overland Park, KS**  
Associates in Nursing  
May 2000

**Baker University, Baldwin City, KS**  
Bachelor of Science in Business  
May 1987

## **EMPLOYMENT**

**KC Hospice and Palliative Care, Kansas City, MO**

*August 2017 to present*

Hospice APRN

- Responsible for clinical oversight of the patients admitted to the hospice houses at KC Hospice House or NorthCare Hospice House.
- Provide clinical oversight for patient on hospice services including home services, inpatient services, and palliative care program

**Olathe Medical Center, Olathe, KS**

*June 2014 to August 2017*

Hospice House APRN

- APRN for the newly free standing hospice house. Responsible for the clinical oversight of the patients admitted to the House.
- Provide clinical oversight for patients on hospice in their homes

*September 2000 - June 2014*

Hospice/Palliative Care Case Manager, RN

- Case manage the care of 15-20 patients in a home setting hospice and palliative care program
- Instrumental in starting the palliative care home program

**Northcare Hospice, North Kansas City, KS**

*April 2014 to July 2016*

Hospice House APRN

- Part time employment at free standing hospice house. Responsible for clinical oversight of patients admitted to the House

**Lakeview Village Home Health, Lenexa, KS**

*August 1999 – January 2001*

Home Health Case Manager, LPN/RN

- Case manage the home care of residents in a retirement community

**Columbia Home Health, Overland Park, KS**

*June 1997 – July 1999*

Home Health, LPN

- Provided weekend home health visits in a Medicare home health program

**Professional Qualifications**

Advanced Practical Nurse Practitioner, Kansas and Missouri

Registered Nurse, Kansas and Missouri

Advanced Certified Hospice and Palliative Care Nurse

**Awards**

Outstanding Employee for Olathe Health System (2017)

Nominated for Nursing: The Heart of Healthcare Award, KU Medical Center (2010)

Outstanding Employee: Olathe Medical Center Home Health/Hospice(2006)

Outstanding Associate: KC Regional Home Care Association(2006)

Paul Harris Fellow: Rotary Foundation of Rotary International (Olathe Rotary Club)

**Publications**

Watkins, T. (2013). Can Home Based Hospices Decrease Informal Caregiver Burden by Using Social Media and Electronic Technology? *Home Healthcare Nurse*

Gomez, S., Osborn, C., Watkins, T., & Hegstrom, S. (2002, April). Caregivers Team Up to Manage Pain. *Provider*, 51-55.

### **Professional Memberships**

Midwest Hospice and Palliative Care Association  
Association of Missouri's Nurse Practitioners  
Hospice and Palliative Nurses Association  
American Association of Nurse Practitioners

### **Personal Interests**

Volunteer at Grace United Methodist Church  
Volunteer with KC English Bulldog Rescue

**Kansas City Hospice and Palliative Care**  
**CONTINUING EDUCATION OFFERING:**  
**INSTRUCTOR CREDIT**

**CLINICAL SERVICES**

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**Policy No: 05-20-09**  
**Effective Date: 02/07/97**  
**Revised Date: 10/10/07**

**POLICY:**

Instructor credit may be awarded to the nurse who prepares and presents a course for an approved offering. This credit may be awarded by the agency as an approved provider for the portion of the offerings presented for the first time. A one hour presentation equals two contact hours of instructor credit. The minimum for presentation is one hour.

**PROCEDURE:**

1. A certificate of completion shall be issued by the agency to the instructor, listing the number of contact hours earned and clearly identified as instructor credit.
2. The attendance roster will also indicate when instructor credit is awarded.
3. Only 50% or 15 contact hours of instructor credit may be used for nursing license renewal.
4. Certificates are issued to other disciplines than nursing, however, they state the times of the offering attended and the name of the instructor rather than credit hours or instructor credit. All CE credit must be awarded by the state board of the discipline involved.

**APPROVED:**

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**Director, Clinical Services**

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**President/CEO**

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**Director, Quality Management &  
Regulatory Affairs**



**Kansas City Hospice and Palliative Care**  
**CONTINUING EDUCATION OFFERINGS:**  
**INSTRUCTOR SELECTION CRITERIA**

**CLINICAL SERVICES**

**Policy No: 05-20-06**  
**Effective Date: 02/89**  
**Revised Date: 10/10/07**

**POLICY:**

Qualified instructors will be selected for all courses presented.

**PROCEDURE:**

1. During the planning of CNE/CE offerings, the Staff Development Specialist, with the Director of Regulatory Affairs will select qualified instructors for presentation.
2. Qualifications will include, but not be limited to, evaluation of appropriate educational background, practical experience and demonstrated communication skills.
3. Qualified instructors will be selected on the basis of expertise on the subject from Kansas City Hospice and Palliative Care staff and medical staff as well as individuals from the community at large.
4. Instructors will submit specific behavioral objectives for their presentation, a bibliography, and vita. This information shall be retained in the Continuing Education files.

**APPROVED:**

\_\_\_\_\_  
**Director, Clinical Services**

\_\_\_\_\_  
**President/CEO**

\_\_\_\_\_  
**Director, Quality Management &  
Regulatory Affairs**

2129 E 154<sup>th</sup>

Olathe, Ks 66062

913-638-7842 (cell)

thanks-be-to-god@hotmail.com

## **Donna Kay Stevenson RN, BSN**

### **Skills**

RN with a passion and desire to work with patients/families; with extensive experience in client care, management, organizations, inventory, book keeping and logistics. Excellent people skills, with an ability to make people feel at ease. Skilled in organizing multiple aspects of patient care; experienced and proficient in patient and family education as well as passion for emotional, physical and spiritual end of life issues for patients and families.

### **Experience**

#### **Clinical Education KC Hospice**

April 2016 – present

##### *KCMO*

Responsible for making sure the new clinical staff has all the education they need before they complete the orientation process. This includes arranging shadowing experiences, with current staff as well as creating classes to include in the onboarding process for the new employees. Responsibility also includes but not limited to: creating education, orchestrating education and educating out the new processes to the current employees; attending meetings that pertain to the education process; following up with new employees and help them to overcome potential obstacles; research new processes; co managing the shared drive; educate out the admission process/house eval/information visit and the charting that goes with it; coordinate and implement nurses in-services for current employees;

#### **Admissions Nurse KC Hospice**

February 2014-April 2016

##### *KCMO*

Responsible for evaluating eligibility for hospice and admitting if appropriate, evaluating appropriateness for the hospice house and educating patients and families on hospice and palliative care service in facilities, homes and hospitals. Responsibilities include but not

limited to: obtaining history from patients, families, staff and records; organizing and training of other admission nurses and other staff members; documenting in Suncoast the admission and the H&P with attention to detail that has been commented on by multiple staff as well as the medical directors; developing schedules for new admission nurses; contacting other departments to arrange times for shadowing of new staff; developing new documentation and working with other departments on updating documents; one of the first clinical staff to pilot the new I-pads; working with the marketing department and is the staff of choice to go to SJMC; mentoring nursing students; turning in paperwork in a timely manner; and play well with others.

**Instructor at Midamerica Nazarene University**

January 2013 – January 2014

*Olathe, KS*

Responsible for the management of the skills lab, including co-teaching basic skills II with sophomore students and co-teaching accelerated students with basic skills I & II, in and outside of the skills lab as well as clinical instructor for both accelerated and traditional students. Responsibilities include: ordering supplies, scheduling lab times, testing and remediation of students, organization of supplies needed for classes, cleaning, maintaining skills lab, organizing student learning in the clinical setting, and organizing pre and post conference topics and speakers.

**Charge Nurse – Good Samaritans/Hoeger House**

March 2009 – January 2013

*Olathe, KS*

Responsible for health and wellness of up to 19 patients as well as supervision of CNS'S/CMA's, taking histories on patients, assist patients with treatments, blood draws, IV insertion and therapy, suture removal, injections, catheter insertion and maintenance, dressing changes, charting of wounds, communication with physicians, communication with administration and families, physical/emotional/spiritual counseling of patients and staff, communication with therapy regarding treatment modalities, communication with pharmacy, diabetic assessment with ongoing counseling and teaching.

**Personal Care Assistant/Private Duty Nursing**

May 2004 – March 2009

*Gardner, KS*

Responsible for physical and emotional needs of a handicapped woman, duties include: providing a safe environment, initiate bladder and bowel program, transferring from bed to commode to wheelchair, medication counseling, wound care, grocery shopping, organizing outings, organizing needs for daily living, provide spiritual care.

Responsible for total care of elderly woman, duties include: organization of her daily requirements, providing a safe environment, administering medication, initiating bladder and bowel program, scheduling, staffing, patient and family education, medication education, wound care, dressing changes, comfort care, food preparation and feeding of patient, ADL's and transferring patient from bed to commode to wheelchair.

**Reliv International – Independent Distributor**

September 2002 – March 2009

*Edgerton, KS*

Responsible for inventory, book keeping, sales, customer service, education on disease processes, education on nutrition, organization of client programs, facilitating outside education of clients, teaching groups of people, organizing and hosting teleconferences, spiritual support of clients and families, and support/education of cancer patients and families around the world.

**Pioneer Christian Academy**

June 2001 – April 2003

**Administrative Assistant/School Nurse**

*Olathe, KS*

Responsible for managing daily administrative duties included but not limited to: payroll, book keeping, scheduling, personal and marriage counseling, teaching, facilitating continuing education, organize and facilitate weekly teacher meetings, maintaining a secure environment for staff and students, answering questions from students, staff and parents, and organizing programs. Also responsible for supervising health records of all students, taking care of daily medication administration for students, handling and recording any emergency that came up.

**Olathe Family Practice – Office Nurse**

August 1998 – June 2001

*Olathe, Ks*

Responsible for assisting physician with procedures, cleaning of equipment, taking and documenting vital signs, taking brief histories on patients, education of patients and families, calling prescriptions to pharmacy, patient education of medications and procedures, organizing tests and procedures at outside locations, making patients feel comfortable in sometimes uncomfortable situations.

**Olathe Medical Center – RN (3N)**

May 1996 – August 1998

*Olathe, KS*

Responsible for total care of up to 6 patients, taking histories, taking and documenting vital signs, charting progress of patient, administering medications, organizing patient's personal care, providing patient safety, dressing changes, helping physicians with procedures, suture removal, patient and family education, supervising nursing assistants, working with nursing students, diabetic education and end of life education for patients and families.

**Olathe Medical Center – Unit Secretary (3N)**

August 1994 – May 1996

*Olathe, KS*

Responsibilities include: charting, ordering tests, organizing and implementing physician orders, assisting nursing staff, assisting in patient care, answering phones, cleaning and organizing nurse's station, assisting patients as needed.

**Education**      January 2013 – Current

**Midamerica Nazarene University, Olathe, KS**

**MSN program**

1993 – 1996

**Midamerica Nazarene University, Olathe, KS**

**BSN**

Graduated CUM LAUDE

**Honors**      Nominated 'Mentor of the Year' by Nursing Students May 1997

Dr. Ted Kalogris award – October 2003

Dr. Ted Kalogris award – March 2008

Hoeger House 'Employee of the month' (3 times, March 2009 – January 2013)

**Community Services**

Served on leadership board of CrossWinds Community Church, 1996 – 1998

Served on the leadership board of KCRO, September 2005 – March 2009

Served at local senior center in Gardner preparing meals for meals on wheels and serving dinner, 2004 – 2005

Served at Cedar Lake Village Retirement Center in the ice cream parlor, 2006 – 2007

Director of Meal Maker Ministry at New Life Community Church, March 2008- March 2011

Served as STAR committee leader at Hoeger House, August 2010 – January 2013

Leader of Motorcycle ministry at New Life Community Church, March 2010 – August 2011

Member of GWRRA, May 2011 – present

Cardiac resource nurse at Hoeger House, March 2012 – January 2013

Further Education/Certification:

8/9-11/16 - Challenges on the Front Lines-Effective Approaches to Complex Cases, HPNA  
Virtual conference (12 hours)

8/26/16 - Hospice Nurses 101 Seminar, MHPCA (7 hours)

11/17/16 - National Institute for Jewish Hospice Training and Accreditation Conference (2 days)

3/28/2017 - Case Management Certificate, Fazzi (6 hours)

4/20/2017 - Missouri Preceptor Academy, MHA Center for Education (7.16 hours)

4/27-28/17 - ELNEC Train the Trainer Course, (16 hours)

10/23-24/2017 - Midwest Regional Conference on Palliative & End of Life Care (9 hours)

3/28/17 - Road Rules for Case Management, Fazzi (5 hours)

10/8-9/18 - Midwest Regional Conference on Palliative Care & End of Life Care, MHPCA (9  
hours)

Licensure: Kansas RN, Missouri RN

\*Personal references provided upon request

**CONTINUING EDUCATION:  
ATTENDANCE REQUIREMENTS****Policy No: 05-20-04****Effective Date: 2/89****Revised Date: 09/25/12****POLICY:**

Kansas City Hospice and Palliative Care (KCH&PC) is dedicated to processes that support staff development and lifelong learning. The agency believes it is imperative that all staff receive training and development opportunities to promote professional and personal growth. All employees are encouraged to take advantage of the educational opportunities provided.

It is the responsibility of employees to meet their licensure requirements. In unique cases, educational offerings outside the agency may be needed for specific training or licensure.

Employees who wish to request support from the agency to attend outside offerings are directed to policy No. 05-20-02.

**PROCEDURE:**

1. Needs assessments will help guide educational opportunities that will be offered through a variety of methods: provision of journals, reference materials, books, internet learning, in house lectures and demonstrations, DVD's and access to external learning opportunities.
2. Employees must sign an attendance roster and must complete an evaluation for any in-house offerings.
3. Attendance rosters of in-house offerings will provide information for agency Continuing Education records; employees who attend an offering outside the agency should provide a copy of the Certificate of Completion to the Secretary of Staff Development to be included in the agency records. Employees should keep all original certificates in a personal file and are responsible for completing their own licensure requirements and applications.
4. Disciplines other than nursing will follow specific professional guidelines for obtaining CE approval for agency offerings for their respective licensure requirements.
5. Request to miss mandatory offerings must be approved by employee's supervisor.

**APPROVED:**

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**Director, Clinical Services**

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**President/CEO**

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**Director, Quality Management &  
Regulatory Affairs**

**Kansas City Hospice and Palliative Care**  
**CONTINUING EDUCATION OFFERINGS:**  
**CREDIT AND RECORDS**

**CLINICAL SERVICES**

**Policy No: 05-20-08**  
**Effective Date: 02/89**  
**Revised Date: 11/07//16**

**POLICY:**

The agency will award CNE/CE credit and maintain a system to record and retrieve records of attendance of and pertinent information regarding CNE/CE offerings, in accordance with regulations of the Kansas State Board of Nursing and other regulatory agencies (NHO, Medicare Hospice Standards, Missouri Home Health Agency). Records will be maintained for a minimum of two years.

**PROCEDURE:**

1. Promotional materials distributed regarding CNE/CE offerings shall display the statement, "The agency is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering approved for \_\_\_\_ contact hours application for RN or LPN relicensure. Kansas State Board of Nursing Approved Provider #\_\_\_\_."
2. Each participant shall sign an attendance roster when attending a CNE/CE offering. Non-employees attending CNE/CE offerings must register per phone/mail prior to date of offering.
3. In order to obtain CNE/CE credit, participants must attend each offering in its entirety and submit an evaluation to the offering. Individuals who arrive late, leave early, become ill or have an emergency during the offering have the opportunity to view the videotape of the offering in order to complete requirements for obtaining CNE/CE credit.
4. A "Certificate of Course Completion" shall be awarded to participants after completion of the CNE/CE offering. Each certificate shall be complete before distribution and shall contain:
  - a) the provider's name, address, and provider
  - b) the title of the course
  - c) the dates of attendance
  - d) the number of contact hours awarded
  - e) the signature of the person responsible for the CNE
  - f) the name, license number of the participant
  - g) clear indication of independent study or instructor credit awarded
5. A roster of attendance of individuals who have satisfactorily completed a CNE offering shall be kept within the offering file. The roster shall contain:
  - a) provider's name, address and provider number
  - b) title of the course



**CONTINUING EDUCATION OFFERINGS:  
CREDIT AND RECORDS**

**Policy No: 05-20-08  
Page 2 of 2**

- c) dates of attendance
  - d) number of CNE contact hours awarded
  - e) presenter(s) name
  - f) alphabetized list of names and disciplines of participant
6. Participants who are within disciplines outside nursing may submit certificate of attendance to their specific licensure board to obtain CE credit.
7. For each CNE/CE offering, a file containing the following information will be retained for two years:
- a) a summary of the planning
  - b) syllabus (including course title, course number, date of presentation, fee charged, contact hours awarded, outline, course objective, location, announcement and bibliography.)
  - c) faculty file (including list of instructors, presenters, vitae)
  - d) attendance roster (as in #4), and
  - e) evaluation of the offering
- These records will be kept in a secure file in the office of the Staff Development Specialist at the Kansas City Hospice and Palliative Care main office. Courses will be added in date order of their occurrence.
8. Individual records of inservice/continuing education attendance will be kept for agency employees. These records are accessed through the agency shared file in the Staff Development folder. Attendance at offerings provided by the agency will be recorded from attendance rosters.
9. The program coordinator shall notify the KSBN board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days.

**APPROVED:**

\_\_\_\_\_  
**Director, Clinical Services**

\_\_\_\_\_  
**President/CEO**

\_\_\_\_\_  
**Director, Quality Management &  
Regulatory Affairs**



**Kansas City Hospice**  
& PALLIATIVE CARE

Through this certificate, Kansas City Hospice & Palliative Care verifies that

Name:

License #:

Has attended and successfully completed:

**ELNEC-Final Hours #0179**

Instructors: Donna Stevenson, BSN, RN

1.5 Contact Hours

Date: May 10, 2021 3:00 pm-4:30 pm

The Kansas Board of Nursing approves Kansas City Hospice & Palliative Care as a provider of continuing nursing education.

This course is approved for 1.5 contact hours for RN/LPN relicensure by the Kansas State Board of Nursing Approved Provider #LT0118-0916 and the Missouri Department of Professional Registration State Committee for Social Work.

*Heather H. Murphy, BS, BSN, RN*

Heather H. Murphy, BS, BSN, RN

Total Program Evaluation for 2020/2021  
Education Program  
Kansas City Hospice and Palliative Care

As we all know, things have changed and continue to change daily because of our current COVID-19 pandemic. This is especially true, when it comes to providing education to the staff of KCH & PC.

From July 1, 2020-to current, KCH & PC's educational program continues to operate in a modified manner due to the COVID-19 pandemic. The pandemic has limited and changed how we can do educational programs. At this time, we are still not conducting in person educational events. Currently, educational offerings are conducted only virtually-via Zoom, Google Meet or another platform.

We continue to provide frequent education to all KCH & PC staff on COVID-19. Below are just a few of the topics:

- Infection control measures and PPE guidelines
- Travel guidance per KDHE
- Ways to minimize exposure-the importance of social distancing, wearing a mask and washing your hands
- Signs and Symptoms
- Vaccine information and updates

Please know we continue to strive to meet the educational needs of our staff to the best of our capabilities during this difficult time.

**I. The Education Department relationship to organizational chart, organizational philosophy, goals and objectives of the organization and philosophy, and goals of staff development.**

*The above documents were reviewed. Consistency was found between philosophy, goals and objectives of the organization, and the philosophy, goals and objectives of the Education Department.*

**II. Accomplishments of the program goals and objectives:**

**Goal #1:** To provide an agency continuing education program which: a) offers hospice/palliative care related topics for nurses, social workers, chaplains, home health aides, b) provides exposure to both internal and external resources and expertise, c) provides topics related to end of life, cultural diversity, pain and symptom management, dementia, psychosocial & spiritual care, bereavement & grief and Medicare hospice/home health regulatory info, d) provides self-care techniques for all staff.

*Kansas City Hospice & Palliative Care offered over 50 hours of educational opportunities for nurses and other interdisciplinary staff. The format for these programs included virtual in-house educational sessions as well as webinars from the following organizations:*

- *National Hospice and Palliative Care Association*
- *Association for Death Education and Counseling*
- *Missouri Alliance for Home Care*
- *Hospice Foundation of America*
- *Hospice and Home Care Webinar Network*
- *MJHS Institute for Innovation in Palliative Care*
- *Missouri Hospice and Palliative Care Association.*

*In addition, monthly emails on various topics related to Emergency Preparedness such as distracted driving, severe weather, cyber security, infection control, active shooter and COVID-19 were sent out to all staff..*

*Virtual educational sessions and webinars were taught by many different disciplines such as APRNS, RN's Physician's, LCSW's, LMSW's, LPC's, Music Therapists, Chaplains and Grief Support Specialists.*

*All educational events for this period were held virtually due to the COVID-19 pandemic.*

*In addition to the above-mentioned educational programs, CNA's were provided with Beacon Health Home Health Aide and Hospice Aide On-the-Go In-Service Modules, HPNA Nursing Assistant Modules and online courses through Lezage. The Education Department routinely checks on these staff members to ensure all of their education needs are being met. All CNA's are required to complete 12 hours of education every calendar year per CMS regulations. The topics covered provide specialized education that is specific to CNA's in their field of work.*

**Goal #2:** To provide competency training for nurses, in-services on job related subjects and computer training as needed.

*Competency training included Wound Care and Congestive Heart Failure. All new nursing employees complete competency check offs that include Pulse Ox, Glucometer, PT-INR machine, infusion pumps, PleurX drain, foley care, trach care, accessing/De-accessing ports, central lines, infusions, ostomy care and NG placement. We continue to offer our staff ELNEC (End of Life Nursing Education Consortium) classes. ELNEC is a national end-of-life educational initiative whose mission is to improve palliative care both within the United States and internationally. ELNEC consists of 9 modules: Palliative Nursing Care, Pain Mgmt, Symptom Mgmt, Ethical Issues, Culture and Spiritual Considerations, Communication, Loss, Grief and Bereavement, Leadership and Final Hours.*

**Goal #3:** To provide accessible hospice and palliative care resources and support satellite offices and Hospice House Inpatient Facilities.

*Resource areas are designated at all locations. Resources include "Top 10 Nursing Procedures" notebook, "Hospice Teaching Sheets for Patient and Family" notebook that also includes translations in Spanish, Certification in Hospice and Palliative Care Nursing Core Curriculum and Study Guide book, Lippincott Nursing Procedures and "Your Guide to Emergency Preparedness in the Greater Kansas City Area". We offer an extensive educational library for all staff in our KCH Resources Shared Google folder. Staff can access this folder at any time with their laptop, other mobile device or phone.*

**Goal #4:** To maintain continuing education records for employees and other attendees.

*Both paper and computer files maintain all educational records.*

**Goal #5:** To establish connections with other related agencies for Staff Development and continuing education.

*Hospice & Palliative Nurses Association, ELNEC, NHPCO, Missouri Hospice Palliative Care Association, Missouri Alliance for Home Care, University of Kansas Hospital with Grand Rounds, Center for Practical Bioethics, Heartland Infusions, Delta Rx Pharmacy, Therapy Support ConvaTec, Association for Talent Development, MARC, Social Work in Hospice and Palliative Care Network, KCRHCA and Medtronic are agencies we are actively involved with for education.*

**Goal #6:** To develop alliances with nursing schools in the area.

*Unfortunately over the last year, Kansas City Hospice & Palliative Care was unable to accommodate any student placements due to the COVID-19 pandemic. However, we continue our affiliations with several local colleges and universities. We have an ongoing affiliation with the following nursing schools: Research College of Nursing, University of Central Missouri, William Jewell, UMKC, MidAmerica Nazarene University and the University of Kansas. The Staff Development Specialist did provide virtual presentations on "Hospice and Palliative Care" and "Death/Dying" to a few nursing schools over the past year.*

**Goal #7:** To sponsor, co-sponsor or provide educational seminars for the healthcare professional community.

*Our community liaisons, medical directors, APRNs, Staff Development Specialist and various other staff provided educational presentations to nursing homes, local colleges and universities, businesses, and professional healthcare*

*conferences. However, over the past year due to the pandemic, there were very few presentations.*

### **III. Job Description**

*The Staff Development Specialist and Clinical Educator work closely together in providing staff education. There were no changes in the job descriptions.*

### **IV. Quality and Education Committee**

*Our Quality/Education Committee meets once a month. Our Quality/Education Committee consists of representatives from administration, Staff Development Specialist, Clinical Educator, Quality and Education manager, managers and clinicians.*

### **V. Program Management-Policies and Procedures**

- *Current Staff Development Policies & Procedures adhere to and are in accordance to the KSBN requirements for Long-Term Providers of Continuing Nursing Education.*
- **Assess need, planning:**  
*Learning needs of both clinical and administrative staff are assessed on a continuous basis via evaluations, in person conversations with Staff Development Specialist, Clinical Educator and surveys. Educational opportunities are then planned accordingly and offered to staff as learning needs arise.*
- **Offerings:**  
*Offerings from the year had information compiled to show the number of attendees, evaluations and comments regarding each offering. Ratings typically range from good to excellent for all speakers. The educational material is applicable to their roles, current and worth their time to attend. The CNE offerings reflect identified learning needs.*
- **Record Keeping System:**  
*All staff has organizational CE education recorded in computer records. Paper files are kept in accordance to the KSBN requirements for CNE. In-services are kept as paper files.*

### **VI. Budget**

*The Education Department does not have a budget to maintain. Funds are made available by administration for honorariums and programs. Grant money is utilized if available for education.*

## **VII. Program Evaluation Plan**

*Our program continues to evolve as we face new challenges as healthcare continues to transform itself. Our program will continue to explore alternative and more economical ways to provide educational opportunities to nurses and other staff members. The Staff Development Specialist, Quality and Education Manager and Clinical Educator will continue to work closely together to identify staff educational needs on an ongoing basis.*

**Kansas City Hospice and Palliative Care**  
**STAFF DEVELOPMENT CONTINUING EDUCATION**  
**OFFERINGS: CONTENT AND EVALUATION**

**CLINICAL SERVICES**

**Policy No: 05-20-05**  
**Effective Date: 02/89**  
**Revised Date: 08/23/16**

**POLICY:**

CNE/CE and staff development offerings will be designed in response to identification of learning needs of target populations for the purpose of improving professional practice, assisting individuals in fulfilling job requirement, and assisting individuals in meeting licensure/certification requirements.

**PROCEDURE:**

1. Planning of CNE/CE offerings will reflect identified learner needs, and current research and literature in an effort to improve nursing practice and supportive service professionals.
2. Each CNE/CE offering will have written learning objectives stated in measurable behavioral terms.
3. Content of CNE/CE offerings will relate to stated objectives.
4. A bibliography, reflective of content will be provided for each CNE/CE offering. The bibliography should include current resources (i.e. books within 10 years of publication, periodicals within 5 years.)
5. Learning objectives and presenters will be evaluated by participants on an evaluation tool provided for each CNE/CE offering.
6. The content of CNE/CE offerings will be reviewed and assured that they meet the statutory definition of CNE found in KSA 65-1117.
7. The evaluation data will provide feedback to the Staff Development Specialist for Total Program Evaluation and further planning.

**APPROVED:**

\_\_\_\_\_  
**Director, Clinical Services**

\_\_\_\_\_  
**President/CEO**

\_\_\_\_\_  
**Director, Quality Management &  
Regulatory Affairs**

\_\_\_\_\_  
**Chief Operating Officer**



**STAFF DEVELOPMENT -  
LEARNING NEEDS ASSESSMENT**

**Policy No: 05-20-03  
Effective Date: 12/89  
Revised Date: 03/10/10**

**POLICY:**

Learning needs of agency staff and the professional community will be assessed on an ongoing basis for the purpose of improving professional practice, assisting individuals in fulfilling job requirements and assisting individuals in meeting licensure/certification requirements.

**PROCEDURE:**

1. Learning needs will be identified and staff development opportunities provided for all agency staff.

RN's  
LPN's  
HHA's  
SW's  
Chaplaincy  
Bereavement  
Occupational and Expressive Therapies  
Administration/Management  
Office Staff  
Volunteers

2. Data regarding learning needs will be collected from the following sources on an ongoing basis:

Annual written patient care staff learning needs survey  
Orientation evaluations/post tests  
Evaluations of CNE/CE offerings  
PI indicators/problem areas  
Input from Physician/Hospital Relations Coordinator  
Input from Team Manager  
Input from Volunteer Coordinator  
Input from Professional Advisory Committee of the Board of Directors  
Input from regulatory bodies  
Problem areas identified by staff involved in care of patients in hospital and long term care settings  
Direct Request  
Review of literature for current topics relevant to hospice practice.

3. Learning needs will be identified and educational opportunities provided for the following population within the professional level staff members.

Physicians  
Hospital administrators, nursing staff, and support services  
Home health/hospice staff  
Long term care personnel  
Clergy  
Pastoral care givers  
Students in health care fields

**APPROVED:**

\_\_\_\_\_  
Vice President, Clinical Services

\_\_\_\_\_  
President/CEO

\_\_\_\_\_  
Director, Quality Management &  
Regulatory Affairs

## CURRICULUM VITAE

Heather H. Murphy  
11900 Avila Drive  
Kansas City, MO 64145  
(816) 510-7427  
[hbmurf@yahoo.com](mailto:hbmurf@yahoo.com)

### **Current Licenses and Certification:**

- Registered Nurse MO

### **Education and Career Development:**

- University of Missouri-Kansas City, Bachelors in Biology with minor in Chemistry, 1991
- Rockhurst University-Research College of Nursing, Bachelors of Science in Nursing, 1994

### **Professional Experience:**

- **Director of Quality and Regulatory Compliance, August 2020 – Present.**
  - Leads and guides performance improvement activities, including clinical quality and service quality while encouraging a culture of continuous improvement.
  - Identifies trends in clinical practice and management of the organization by providing data analysis and consultation in refinements in agency practices.
  - Develops tools, procedures and protocols for evaluating performance improvement issues.
  - Review and interpret statistical data and prepare Quality Improvement and Patient Safety Reports.
  - Understands state licensing and Medicare/Medicaid Standards necessary for program operation and assures compliance with licensing regulations.
  - Coordinates and directs risk management and works with legal consult as needed.
  - Serves as a liaison to accrediting and licensing surveyors.
- Manager of Quality and Staff Development, August 2015-August 2020, Kansas City Hospice and Palliative Care
- Quality and Performance Improvement Coordinator, 2011-August 2015, Kansas City Hospice and Palliative Care
- Quality Research Analyst, 2007-2011, Saint Luke's East-Lee's Summit
- Trauma Program Manager, 2003-2005; and Emergency Management Coordinator, 2003-2005, Research Medical Center
- Performance Improvement Coordinator, 1998-2001, Research Medical Center
- Critical Care Nurse, 1995-1998, ICU, Pulmonary Step-Down, Cardiac Telemetry, Research Medical Center

### **Committees, Professional Activities:**

- Board Member, Kansas City Regional Home Care Association
- Hospice Advisory Council Attendee, State of Missouri
- Prison Hospice Trainer, Missouri Hospice and Palliative Care Association
- Root Cause Analysis Facilitation
- Miscellaneous Presentations/Educational offerings on Patient Safety Initiatives and Regulatory Readiness

## Module 2: Pain Management

### Key References

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**Cross Reference with ELNEC Course Text for Module 2:**

Ferrell, B.R., & Paice, J. (Eds.). (2019). *Oxford textbook of palliative nursing*. 5<sup>th</sup> edition. New York, NY: Oxford University Press.

<u>Chapter</u>	<u>Author</u>	<u>Title</u>
8	Fink, Gates, & Jeffers	Pain Assessment
9	Paice	Pain Management
27	Banerjee & Freeman	Sedation for Refractory Symptoms
28	Meyer & Ring	Complementary and Integrative Therapies in Palliative Care
42	Compton, Chang, & Meghani	Caring for the Patient with Substance Use Disorder at the End of Life
64	O'Brien & Root	Pediatric Pain: Knowing the Child Before You

**National Consensus Project:**

National Consensus Project (NCP) for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care*, 4<sup>th</sup> edition. Richmond, VA: National Coalition for Hospice and Palliative Care. Accessed January 10, 2019 from: <https://www.nationalcoalitionhpc.org/ncp/>



**ELNEC-Pain Management #0181  
Program Evaluation**

**Date:** May 13, 2021 **Time:** 3:30pm-5:00pm **1.5 Contact/Continuing Education Hours**

<b>Speaker: Tammi Watkins, MSN, APRN, ACHPN</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Speaker presented information in a clear, understandable manner.						
The presentation was of high quality overall.						
AV materials and/or handouts were useful.						
Speaker was knowledgeable on subject and well prepared for presentation.						
I will apply the information/skills learned from these sessions.						
The content was current and relevant to the objectives.						
For clinical presentations, the session provided evidence-based information.						

**Please review the following objectives, and then indicate your choice:**

Met	Not Met	Identify barriers to adequate pain relief at the EOL for patients across the life span.
Met	Not Met	List components of a thorough pain assessment
Met	Not Met	Describe pharmacological and nonpharmacological therapies used to relieve pain
Met	Not Met	Discuss the role of the nurse involved with pain assessment and management at the EOL
Met	Not Met	Definition of pain.

**Please offer any constructive comments about the speakers and/or presentations:**

**Please list suggestions for programs that would help meet your educational needs:**

**Following this program, what will you do differently in the care of your patients? Or, what will you do differently in the management of your practice?**

Kansas State Board of Nursing  
Long-Term Continuing Nursing Education (CNE)  
Provider Five-Year Renewal

**Administration**

Kansas City Hospice & Palliative Care  
1500 Meadow Lake Parkway, Suite 200  
Kansas City, Missouri 64114

Quality and Regulatory Compliance Director is responsible for approving nursing continuing education.

See appendix A for Heather Murphy's resume as reference.

**Program Management-Written Policies and Procedures**

- *Process of assessing need and planning CE*

Learning needs of both clinical and administrative staff are assessed on a continuous basis via formal evaluations, in person conversations, email and phone calls with Staff Development Specialist and Clinical Nurse Educator, meetings and formal surveys. Anticipated learning needs and evaluation of learning needs are discussed in the QAPI quarterly meetings and the monthly Patient Care Manager's meetings. Educational opportunities are then planned accordingly and offered to staff. In our agency, the nurse's role crosses into the psychosocial, spiritual and cultural realms that are faced by our patients and families in our communities, thus we offer a wide variety of different educational programs to address these areas. Please see policies 05-20-03 and 05-20-05.

- *Process for fee assessment*

N/A to our program

- *Process for advertisements or announcements*

A sample announcement is provided. The policy reference is 05-20-08.

- *Process for offering approval*

Policies 05-20-08, 05-20-06 and 05-20-09 reference this process.

- *Process for awarding contact hours*

Policies 05-20-04, 05-20-06, 05-20-07, 05-20-08 and 05-20-09 address this process.

- *Process for verifying participation and completion of the offering*

Policies 05-20-04, 05-20-07 and 05-20-08 are reference this process.

- *Process for record keeping and record storage*

Policy 05-20-08 addresses this process. Many files are now kept electronically by the Staff Development Specialist and Clinical Nurse Educator. The locked file cabinets containing any paper record storage system is located directly adjacent to the Staff Development Specialist and Clinical Nurse educator offices.

- *Process for notice of change in coordinator*

Verbal notification by The Quality and Regulatory Compliance Director is how the Staff Development Specialist and Clinical Nurse Specialist are notified; KSBN is then notified in writing of the change.

- *Total Program Evaluation*

Our most recent Total Program Evaluation is included.

## Module 8: Final Hours

### Key References

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**Cross Reference with ELNEC Course Text for Module 8:**

Ferrell, B.R., & Paice, J. (Eds.). (2019). *Oxford textbook of palliative nursing*. 5<sup>th</sup> edition. New York, NY: Oxford University Press.

<u>Chapter</u>	<u>Author</u>	<u>Title</u>
15	Lanz, Gabriel, & Tschanz	Medically Administered Nutrition and Hydration
16	Donesky	Dyspnea, Cough, & Terminal Secretions
23	Goldberg, Mahr, Williams, & Ryan	Delirium, Confusion, and Agitation
29	Campbell	Withdrawal of Invasive Mechanical Ventilation
31	Corless & Meisenhelder	Bereavement
32	Stajduhar & Dionne-Odom	Supporting Families and Family Caregivers in Palliative Care
33	Berry & Griffie	Planning for the Actual Death
34	Taylor	Spiritual Screening, History, and Assessment
35	Rosa	Spiritual Care Interventions
45	Hansen & Dunn	Organ Donation
48	Bookbinder, Arceo & McDaniel	Improving the Quality of Care Across All Settings
49	Carpenter & Ersek	Long-Term Care: Focus on Nursing Homes
50	Robertson & Sutton	Palliative Care in the Community
51	McAdam & Gelinas	The Intensive Care Unit
52	Davies & Broglio	Palliative Care Nursing in the Outpatient Setting
53	Wright & Roberts	Palliative Care in the Emergency Department
55	Taylor, Dionne-Odom, Currie, Stockdill, & Bakitas	Rural Palliative Care

**National Consensus Project**

National Consensus Project (NCP) for Quality Palliative Care. (2018). *Clinical practice guidelines for quality palliative care*, 4<sup>th</sup> edition. Richmond, VA: National Coalition for Hospice and Palliative Care. Accessed December 27, 2018 from: <https://www.nationalcoalitionhpc.org/ncp/>



**Name of Provider: Newton Medical Center; LT0209-0916**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/20/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	Heart to Heart	Intro to Dys.
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24955 **Date submitted:** Jul 20 16:25 2021

#167

**radio** ~ Renewal**Providername** ~ NMC Health aka Newton Medical Center**providernum** ~ LT0209-0916**legalbody** ~ ~**address** ~ 600 Medical Center Drive**adress2** ~ Newton KS, 67114**telephone** ~ 316-283-2700**email** ~ jennifer.fernandez@mynmchealth.org**coordinator** ~ Jennifer Fernandez BSN RN**date** ~ 07-20-2021

**planningce** ~ The responsibility of reviewing topics for CNE falls to the Education Coordinator and the Clinical Education Committee. Annually, each nursing department conducts staff self-assessments. Utilizing Benner's model, Novice to Expert, staff are asked to assess their comfort level with multiple skills, tasks, treatment protocols and disease processes. Utilizing this data, topics are reviewed by department managers and further developed with subject matter experts for potential CNE presentation. In addition, assessments and comments from CNE presentation evaluations are used to further develop CNE for both staff and community partners.

All topics are presented first to the Education Coordinator using our Education/Training Program Planning form. The program should be applicable to nursing staff, and preferably to our community partners as well. Once the program is approved by the Education Coordinator, information is presented to the Clinical Education Committee for ultimate approval. In-service education, on-the-job training and orientation elements are restricted from development for CE. This is outlined in NMC Health policies.

**feeassessment** ~ The majority of CNE presented by NMC are done so free of charge to both our staff and community partners. Our policy outlines our fees and cancellation/refund policies. If fees are assessed they are done so to offset speaker fees, and room charges if held off site. Payments are driven through our hospital website payment portal therefore checks are not accepted. 24 hour notice is required for refunds.

Prior to COVID, NMC certified several staff members for instruction in ACLS (Advanced Cardiac Life Support). As many facilities are moving

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toward online education, we established our staff preferred in person education for advanced certifications such as this. As the only ACLS providers in Harvey County, we looked to Sedgwick County and established a competitive pricing structure. Refunds and cancellations for this class are in accordance with our Continuing Nursing Education Program policy.

**advertisement** ~ All programs developed are announced to staff and our community partners through hard-copy distribution to directors of nursing departments and/or clinic managers. Additionally, electronic PDF versions of the announcements are sent through email to our long-term care facility partners in Harvey county. Our marketing team and social media director will be utilized for increased exposure when we are able to accommodate social gatherings post pandemic. All announcements are developed with input from our instructional systems designer, education coordinator and marketing in consultation with the CNE presenter so that language required by KAR 60-9-107(b)(3) is included.

**approvalprocess** ~ Using planning forms and check-lists we are able to ensure all education elements developed as CNE meet the definition as outlined in KSA 65-1117(a). Program planners are required to submit an Education Training/Program Planning form to the Education Coordinator. This form establishes the need and objective of the program, a request for presentation and/or program development and evaluation tool that will be utilized at the end of the program. This form serves as the summary of planning for those elements that are approved by the Education Coordinator for further development for CE.

Once approved by the Education Coordinator, our CNE Proposed Program Planning Check-list is utilized further developing information that is presented to the Clinical Education Committee including description, outline, the presenter/planners CV or resume, and a bibliography or references that will be used in development. This information is outlined in our policy, Continuing Nursing Education Program.

**contacthours** ~ As outlined in our policy, contact hours are awarded for actual time in attendance including partial credit for fractions over 30 minutes. Instructor credit is given for the initial presentation equaling twice the length of the presentation. Credit is not given to participants arriving more than 10 minutes late or those leaving 10 minutes before the program is complete.

Currently, independent study hours are not offered by NMC Health. In

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the future, as development allows, piolet testers will be utilized with high and low times dropped and the remainder of hours averaged.

**verifycompletion** ~ We utilize the same roster template for all continuing education programs. This template contains our name and address, long term provider number, name of program coordinator and presenter, date and title of offering and name of presenter. Participants will provide their name and license number as well as contact hours awarded.

Certificates are offered for each CNE presentation. They contain the facility name and address and long term provider number, program coordinator name and signature, name of presenter, date and title of the offering, number of contact hours awarded, and name and license number of the participant.

**recordkeeping** ~ Hard copies of all planning materials, rosters and evaluations are maintained in a locked cabinet by the Education Coordinator or Nursing Administration Secretary. The information accessible by the Education Coordinator or Nursing Administration Secretary is available to the CNO, ACNO or program facilitator upon request. This information is also contained on a facility drive accessible to the Education Coordinator and the CNO, ACNO upon request. These records are maintained for a minimum of 2 years and reviewed after our 5 year renewal has been filed.

**noticeofchange** ~ KSBN will be notified upon change of coordinator or policies in writing within 30 days.

**programevaluation** ~ Filing of the annual total program evaluation is outlined in our policy and the responsibility of our Education Coordinator.

**Submission date** ~ 07-20-2021 16:25:27

**Form ID** ~ 1672730

## JENNIFER FERNANDEZ

623 E. Broadway St., Newton, Kansas 67114 | 316.250.5974 | kashmirmoon@me.com

### EDUCATION

Wichita State University  
**BS Nursing**  
Magna Cum Laude

1993-1996

University of Kansas  
**Undergraduate Studies**

1991-1992

### EXPERIENCE

Newton Medical Center

#### **Clinical Education Coordinator/Clinical Nurse Educator Critical Care Unit**

2016-present

Develop and coordinate continuing education opportunities at Newton Medical Center. Develop and facilitate and coordinate staff enrichment, education, and orientation for the clinical staff hospital wide as well as the Critical Care Unit utilizing standards of care and evidence-based practice. Continued responsibility for development and implementation of core education components for new services in a way that they may be distributed in an ongoing fashion. Responsible oversight of the individual unit-based educators. Responsible for developing, organizing and administering critical care specific core competencies and specialized unit education, in addition to development and review of policies and procedures utilizing current standards of care in clinical practice. Clinical duties include acting as resource to other staff, making of patient care assignments based on patient need and staff experience and providing patient care in the critical care setting.

Newton Medical Center

#### **Supervisor/Clinical Nurse Educator Critical Care Unit**

2015-2016

Develop and facilitate staff enrichment, education, and orientation for the Critical Care Unit utilizing standards of care and evidence-based practice. Responsible for developing, administering and tracking unit-based core competencies and specialized unit education, in addition to development and review of policies and procedures utilizing current standards of care in clinical practice. Supervisor duties include acting as resource to other staff, ongoing development of staff programs based on standards of care and quality measurements, managing staffing ratios and day to day operations of the unit.

Newton Medical Center

#### **Staff Nurse/Clinical Educator Critical Care Unit**

2013-2015

Develop and facilitate staff enrichment, education, and orientation for the Critical Care Unit utilizing standards of care and evidence-based practice. Responsible for developing, administering and tracking unit-based core competencies and specialized unit education, in addition to development and review of policies and procedures utilizing current standards of care in clinical practice. Charge nurse duties include acting as resource to other staff, making of patient care assignments based on patient need and staff experience.

Newton Medical Center

#### **Staff Nurse - Critical Care Unit/Medical Unit**

2005-2013

Provide direct patient care based on individualized patient care plans. Responsibilities include direct supervision of unlicensed personnel delivering patient care, delivery of patient care including physical assessment, medication administration, cardiac and both invasive and non-invasive hemodynamic monitoring and care of patients requiring augmented ventilatory support. Charge nurse duties include acting as resource to other staff, making of patient care assignments based on patient need and staff experience.

Via Christi Regional Medical Center

#### **Staff Nurse - Medical Intensive Care Unit**

1998-2005

Provide direct patient care based on individualized patient care plans. Responsibilities include direct supervision of unlicensed personnel delivering patient care, delivery of patient care including physical assessment, medication administration, cardiac and both invasive and non-invasive hemodynamic monitoring, care of patients requiring augmented ventilatory support, and those requiring continuous renal replacement therapies.

Via Christi Regional Medical Center

**Staff Nurse/Charge Nurse - 7SE General Medical**

**1996-1998**

Provide direct patient care based on individualized patient care plans. Responsibilities include direct supervision of unlicensed personnel delivering patient care, delivery of patient care including physical assessment, medication administration, cardiac monitoring. Relief charge nurse duties included making of patient care assignments based on patient need and staff experience.

**RELATED EXPERIENCE**

Newton Medical Center

House Supervisor

present

ACLS Instructor

present

TEAM Instructor

2018 - present

Introduction to Dysrhythmia – Instructor

2016 - present

Meditech PCS/EDM build team

2016 - 2017

Critical Care Unit Charge Nurse

2006 - present

**COMMITTEE INVOLVEMENT**

Spine Task Force

2019

Suicide Prevention Committee

2018 - 2019

Peer Review Council

2018 - present

Clinical Informatics Committee

2017 – present

Sepsis Committee

2017 - present

Falls Committee

2016 - present

Clinical Education Committee (Nursing Education Committee) - Chair

2013 - present

Nursing Orientation Task Force

2014 - 2016

PCS (Meditech) Focus Group

2014 – 2015

Nursing Process Improvement Committee

2013 - 2015

**COMMUNITY SERVICE**

CENTRAL KANSAS COMMUNITY FOUNDATION KIDS FUND GRANT SELECTION COMMITTEE

2018

**ADDITIONAL CERTIFICATIONS**

ADVANCED CARDIAC LIFE SUPPORT - INSTRUCTOR

PEDIATRIC ADVANCED LIFE SUPPORT



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**TITLE: Continuing Nursing Education Program**

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**1.0 Purpose/Scope:**

- 1.1 The purpose of program is to provide a learning experience for the professional nurse designed to enhance knowledge, critical thinking, skills, and/or attitudes beneficial to nursing practice. Newton Medical Center's Continuing Education Program is approved by the Kansas State Board of Nursing to provide nursing education programs

**2.0 Definitions:**

- 2.1 Behavioral objective: the intended outcome of instruction stated as measureable learning behaviors.
- 2.2 Certificate: a document that is proof of completion of an offering consisting of one or more contact hours.
- 2.3 Continuing Nursing Education (CNE): learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public.
- 2.4 Approved provider: person, organization or institution that is approved by the board and is responsible for the development, administration and evaluation of the CNE program.
- 2.5 Contact hour: 50 total minutes of participation in a learning experience that meets the definition of CNE.

**3.0 Policy:**

**3.1 Organizational Roles**

- 3.1.1 The Education Coordinator will serve as the CNE program coordinator, approving all programs
- 3.1.2 The program coordinator must meet the following requirements:
  - 3.1.2.1 Be a licensed professional nurse
  - 3.1.2.2 Have 3 years of clinical experience
  - 3.1.2.3 Have 1 year of experience in developing and implementing nursing education
  - 3.1.2.4 Have a baccalaureate degree except those individuals exempt under KSA 65-1119.
- 3.1.3 Program course facilitator(s) may be assigned by the program coordinator and are responsible for managing all aspects (advertising, accommodations, speakers, etc.) of a specific presentation. The program coordinator may take on this role as indicated.
- 3.1.4 The Nursing Administrative Secretary, along with the Education Coordinator will maintain program records at Newton Medical Center.

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**TITLE: Continuing Nursing Education Program**

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- 3.2 Program Planning will be based on the following:
  - 3.2.1 Populations served or age specific educational updates
  - 3.2.2 Type and nature of care provided
  - 3.2.3 Quality performance and improvement activities
  - 3.2.4 Advances in health care management, science, and technology
  - 3.2.5 Peer review activity findings or surveys
  - 3.2.6 Findings from professional organizations, technology and/or safety management programs
  - 3.2.7 Findings from infection control activities
  - 3.2.8 Findings from staff self-assessments and/or recommendations through program evaluations.
- 3.3 In-service education, on-the-job training, orientation, and institutional-specific offerings will not be approved for contact hours.
- 3.4 All programs must be presented to the program coordinator to assure the program will meet the requirements of KSA 65-1117(a).
  - 3.4.1 A program application checklist will be completed and submitted to the program coordinator for approval before any program is presented.
  - 3.4.2 The program coordinator will review the request for program approval and either grant or deny the request based on criteria set forth as above.
  - 3.4.3 Each program planning packet will be presented to the Clinical Education Committee who will act as the Planning Committee to evaluate content as directed by KSBN for CNE including
    - 3.4.3.1 Behavioral objectives
    - 3.4.3.2 Documentation of the instructors education and experience in the content area by resume or CV
      - 3.4.3.2.1 Program presenters may be from any discipline based on their education and experience for the selected topic.
    - 3.4.3.3 Current bibliography reflective of offering content including books published within the past 10 years or periodicals published within the past 5 years or both.
  - 3.4.4 The Program Coordinator will sign the request for approval if granted
- 3.5 The Program Coordinator may designate a program facilitator for each program who will be responsible for the following:
  - 3.5.1 Secure a program location
  - 3.5.2 Coordinating program registration and assisting in the completion of all sections of the attendance roster as participants arrive for the program speaker arrangements including audio/visual equipment.
  - 3.5.3 Obtain, distribute and retrieve a program evaluation for each

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**TITLE: Continuing Nursing Education Program**

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- participant
- 3.5.4 Creation and distribution of printed certificates
- 3.6 Co-Sponsorships should be restricted to non-profit organization.
- 3.7 Contact hours will be awarded for:
  - 3.7.1 Actual time in attendance including partial credit for fractions over 30 minutes
  - 3.7.2 Instructors credit equaling twice the length of the first time presentation
- 3.8 Credit will not be given for
  - 3.8.1 Participants arriving more than ten minutes after the program begins.
  - 3.8.2 Participants leaving more than ten minutes before the program is completed.
- 3.9 Record Keeping and Reporting
  - 3.9.1 Records will be maintained in a manner to ensure confidentiality and only accessible only by Nursing Administration Secretary, CNO, ACNO, Education Committee Chair or Program Course Facilitator to maintain confidentiality.
  - 3.9.2 For each offering the following will be maintained for two years:
    - 3.9.2.1 Application checklist packet/summary of planning to include presenter education and experience through resume or CV, title, objectives and bibliography
    - 3.9.2.2 Outline or actual presentation
    - 3.9.2.3 Registration roster
    - 3.9.2.4 Copy of brochure/poster/announcement
    - 3.9.2.5 Copy of certificate
    - 3.9.2.6 Summary of evaluations.
- 3.10 It is the responsibility of the Education Coordinator to:
  - 3.10.1 Prepare Annual Report and present it to:
    - 3.10.1.1 Clinical Education Committee
    - 3.10.1.2 Nursing Leadership Council annually.
  - 3.10.2 Prepare Annual Kansas State Board of Nursing reports and submit along with any program fees.
  - 3.10.3 Prepare 5 year renewal report and submit along with program fees to the Kansas State Board of Nursing.
- 3.11 Any changes in the coordinator, organization, and/or policies of the providership will be reported to the Kansas State Board of Nursing within 30 days of the change
- 3.12 Required Program Components
  - 3.12.1 Registration
    - 3.12.1.1 A mechanism for program registrations will be utilized to anticipate the number of individuals planning to

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**TITLE: Continuing Nursing Education Program**

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attend a program as well as help with the planning and preparation for the program.

3.12.1.2 Registration may be provided prior to the start of the program.

3.12.2 Roster/Attendance

3.12.2.1 Documentation will be maintained verifying each participant in attendance. Multi-day presentations will require new documentation for each day. Rosters must contain the following information:

3.12.2.1.1 Name and address of facility/provider

3.12.2.1.2 Long term provider number

3.12.2.1.3 Name of program coordinator

3.12.2.1.4 Date and title of offering

3.12.2.1.5 Name of presenter(s)

3.12.2.1.6 Participants name and license number

3.12.2.1.7 Number of contact hours awarded

3.12.3 Certificates

3.12.3.1 Certificates of attendance will be provided for all participants meeting the attendance requirements of the program. Certificates must contain:

3.12.3.1.1 Name and address of facility/provider

3.12.3.1.2 Long term provider number

3.12.3.1.3 Name of program coordinator

3.12.3.1.4 Date and title of offering

3.12.3.1.5 Number of contact hours awarded

3.12.3.1.6 Signature of the person responsible for the providership

3.12.3.1.7 Name and license number of the participant

3.12.4 Evaluations

3.12.4.1 An offering evaluation that includes each participant's assessment of:

3.12.4.1.1 Evaluation of achievement for each objective

3.12.4.1.2 Participants evaluation of expertise of each individual presenter

3.12.5 Brochures

3.12.5.1 All published announcements and certificates will contain the following statement:

3.12.5.1.1 *Newton Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for \_\_\_ contact hours applicable for RN, LPN, or LMHT relicensure.*

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**TITLE: Continuing Nursing Education Program**

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*Kansas State Board of Nursing Provider  
Number: LT0209-0916*

- 3.13 Fees and Cancellation/Refund Policy
  - 3.13.1 The provider reserves the right to substitute faculty, change date(s) and time(s) and cancel programs for warranted reasons. (Bad weather, instructor absence, low number of participants)
  - 3.13.2 Fees may be charged to offset cost of the educational offering, including speaker fees, meals, room charges, and processing of CNE. The fees will be communicated on the announcement/brochure and may be different for employees and non-employees.
  - 3.13.3 Refunds will be processed as follows unless otherwise specified:
    - 3.13.3.1 Preregistered participants who give 24 hour notice of their inability to attend will be provided a refund minus a \$5 processing charge.
    - 3.13.3.2 No refunds will be granted after the 24 hour deadline.

4.0 References:

- 4.1 Kansas State Board of Nursing. *Nurse Practice Act Statutes & Administrative Regulations*. Topeka, 2018. July 2020.

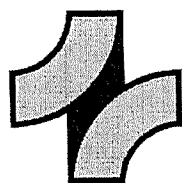
**Provider #LT0209-0916**

## ATTENDANCE/CNE ROSTER

COURSE COORDINATOR(S) Jennifer Fernandez BSN RN \_\_\_\_\_ CONTACT HOURS AWARDED: \_\_\_\_\_

PROGRAM COORDINATOR: \_\_\_\_\_

[illegible]



# Newton Medical Center

600 Medical Center Drive | Newton, KS 67114

## Heart 2 Heart

Cardiovascular Therapies and Patient Care Considerations

This Certifies that

January 18th, 2018

xxx

*Rebecca Wernli MSN, APRN, FNP-C*

**License Number:**

Course Coordinator

xxx

*Jennifer Fernandez BSN, RN*

Has Successfully Completed  
(2.0 Contact Hours)

Education/Program  
Coordinator

**Provider #LT0209-0916**

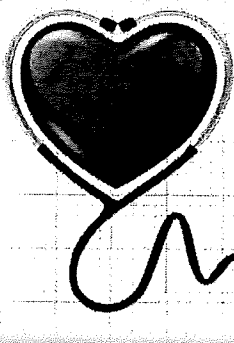
**Continuing Nursing Education Total Program Evaluation for FY 2021**

Topic Area	Criteria	Dept	Resp. Person	Freq.	Review Date & Findings	Actions &/or Recommendations
Administration / Provider	- Review Staff Development Coordinator Job Description & Qualifications	Admin/ Ed	ACNO	On change in employment	6/1/2021 – policies reviewed	Additional responsibilities defined by policy
Education Plan	<ul style="list-style-type: none"> <li>- Needs assessment, planning &amp; evaluations summaries completed – Review survey for appropriateness</li> <li>- Written tool, evaluation summaries</li> <li>- Verify relevance of Policy and Procedure (P&amp;P) to Educational Program</li> <li>- Was review process utilized in course offering planning &amp; development?</li> </ul>	Admin Admin Admin Admin	Education Coordinator	Annual	6/1/21 – staff surveys completed annually.	Community needs not assessed due to COVID surge and re-establishing new “normal” operations
Fee Assessment	- Review P&P to ensure meets needs of nursing, healthcare professionals and consumers	Admin	Clinical Education Committee	Each program	6/1/21 – fees may be charged to offset cost of program however most offerings are done so with no associated fee	Continue to assess market through 2021
Announcement/ Advertisement Process	- Review method(s) for announcing/promoting educational offerings	Admin Admin	Education Coordinator	Each program	6/1/21 – flyers and brochures are developed in coordination with marketing and sent to area healthcare partners	Utilize marketing to advertise to external partners
Offering Approval Process	- Compare P&P to KSBN requirements	Admin	Clinical Education Committee	Each program	6/1/21 – policy reviewed	Last review unremarkable, policy reflects NPA requirements



**Continuing Nursing Education Total Program Evaluation for FY 2021**

<b>Topic Area</b>	<b>Criteria</b>	<b>Dept</b>	<b>Resp. Person</b>	<b>Freq.</b>	<b>Review Date &amp; Findings</b>	<b>Actions &amp;/or Recommendations</b>
-CE Contact Hour Determination & Award Process	<ul style="list-style-type: none"> <li>- Review P&amp;P to verify CE Hours awarded appropriately.</li> <li>- Verify that CE definition meets KSBN criteria</li> <li>- Review agendas, course outlines, independent study pilot results (as applicable) for adherence to P&amp;P standards</li> <li>- Pilot test results to verify contact hours awarded; review documentation of partial credit</li> <li>- Instructor Credit</li> </ul>	Admin	Education Coordinator	Each Program	6/1/21 – current practice reflects NPA requirements	Work with instructional systems designer to create programs available for self-enrolling.
-Notification of changes process	<ul style="list-style-type: none"> <li>- Review procedures for notifying KSBN of program changes (as referenced in the P&amp;P)</li> </ul>	Admin	Education Coordinator/A CNO	On change in employment	6/1/21 – timeframe outlined in policy	None
- Participation & Completion Verification	<ul style="list-style-type: none"> <li>- Review P&amp;P to verify meets organization/hospital/dept standards</li> <li>- Review rosters, certificates and compare to KSBN requirements</li> </ul>	Admin	Education Coordinator	Each Program	6/1/21 – all elements present on template used for offerings	None
- Record Keeping	<ul style="list-style-type: none"> <li>- Review P&amp;P</li> <li>- Audit files for compliance to KSBN requirements</li> </ul>	Admin	Education Coordinator	Each program	6/1/21 – compliance in record-keeping.	None
-Evaluate Education Total Program Effectiveness	<ul style="list-style-type: none"> <li>- Review total program evaluation &amp; compare contents to KSBN requirements</li> <li>- Review &amp; Revise Tool</li> </ul>	Admin Admin	Education Coordinator	Annually and with changes	6/1/21 – evaluations for FY 21 were completed on paper and not sourced electronically.	Use electronic source to compile data from all programs



# Heart 2 Heart

## Promoting cardiovascular knowledge while maximizing communication and collaboration

As the leading cause of death in the United States, cardiovascular disease will affect a large volume of our patient population.

Join us for a brief, intensive course presented by Rebecca Wernli, MSN, APRN, FNP-C. We will review common cardiovascular medical therapies, patient care considerations, interventions for the cardiac patient and effective patient care team collaboration skills.

January 18<sup>th</sup> 2-4 pm

or

January 23<sup>rd</sup> 8-10 am

Newton Medical Center  
Prairie Room

To register, email

[jennifer.fernandez@newtonmed.com](mailto:jennifer.fernandez@newtonmed.com)



Rebecca 'Beckie' Wernli MSN, APRN, FNP-C

*Newton Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 2.0 contact hours applicable for RN, LPN, or LMHT re-licensure. You must be present for the entire presentation to obtain credit, no partial credit will be offered. Kansas State Board of Nursing Provider Number: #LT0209-0916*

CNE

**Rebecca 'Beckie' Wernli**

**MSN, APRN, FNP-C**

Cell: 316.377.4111 - [bwernli@live.com](mailto:bwernli@live.com)



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## **STATEMENT OF SKILLS**

A masters prepared board certified family nurse practitioner with extensive specialty experience in both inpatient and outpatient management of cardiovascular patients. Additional background in cardio-thoracic surgery and venous intervention medicine. More than two decades of experience in the healthcare industry with varied independent consultant, leadership and management roles. High level of autonomy, strong clinical judgement, effective educator and articulate communicator.

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## **WORK HISTORY**

**09/2013 to 04/2015 Family Nurse Practitioner**

### **Via Christi Clinic Reflection Ridge – Wichita, KS**

Managed acute, chronic and complex medical conditions in patients from birth to end of life. Executed daily patient schedule of 20 to 30 appointments.

Performed minor in office procedures; interpreted ECG, Xray, lab and physical findings.

**01/2010 to 01/2012 RN, Independent Vein Consultant**

Utilized specialized expert knowledge & highly effective communication skills to create full service vein clinics in Salina, KS and Hays, KS.

Provided propriety framework of operation and trained physician, mid-level, nursing and office staff at each location.

**01/2004 to 01/2012 Vein Nurse/Lead Office Nurse**

### **Kansas Vein Center/Cedar Surgical - Wichita, KS**

Assisted in creating cardiovascular, thoracic and venous surgical treatment plans Utilized expert medical knowledge to triage pre, post-operative and vein patient phone calls

Created and revised clinical pathways and clinic protocols as needed Communicated with

insurance companies for vein treatment prior authorizations and appeals. Performed in office venous sonography and sclerotherapy.

**01/2000 to 05/2004 Surgical Telemetry Staff Nurse**

**Wesley Medical Center – Wichita, KS**

Demonstrated expert medical knowledge in the assessment and care of post-surgical cardiac patients. Fulfilled Charge Nurse role, managed staff allocation, conflict resolution and unit emergency response.

**01/1998 to 05/2000 Student Nurse/CNA**

**University of Kansas Medical Center – Kansas City, KS**

Demonstrated support skills in post surgical care of Urology, ENT & orthopedic patients.

## **EDUCATION**

**2013 Masters of Science: Nursing** -cumulative GPA 3.79

**Wichita State University - Wichita, KS**

**2000 Bachelor of Science: Nursing** -cumulative GPA 4.0

**University of Kansas - Kansas City, KS**

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## **Professional License/Certifications**

Kansas State Board of Nursing, APRN #53-76122-032

Kansas State Board of Nursing, RN #13-85441-032

Healthcare Provider CPR/AED expires 8/2019

AANP FNP Certified, F1013184

Referrals Provided upon request

## **Heart 2 Heart**

Rebecca 'Beckie' Wernli, MSN, APRN, FNP-C  
Cardiology Advanced Practice Registered Nurse

### **Course Description:**

Heart disease is the leading cause of death in the U.S. About 610,000 people die of heart disease every year, that is 1 in every 4 deaths. 370,000 of those deaths are coronary heart disease related. Each year 735,000 Americans have a heart attack. Promoting an increased knowledge base of commonly used cardiovascular medical therapies and correlating patient care considerations serves to enhance a large patient population's quality of healthcare. In addition, detailing options to maximize communication and patient care team collaboration, further promotes highly effective and safe patient outcomes in the tertiary care setting.

This presentation is a brief, intensive course for a small group to review common cardiac medical therapy and effective patient care team collaboration skills. Participates will learn how to easily identify common cardiovascular medical therapy. The group will brain storm skills to promote effective team collaboration and participate in information sharing. Participates will leave with increased and refreshed knowledge of cardiovascular medical therapy. Valuable resources will be disseminated to support ongoing learning.

### **Objectives:**

1. Identify commonly used cardiovascular medical therapies
2. Correlate patient care considerations and interventions for the cardiac patient
3. Introduce skills to promote highly effective interdisciplinary collaboration

### **Agenda:**

Self introduction.

Presentation of medications, power point, white board, discussion, quiz & answer.

Pearls of provider and nursing communication.

Question & answer, open discussion on presented topics.

Presentation Evaluation.

**Outline:**

**I. Antihypertensives**

- A. ACE**
- B. ARB**
- C. BB**
- D. CCB**

**II. Heart Failure**

- B. Entresto**
- C. ACE, BB**
- D. Diuretics**
- E. Aldactone**

**III. Anti-coagulation**

- C. Lovenox**
- D. warfarin/coumadin**
- E. Xarelto**
- F. Pradaxa**
- G. Eliquis**

**IV. Anti-Platelet**

- D. ASA**
- E. Plavix**
- F. Brillinta**
- G. Effient**

**V. Anti-arrhythmics**

- E. Amiodarone**
- F. Flecainide**
- G. Sotalol**
- H. Mexiletine**
- I. Propafenone**

**V. Cholesterol**

- E. Statins**
- F. Zetia**
- G. Fish Oil**
- H. Repatha/Praluent**

## **Bibliography**

DiPiro, Joseph T... [et al.]. (2011). *Pharmacotherapy: a pathophysiologic approach* (8th ed.): McGraw-Hill Companies, Inc.

American Nurses Association (2010). *Nursing: Scope and Standards of Practice*, 2nd Edition. Silver Springs, MD: Nursesbooks.org; (pages 57,78-79).

Gottlieb, Stephen S. MD (2017). Pharmacologic therapy of heart failure with reduced ejection fraction. In S. A. Hunt (Ed.), *UpToDate*. Retrieved from <http://www.uptodate.com/home>

Paul K. Whelton, Robert M. Carey, Wilbert S. Aronow, Donald E. Casey, Karen J. Collins, Cheryl Dennison Himmelfarb, Sondra M. DePalma, Samuel Gidding, Kenneth A. Jamerson, Daniel W. Jones, Eric J. MacLaughlin, Paul Muntner, Bruce Ovbiagele, Sidney C. Smith, Crystal C. Spencer, Randall S. Stafford, Sandra J. Taler, Randal J. Thomas, Kim A. Williams, Jeff D. Williamson, Jackson T. Wright, 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, *Journal of the American College of Cardiology* (2017), doi: 10.1016/j.jacc.2017.11.006

**Provider #LT0209-0916**

COURSE TITLE: **Heart 2 Heart: Cardiovascular Therapies and Patient Care Considerations** DATE AND TIME: 1/18/18 2pm

PROGRAM COORDINATOR SIGNATURE: \_\_\_\_\_

[illegible]





# Newton Medical Center

600 Medical Center Drive | Newton, KS 67114

## CNE PROPOSED PROGRAM PLANNING CHECK-LIST LONG-TERM CNE PROVIDER

Name of Program Introduction to Dysrhythmia: The basics of cardiac monitoring

Offering Coordinator: Jennifer Fernandez BSN, RN Education Coordinator NMC

Date(s) of Program/CNE's: quarterly / 6.0 CNE

### Attach Copies of each:

- ☒ Course Description
- ☒ Course Facilitators (Name, Credentials) Jennifer Fernandez BSN RN
- ☒ \*Objectives and Content (Objectives for planning, Content for file)
- ☐ Agenda
- ☒ Outline
- ☒ \*Planning Committee
- ☐ Evaluation Method
- ☐ Teaching Methodologies
- ☐ Roster (copy)
- ☐ Certificate of Attendance (copy)
- ☐ Provider's name, Address, and Provider Number
- ☐ Title of Course
- ☐ Date of attendance
- ☐ Number of contact hours awarded
- ☐ Name of individual responsible for the program
- ☐ Name and license number of the participant
- ☐ Offering Announcement/Brochure (copy)
- ☐ \*Course Title
- ☐ Course description
- ☐ \*Program Coordinator
- ☐ \*Course facilitator(s)
- ☐ \*Continuing Nursing Education Credit Statement
- ☐ \*Place/Time (s)
- ☐ Registration form
- ☐ (\*) Required
- ☐ \*Evaluation form (copy) to include achievement of objectives and expertise of the presenter
- ☐ \*Bibliography shall include books within 10 years, and/or periodicals within 5 years
- ☐ \*CV for all speakers including instructor's education, experience, and knowledge/expertise in the content area
- ☐ Program coordinator has reviewed program management policies/procedures

*\* Approved for Annual/Quarterly  
Education June 2020*

Approved by Nursing Education Committee

*Janet Allen* Chair

Date 6/9/2020

Approved by Long Term Provider Program Coordinator:

*Jennifer Fernandez*

Date: 6/9/2020

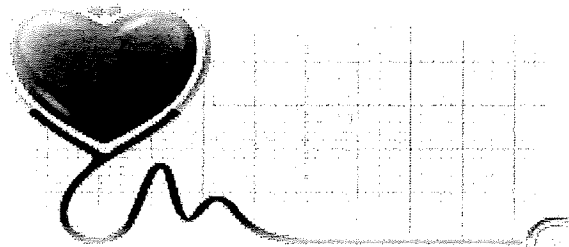
July 20, 2021

CNE/IV Therapy 205

# Introduction to Dysrhythmia

## The Basics of Cardiac Monitoring

Jennifer Fernandez BSN RN



*Classes offered quarterly:*

*September 22, 2020 0830—South Conference Room*

*December 23, 2020 0830—Prairie Room*

*March 11, 2021 0830—Prairie Room*

*June 1, 2021 0830—South Conference Room*

Register through your manager or contact Jennifer directly at extension 3710 or email:

[Jennifer.fernandez@mynmchealth.org](mailto:Jennifer.fernandez@mynmchealth.org)

*Newton Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 6.0 contact hours applicable for RN, LPN, or LMHT re-licensure. You must be present for the entire presentation to obtain credit, no partial credit will be offered. Kansas State Board of Nursing Provider Number: #LT0209-0916*



**NMC** *health.*

# Certificate of Attendance Introduction to Dysrhythmia

The basics of cardiac monitoring

*This certifies that:*

**XXX**

*License Number:*

**XXX**

*In conjunction with the above program  
has successfully completed*

**6.0 Contact Hours**

***March 11, 2021***

***Jennifer Fernandez***  
***BSN, RN***

Course Coordinator  
Education/Program Coordinator

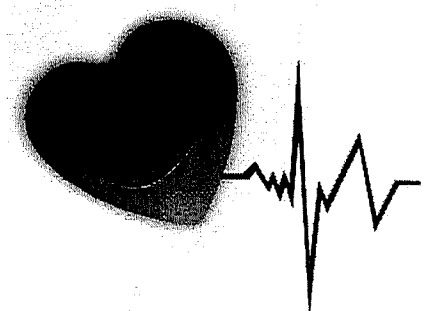


**Newton Medical Center**

600 Medical Center Dr. | Newton Kansas 67114

Newton Medical Center is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN or LMHT relicensure. Kansas State Board of Nursing Provider

Number: **LT0209-0916**



## Bibliography Introduction to Dysrhythmia

- Burns, Suzanne M, MSN, RRT, ACNP, CCRN, FAAN, FCCM, FAANP. *AACN Essentials of Critical Care Nursing*. McGraw Hill, 2014.
- Clinical Skillbuilders. *ECG Interpretation*. Springhouse: Springhouse Corporation, 1990.
- Desai, Rishi MD. *Advanced Circulatory System Physiology*. Ed. Rishi MD Desai. n.d. Khan Academy. 25 September 2017.
- Jenkins, Dean. *www.ECG Library.com*. 11 May 2009. 15 May 2015.
- Lessig, M. Lindsay, BSN, MEd, MBA. "The Cardiovascular System." Alspch, Joann Gril, RN, MSN, EDP, FAAN. *Core Curriculum for Critical Care Nursing*. St. Louis: Saunders Elsevier, 2006.
- Lloyd, Robert. *PonderingEM*. n.d. July 2015. <[www.ponderingem.com](http://www.ponderingem.com)>.
- Medical Training and Simulation LLC. *ECG Training - Lessons Practice Strips and Drills*. n.d. 16 June 2015. <[www.practiceclinicalskills.com](http://www.practiceclinicalskills.com)>.
- Practice ECG Strips*. n.d. 15 July 2015. <<http://floatnurse-mike.blogspot.com/>>.
- Wesley, Keith MD. *Huszar's ECG and 12-lead Interpretation*. Fifth Edition. St. Louis: Elsevier, 2017.

## Introduction to Dysrhythmia

Please complete this evaluation honestly and as completely possible, and leave in the classroom or return to the Clinical Informatics Education office.

### Instructor/Course Information

<b>Instructor's Name(s):</b>	Jennifer Fernandez BSN, RN
<b>Course Name:</b>	Introduction to Dysrhythmia – The Basics of Cardiac Monitoring
<b>Training date:</b>	March 11, 2021

### Training Evaluation:

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The objectives of the training were clearly defined.					
2. Participation and interaction were encouraged.					
3. The topics covered were relevant to my work.					
4. The content was organized and easy to follow.					
5. The materials distributed were helpful.					
6. The trainer was well prepared.					
7. The trainer was knowledgeable about the topic.					
8. The training objectives were met.					
9. The time allotted was sufficient.					
10. The meeting room and facilities were adequate.					

\*\*\*More on back \*\*\*



**Newton Medical Center**

*Family friendly. First class.*

-209-

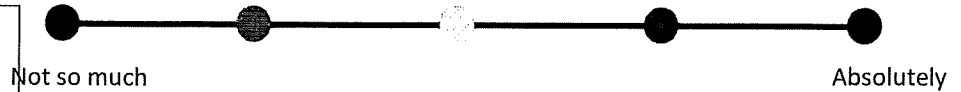
CNE/IV Therapy 209

Please respond by selecting what you feel is accurate based on your experience in class for the speakers based on the objectives below.

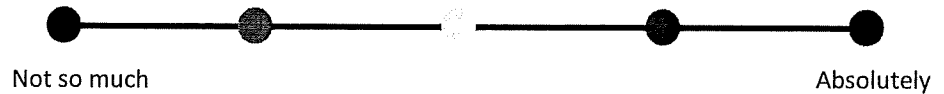
**This was valuable and effectively delivered content:**

*Indicate your opinion by circling your response below*

I understand basic cardiac electrophysiology and its relationship to cell contraction



I understand how parasympathetic and sympathetic nerve intervention affects cardiac tissue



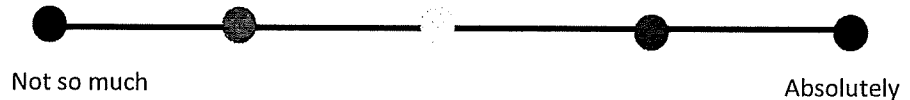
I understand the conduction pathways of the heart and their significance



I understand the mechanism of electrical conduction



I can identify basic cardiac rhythms



For the training in general:

11. What was the most helpful?

12. What additional topics would you like to see for future courses?

13. Recommendations for improvement?

Any other comments:



**Newton Medical Center**

*Family friendly. First class.*

-210-

CNE/IV Therapy 210

## **Heart 2 Heart**

Rebecca 'Beckie' Wernli, MSN, APRN, FNP-C  
Cardiology Advanced Practice Registered Nurse

### **Course Description:**

Heart disease is the leading cause of death in the U.S. About 610,000 people die of heart disease every year, that is 1 in every 4 deaths. 370,000 of those deaths are coronary heart disease related. Each year 735,000 Americans have a heart attack. Promoting an increased knowledge base of commonly used cardiovascular medical therapies and correlating patient care considerations serves to enhance a large patient population's quality of healthcare. In addition, detailing options to maximize communication and patient care team collaboration, further promotes highly effective and safe patient outcomes in the tertiary care setting.

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Participants will learn how to easily identify common cardiovascular medical therapy. The group will brain storm skills to promote effective team collaboration and participate in information sharing. Participants will leave with increased and refreshed knowledge of cardiovascular medical therapy. Valuable resources will be disseminated to support ongoing learning.

### **Objectives:**

1. Identify commonly used cardiovascular medical therapies
2. Correlate patient care considerations and interventions for the cardiac patient
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### **Agenda:**

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**Outline:**

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- A.**ACE
- B.**ARB
- C.**BB
- D.**CCB

**II. Heart Failure**

- B.** Entresto
- C.** ACE, BB
- D.** Diuretics
- E.** Aldactone

**III. Anti-coagulation**

- C.** Lovenox
- D.** warfarin/coumadin
- E.** Xarelto
- F.** Pradaxa
- G.** Eliquis

**IV. Anti-Platelet**

- D.** ASA
- E.** Plavix
- F.** Brillinta
- G.** Effient

**V. Anti-arrhythmics**

- E.** Amiodarone
- F.** Flecainide
- G.** Sotalol
- H.** Mexiletine
- I.** Propafenone

**V. Cholesterol**

- E.** Statins
- F.** Zetia
- G.** Fish Oil
- H.** Repatha/Praluent



## **Bibliography**

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Gottlieb, Stephen S. MD (2017). Pharmacologic therapy of heart failure with reduced ejection fraction. In S. A. Hunt (Ed.), *UpToDate*. Retrieved from <http://www.uptodate.com/home>

Paul K. Whelton, Robert M. Carey, Wilbert S. Aronow, Donald E. Casey, Karen J. Collins, Cheryl Dennison Himmelfarb, Sondra M. DePalma, Samuel Gidding, Kenneth A. Jamerson, Daniel W. Jones, Eric J. MacLaughlin, Paul Muntner, Bruce Ovbiagele, Sidney C. Smith, Crystal C. Spencer, Randall S. Stafford, Sandra J. Taler, Randal J. Thomas, Kim A. Williams, Jeff D. Williamson, Jackson T. Wright, 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults, *Journal of the American College of Cardiology* (2017), doi: 10.1016/j.jacc.2017.11.006

## Heart 2 Heart

Please complete this evaluation honestly and as completely possible, and leave in the classroom or return to the Clinical Informatics Education office.

### Instructor/Course Information

<b>Instructor's Name(s):</b>	Rebecca Wernli MSN, APRN, FNP-C
<b>Course Name:</b>	Heart 2 Heart: Cardiovascular Therapies and Patient Care Considerations
<b>Training date:</b>	January 18 <sup>th</sup>

### Training Evaluation:

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The objectives of the training were clearly defined.				✓	
2. Participation and interaction were encouraged.				✓	
3. The topics covered were relevant to my work.				✓	
4. The content was organized and easy to follow.				✓	
5. The materials distributed were helpful.			✓		
6. The speaker was well prepared.				✓	
7. The speaker was knowledgeable about the topic.				✓	
8. The objectives were met.				✓	
9. The time allotted was sufficient.				✓	
10. The meeting room and facilities were adequate.				✓	

\*\*\*More on back \*\*\*



**Newton Medical Center**

*Family friendly. First class.*

CNE/IV Therapy 214

Please respond by selecting what you feel is accurate based on your experience in class for the speakers based on the objectives below.

**This was valuable and effectively delivered content:**

*Indicate your opinion by circling your response below*

I can identify commonly used cardiovascular medical therapies



I am able to correlate patient care considerations and interventions for the cardiac patient.



I can identify skills utilized in effective interdisciplinary collaboration.



Absolutely

For the training in general:

11. What was the most helpful?

12. What additional topics would you like to see for future courses?

13. Recommendations for improvement?

Any other comments:



**Newton Medical Center**

*Family friendly. First class.*

**"Nuehealth"**

**Name of Provider: ValueHealth; LT0276-0911**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/20/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: "</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	2019 Conf.	2021 Conf.
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24939 **Date submitted:** Jul 9 09:42 2021

**radio** ~ Renewal

**Providername** ~ ValueHealth

**providernum** ~ LT0276-0911

**legalbody** ~ ~

**address** ~ 11221 Roe Ave

**adress2** ~ Leawood KS, 66211

**telephone** ~ 9139070574

**email** ~ lwoolsey@valuehealth.com

**coordinator** ~ Lenora Woolsey

**date** ~ 07-09-2021

**planningce** ~ 25 lines.

An educational needs assessment will be completed by the corporate clinical team, through input of facility and corporate employees, and evaluation of best practice processes.

2. Initial planning meeting will occur ideally 3 months prior to offering date. Event organizer, and any other parties involved with offering, will meet with CNE coordinator for initial planning of educational offering.

3. The following details will be coordinated at initial meeting:

Date/Time/Location

Contact Person

Behavioral Objectives-stated as measurable learner behaviors

Presenters (will need to have bio information within 2 weeks)

Agenda with presenters and time frames

Current bibliography

Determination of quantity of CNE hours to be offered

Evaluation Form

4. Prior to approval, CNE Coordinator will review the following:

Summary of Planning

Behavioral Objectives

Offering content, which shall meet the definition of CNE in K.S.A.

65-1117, and amendments thereto:

"Approved "continued nursing education" means learning experiences intended to build upon the educational and experiential basis of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research of theory development to the end of improving the health of the public". (KSBN Nurse Practice Act 65-117 (a), 2011)

Instructor's education and experience, with documentation of knowledge and expertise in the content area

Current bibliography reflective of the content, including books published

in the last 10 years and/or periodicals published within the last 5 years  
 An Offering Evaluation that includes each participant's assessment of the achievement of each objective and the expertise of each individual presenter

5. Upon determination that offering is compliant with the Kansas State Board of Nursing CNE criteria, approval of CNE offering will be granted by CNE Coordinator.

**feeassessment** ~ 25 lines.

ValueHealth does not charge a fee for CNE offerings.

**advertisement** ~ 20 lines.

Marketing materials must be approved by CNE Coordinator prior to distribution.

2. Marketing method and distribution date will be determined, with distribution minimum of 6 weeks prior to offering.

3. Marketing materials will include at a minimum:

Title of offering

Date/Time/Location of offering

Target Audience

Number of contact hours awarded

4. Following KSBN statement (verbatim) will be included on all published documents related to CNE offering:

ValueHealth is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure.

Kansas State Board of Nursing provider number: LT0276-0911

**approvalprocess** ~ 20 lines.

4. Prior to approval, CNE Coordinator will review the following:

Summary of Planning

Behavioral Objectives

Offering content, which shall meet the definition of CNE in K.S.A.

65-1117, and amendments thereto:

"Approved "continued nursing education" means learning experiences intended to build upon the educational and experiential basis of the registered professional and licensed practical nurse for the enhancement



of practice, education, administration, research of theory development to the end of improving the health of the public". (KSBN Nurse Practice Act 65-117 (a), 2011)

Instructor's education and experience, with documentation of knowledge and expertise in the content area

Current bibliography reflective of the content, including books published in the last 10 years and/or periodicals published within the last 5 years

An Offering Evaluation that includes each participant's assessment of the achievement of each objective and the expertise of each individual presenter

**contacthours** ~ 25 lines.

The CNE Coordinator will determine the quantity of contact hours to be awarded for each CNE offering.

2. Event coordinator/presenters must submit an agenda with timeframes for each segment, including time for registration, welcome, introductions, educational content, break and lunch periods.

3. CNE Coordinator will tally minutes of educational time, not including time for registration, welcome, introductions, break and lunch periods, and then divide by 50 to determine number of contact hours to award for offering.

# Minutes of educational time ÷ 50 minutes/hour = # Contact hours

4. If number of contact hours is fraction, then round to the nearest quarter hour, i.e., 2.33 contact hours would round down to 2.25 contact hours.

5. Credit for attending a single day's offering will be granted, if the participant signs in on the roster prior to the beginning of the offering and submits an evaluation and initials the roster of receipt of certificate. Partial credits will not be granted for late arrivals and/or early departures.

6. CNE Coordinator will award instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum.

7. Independent study credit is not provided by ValueHealth.

8. Clinical hour credit is not provided by ValueHealth.

**verifycompletion** ~ 25 lines.

Each CNE offering in-person participant will be required to sign a daily roster, prior to the start of the offering.

2. Each CNE offering with virtual attendance, will be monitored for participation of each session/day.

3. The roster will include:

Provider's name, address, provider number and coordinator

Date and title of the offering

Presenter(s)

Participant's name and license number

Number of contact hours awarded

4. Independent study credit is not provided by ValueHealth

5. Clinical hour credit is not provided by ValueHealth

6. A completed certificate of attendance shall be awarded to each participant after completion of an offering, and submission of offering/instructor evaluation, including achievement of each objective and expertise of each individual presenter. The participant will initial the roster for "receipt of certificate".

7. For virtual participants, once attendance is confirmed, offering/instructor evaluation is submitted, and license information is provided, a completed certificate of attendance will be sent via email and noted on roster by the CNE Coordinator.

8. Each CNE certificate and each transcript shall be complete before distribution to participant.

9. Each completed CNE certificate/transcript shall contain the following:

Provider's name, address, provider number and coordinator

Title of the offering

Date(s) that offering of attendance/completion.

Full name of participant and license number

Number of contact hours awarded, and if applicable, any designation of instructor contact hours awarded

Signature of CNE Coordinator

**recordkeeping** ~ 20 lines.

Records for each CNE offering will be stored electronically, in a password protected file, for a minimum of 2 years.

2. The password protected electronic file will be accessible by the CNE Coordinator and her designee

3. Each CNE electronic offering file will contain the following:

A summary of the planning

Copy of the offering marketing materials

Title of offering and objectives

Offering agenda

Bibliography

Summary of participants' evaluations

Each instructor's education and experience

Documentation of completion of offering

**noticeofchange** ~ 10 Lines.

The Kansas State Board of Nursing shall be notified, in writing, within 30 days of the following CNE program changes:

- CNE Coordinator
- Primary contact information, i.e., address, email, etc.
- Required policy and procedures
- In the event of not renewing providership status, notification of

location at which the offering records will be accessible to the board  
for two years

2. An annual report will be submitted in writing, with designated fee, for the period of July 1 to June 30 and will include:

- Evaluation of all the components of the providership based on the total evaluation plan
- Statistical summary report
- For the first two years of providership, copy of the records for one offering

3. Approved providership is effective for a five-year period, and reapplication for continued providership will be submitted in writing, with designated fee.

**programevaluation** ~ 20 lines.

An annual evaluation form will be submitted to the ValueHealth Corporate Vice-Presidents, Facility Administrators, and Facility DONs/CNOs for feedback and direction needed.

2. Review of participant course evaluations will be reviewed for other identified areas of opportunity.

3. Feedback and comments will be reviewed, and action plan formulated for areas of improvement.

4. Annual goals will be set, and evaluated on a quarterly basis, as being met/unmet.

**Submission date** ~ 07-9-2021 09:42:52

**Form ID** ~ 1672730

**LENORA DEE WOOLSEY, R.N., M.S.N., C.N.O.R.**

11221 Roe Avenue  
Leawood, Kansas 66211  
913-387-0587  
lwoolsey@valuehealth.com

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**OBJECTIVE:** To seek a national leadership position that provides the opportunity to contribute my knowledge and expertise towards developing optimum standards for patient care, by striving for excellence through best practice, maintaining regulatory compliance, and increasing satisfaction of consumers.

**QUALIFICATIONS:**

- Master of Science of Nursing
- Thirty years as a patient care provider for the surgical client
- Desire to advance the accountability and promote patient safety in the delivery of patient care

**EXPERIENCE**

- Mar 2011-Present     ***ValueHealth***, Leawood, Kansas  
Director of Clinical Operations  
Provide clinical support for managed Surgical Hospitals and Ambulatory Surgery Centers, assurance of regulatory compliance, research best practices and provide education to facilities, complete survey readiness activities, problem solve and improve processes of identified opportunities, mentor nurse leaders, manage development projects
- Oct 2008-Mar 2011     ***Centerpoint Medical Center***, Independence, Missouri  
OR Nurse Educator  
Development of Surgical Nurse orientation program, evaluate opportunities for best practice initiatives, promote change through education of rationale, validate competency of all surgical skill levels, collaborate with multiple departments for patient care, nurse planner for coordinating continuing nursing education offerings.
- 1989-Oct 2008     ***Research Medical Center***, Kansas City, Missouri  
Director Surgical Services May 2006-October 2008  
Responsible for daily surgical operations, including assurance of regulatory compliance, provision of adequate staff, acquisition of needed supplies/equipment, encouragement of team building, service line development, collaborating with core leaders to

nurture staff development, networking with division leaders for enhancement of surgical processes.

Clinical Manager Surgical Services June 2005-May 2006

Supervised 70 employees, functioned as a change agent, collaborated and improved quality patient care processes with several hospital departments, participated as physician to staff liaison.

Charge Nurse Surgical Services 1998-June 2005

Managed the operating room schedule, coordinated staff and skill level with procedures, directed workflow, collaborated with physicians to meet specific requests, member of the Practice Council.

Staff Nurse Surgical Services 1989-1998

Clinical resource in circulator and scrub roles, specialized in orthopedic surgery, role model and preceptor of new employees, participated in quality assurance projects, development of hospital policies.

1987-1989

***Saint Mary's Hospital***, Blue Springs, Missouri

Staff Nurse Intensive Care Unit

Provided direct patient care in an eight-bed unit.

1986-1987

***Research Medical Center***, Kansas City, Missouri

Staff Nurse

Provided direct patient care for post-operative patients.

**EDUCATION:**

***Rockhurst University***, Kansas City, Missouri

Bachelor of Science of Nursing 1986

***Research College of Nursing***, Kansas City, Missouri

Master of Science in Nursing-Nurse Executive Tract 2008

***CNOR Certification***, CCI, 2009-present

**PROFESSIONAL DEVELOPMENT**

***AORN member***, 2008-present

**CNE Coordinator** for ValueHealth's Continuing Nurse Education program, as an approved provider by the KS State Board of Nursing

**GENERAL PROFILE:**

Professional and personable, strong sense of dedication, self-motivated, fact finder, results oriented with acute attention to detail, enjoy teamwork and collaboration, effective rapport with coworkers, resourceful, and versatile.

ValueHealth

**SUBJECT: CNE Coordinator Qualifications**

---

**POLICY:** ValueHealth will establish qualifications of the CNE Coordinator.

**PURPOSE:** To establish guidelines for CNE Coordinator, compliant with the Kansas State Board on Nursing CNE program criteria.

**SCOPE:** All ValueHealth CNE Coordinators

**PROCEDURES:**

1. CNE Coordinator will be designated by ValueHealth Vice President.
2. CNE Coordinator will be responsible for the CNE program at ValueHealth and meet Kansas State Board of Nursing CNE program criteria.
3. Qualifications include:
  - Must be a licensed professional nurse.
  - Must have minimum of three years of clinical experience.
  - Must have minimum of one year of experience in developing and implementing nursing education
  - Must have minimum of a Baccalaureate degree, except those individuals exempted under K.S.A. 65-1119 (e) (6) and amendments thereto.
4. The program coordinator shall notify the board of any change of the individual responsible for the providership or required policies and procedures within 30 days, and a copy of the total program evaluation plan.

ValueHealth

**SUBJECT: Assessment, Planning, and Approval of CNE Offering**

---

**POLICY:** ValueHealth will provide guidelines for assessing needs for educational offerings, planning elements of activity, and tasks to be met for approval.

**PURPOSE:** To establish guidelines that will enable ValueHealth to offer quality educational opportunities to facility and corporate employees, which meet the Kansas State Board of Nursing criteria of a CNE Provider.

**SCOPE:** Any educational offering in which CNEs will be provided

**PROCEDURES:**

1. An educational needs assessment will be completed by the corporate clinical team, through input of facility and corporate employees, and evaluation of best practice processes.

2. Initial planning meeting will occur ideally 3 months prior to offering date. Event organizer, and any other parties involved with offering, will meet with CNE coordinator for initial planning of educational offering.

3. The following details will be coordinated at initial meeting:

Date/Time/Location

Contact Person

Behavioral Objectives-stated as measurable learner behaviors

Presenters (will need to have bio information within 2 weeks)

Agenda with presenters and time frames

Current bibliography

Determination of quantity of CNE hours to be offered

Evaluation Form

4. Prior to approval, CNE Coordinator will review the following:

Summary of Planning

Behavioral Objectives

Offering content, which shall meet the definition of CNE in K.S.A. 65-1117, and amendments thereto:

“Approved “continued nursing education” means learning experiences intended to build upon the educational and experiential basis of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research of theory development to the end of improving the health of the public”. (KSBN Nurse Practice Act 65-117 (a), 2011)



**SUBJECT: Assessment, Planning, and Approval of CNE Offering**

---

Instructor's education and experience, with documentation of knowledge and expertise in the content area

Current bibliography reflective of the content, including books published in the last 10 years and/or periodicals published within the last 5 years

An Offering Evaluation that includes each participant's assessment of the achievement of each objective and the expertise of each individual presenter

5. Upon determination that offering is compliant with the Kansas State Board of Nursing CNE criteria, approval of CNE offering will be granted by CNE Coordinator.
6. Orientation, on-the-job training, in-servicing, and refresher courses without board approval will not qualify for CNE offerings.
7. If indicated, approval will be held until recommended improvements, to the offering, are completed.

**ValueHealth**  
**CNE Planning Tool**

Name of Educational Offering	
Contact Person	
Presenter(s)	
Date/Time/Location	
Needs Assessment	
Target Audience	
Objectives	
Agenda	

ValueHealth

**SUBJECT: Awarding Contact Hours**

---

**POLICY:** ValueHealth will establish guidelines to award contact hours for CNE offerings.

**PURPOSE:** To establish a guideline that will ensure appropriate contact hours are awarded for CNE offerings.

**SCOPE:** All CNE Offerings

**PROCEDURES:**

1. The CNE Coordinator will determine the quantity of contact hours to be awarded for each CNE offering.
2. Event coordinator/presenters must submit an agenda with timeframes for each segment, including time for registration, welcome, introductions, educational content, break and lunch periods.
3. CNE Coordinator will tally minutes of educational time, not including time for registration, welcome, introductions, break and lunch periods, and then divide by 50 to determine number of contact hours to award for offering.  
  
$$\# \text{ Minutes of educational time} \div 50 \text{ minutes/hour} = \# \text{ Contact hours}$$
4. If number of contact hours is fraction, then round to the nearest quarter hour, i.e., 2.33 contact hours would round down to 2.25 contact hours.
5. Credit for attending a single day's offering will be granted, if the participant signs in on the roster prior to the beginning of the offering and submits an evaluation and initials the roster of receipt of certificate. Partial credits will not be granted for late arrivals and/or early departures.
6. CNE Coordinator will award instructor credit, which shall be two contact hours for each hour of first-time preparation and presentation of an approved offering, excluding any standardized, prepared curriculum.
7. Independent study credit is not provided by ValueHealth.
8. Clinical hour credit is not provided by ValueHealth.
9. No fee will be charged for CNE offerings.

ValueHealth

**SUBJECT: Marketing Materials**

---

**POLICY:** ValueHealth will establish guidelines to award contact hours for CNE offerings.

**PURPOSE:** To establish a guideline that will ensure appropriate marketing materials for CNE offering meet Kansas State Board of Nursing CNE criteria

**SCOPE:** All CNE Offerings

**PROCEDURES:**

1. Marketing materials must be approved by CNE Coordinator prior to distribution.
2. Marketing method and distribution date will be determined, with distribution minimum of 6 weeks prior to offering.
3. Marketing materials will include at a minimum:
  - Title of offering
  - Date/Time/Location of offering
  - Target Audience
  - Number of contact hours awarded
4. Following KSBN statement (verbatim) will be included on all published documents related to CNE offering:

ValueHealth is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure.  
Kansas State Board of Nursing provider number: LT0276-0911

ValueHealth

**SUBJECT: Required Notifications**

---

**POLICY:** ValueHealth will establish guidelines for notification of CNE program changes, i.e., CNE Coordinator

**PURPOSE:** To establish a guideline that will ensure appropriate notifications of CNE program changes

**SCOPE:** Required CNE program change notification

**PROCEDURES:**

1. The Kansas State Board of Nursing shall be notified, in writing, within 30 days of the following CNE program changes:
  - CNE Coordinator
  - Primary contact information, i.e., address, email, etc.
  - Required policy and procedures
  - In the event of not renewing providership status, notification of location at which the offering records will be accessible to the board for two years
2. An annual report will be submitted in writing, with designated fee, for the period of July 1 to June 30 and will include:
  - Evaluation of all the components of the providership based on the total evaluation plan
  - Statistical summary report
  - For the first two years of providership, copy of the records for one offering
3. Approved providership is effective for a five-year period, and reapplication for continued providership will be submitted in writing, with designated fee.

ValueHealth

**SUBJECT: Verification of Participation/Completion of CNE Offering**

---

**POLICY:** ValueHealth will establish guidelines to verify participation and completion of CNE offering

**PURPOSE:** To establish a guideline that will ensure verification of participation and completion of CNE offering

**SCOPE:** All CNE Offerings

**PROCEDURES:**

1. Each CNE offering in-person participant will be required to sign a daily roster, prior to the start of the offering.
2. Each CNE offering with virtual attendance, will be monitored for participation of each session/day.
3. The roster will include:
  - Provider's name, address, provider number and coordinator
  - Date and title of the offering
  - Presenter(s)
  - Participant's name and license number
  - Number of contact hours awarded
4. Independent study credit is not provided by ValueHealth
5. Clinical hour credit is not provided by ValueHealth
6. A completed certificate of attendance shall be awarded to each participant after completion of an offering, and submission of offering/instructor evaluation, including achievement of each objective and expertise of each individual presenter. The participant will initial the roster for "receipt of certificate".
7. For virtual participants, once attendance is confirmed, offering/instructor evaluation is submitted, and license information is provided, a completed certificate of attendance will be sent via email and noted on roster by the CNE Coordinator.
8. Each CNE certificate and each transcript shall be complete before distribution to participant.
9. Each completed CNE certificate/transcript shall contain the following:
  - Provider's name, address, provider number and coordinator
  - Title of the offering
  - Date(s) that offering of attendance/completion.
  - Full name of participant and license number

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**SUBJECT: Verification of Participation/Completion of CNE Offering**

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Number of contact hours awarded, and if applicable, any designation  
of instructor contact hours awarded  
Signature of CNE Coordinator

Continuing Nursing Education Roster



Program Title: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Presenters: Presenters:

11221 Roe Avenue  
Leawood, Kansas 66211

KSBN Provider No.:LT0276-0911 Contact Hours Awarded: \_\_\_\_\_

	Last Name	First Name	State	License #	Title	Signature/Verification of Attendance	Contact Hours Awarded	Initial Receipt
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								



# valueHealth

11221 Roe Avenue  
Leawood, KS 66211

This is to certify that

Name of Participant

State/License #

Has successfully completed the

Nuehealth is approved as a provider of continuing education by the Kansas State Board of Nursing . This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing provider number is LT0276-0911.

This program has been awarded \_\_\_\_ contact hours

*Lenora Woolsey RN, MSN, CNOR*

CNE Coordinator – Lenora Woolsey, R.N., M.S.N., C.N.O.R.

**SUBJECT: Recordkeeping and Storage**

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**POLICY:** ValueHealth will establish guidelines to maintain CNE records and process of storage

**PURPOSE:** To establish a guideline that will ensure appropriate maintenance of storing CNE records

**SCOPE:** All CNE Offerings

**PROCEDURES:**

1. Records for each CNE offering will be stored electronically, in a password protected file, for a minimum of 2 years.
2. The password protected electronic file will be accessible by the CNE Coordinator and her designee
3. Each CNE electronic offering file will contain the following:

- A summary of the planning
- Copy of the offering marketing materials
- Title of offering and objectives
- Offering agenda
- Bibliography
- Summary of participants' evaluations
- Each instructor's education and experience
- Documentation of completion of offering

CNE Education File Check Sheet

Offering—\_\_\_\_\_

- ☐ CNE Planning Document
- ☐ Title of Offering and Objective Document
- ☐ Biography(ies)-Speakers education and experience
- ☐ Bibliography
- ☐ Marketing/Announcement
- ☐ Agenda
- ☐ Summary Evaluation
- ☐ Roster
- ☐ Certificate

**ValueHealth**

**SUBJECT: CNE Program Evaluation Plan**

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**POLICY:** ValueHealth will establish guidelines to evaluate the CNE program

**PURPOSE:** To establish a guideline that will ensure the CNE program seeks improvement opportunities based on 360 degree feedback from Corporate Vice-Presidents, Facility Administrators, and Facility DONs/CNOs

**SCOPE:** Annual evaluation of CNE program

**PROCEDURES:**

1. An annual evaluation form will be submitted to the ValueHealth Corporate Vice-Presidents, Facility Administrators, and Facility DONs/CNOs for feedback and direction needed.
2. Review of participant course evaluations will be reviewed for other identified areas of opportunity.
3. Feedback and comments will be reviewed, and action plan formulated for areas of improvement.
4. Annual goals will be set, and evaluated on a quarterly basis, as being met/unmet.

### 2020-2021 Total Program Evaluation

The total program evaluation plan should provide a systematic process for collection and analyzing data needed to determine if the provider ship is meeting the established policies and procedures. This is not an evaluation of individual education offerings.

The total program evaluation plan must evaluate the entire program:

- \* Program administration-program coordinator's responsibilities
- \* Program management-policies and procedures
- \* Total Program Evaluation-ability of the plan to measure the overall effectiveness of the CNE providership

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration	Annual	Lenora Woolsey	Review job description	Meets Criteria	None
Policies: Assess need, planning, written tool, evaluation compilation	Annual	Lenora Woolsey	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning	Meets Criteria	None
Policies: Fee assessment	Annual	Lenora Woolsey	Policy meets organization and customer needs	N/A	Organization does not charge a fee
Policies: Announcement	Annual	Lenora Woolsey	Review to be certain they reflect necessary information	Meets Criteria	None
Policies: Offering approval process	Annual	Lenora Woolsey	Review policies and compare to KSBN requirements	Meets Criteria	None
Policies: Awarding contact hours	Annual	Lenora Woolsey	Review agenda results to verify contact hours awarded; review documentation of partial credit	Meets Criteria	None
Policies: verifying participation/ completion	Annual	Lenora Woolsey	Review rosters and certificates; compare to KSBN requirements	Meets Criteria	None
Policies: Record keeping	Annual	Lenora Woolsey	Audit contents of files for compliance w/KSBN requirements	Meets Criteria	None
Policies: Notificaiton of changes	Annual	Lenora Woolsey	Review procedures for changes reported to KSBN	Meets Criteria	None
Total Program Evaluation effectiveness	Annual	Lenora Woolsey	Review total program evaluation and compare contents to KSBN requirements	Meets Criteria	None

**CNE Planning Tool**

Name of Educational Offering	2019 ValueHealth Leadership Conference*Connect*Engage*Transform
Contact Person	Lenora Woolsey
Presenter(s)	Stuart Clark, Dan Tasset, Scott Palecki, Brooke Azlere, Whitney Courser, Michael Sheeran
Date/Time/Location	September 10, 2019 8am-5pm, September 11, 2019 8am-4:30 pm Margaritaville Resort, Hollywood, FL.
Needs Assessment	Hospital/Facility Leaders were surveyed to determine educational needs and expectations of conference
Target Audience	Hospital and ASC Leaders
Objectives	See Objective Outline



Good Afternoon,

On behalf of ValueHealth, I would like to officially invite you to the **2019 ValueHealth Leadership Conference, September 9th – 12th**, at the Margaritaville Beach Resort in Hollywood Beach, Florida. Click on the link below to complete the online registration process. **The deadline to register is Friday, August 2nd.** If you anticipate having a scheduling conflict that might preclude your attendance, please contact your supervisor and let me know your final plans.

ValueHealth is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure.

Kansas State Board of Nursing provider number: LT0276-0911

<https://www.regonline.com/2019nuehealthleadershipconference>

#### **LOCATION**

Margaritaville Beach Resort  
1111 N Ocean Drive  
Hollywood, FL 33019

[Click here](#) for more information about this hotel.

#### **AGENDA**

##### **Monday, September 9th**

6:00 p.m. - 8:00 p.m. - Welcome Reception

##### **Tuesday, September 10th**

8:00 a.m. - 5:00 p.m. - General Session

5:30 p.m. – 9:00 p.m. - Dinner & Evening Activity (attendance is mandatory)

##### **Wednesday, September 11th**

8:00 a.m. – 5:00 p.m. - General Session

6:00 p.m. – 8:00 p.m. - Corporate Staff (only) Dinner

##### **Thursday, September 12th**

Travel Day for ASC Administrators and Hospital Presidents/CEOs

\*Corporate Staff will attend an all-day Executive Summit (exact invitee list TBD)

#### **HOTEL ACCOMMODATIONS**

11221 Roe Avenue  
Suite 210  
Leawood, Kansas 66211  
913.387.0510  
ValueHealth.com

All attendees should plan to be in Florida from September 9th - 12th. Your hotel reservation will be booked based on the information you provide during the registration process. ValueHealth will pay for hotel rooms for Facility Administrators, Hospital CEOs and ValueHealth Corporate Leadership from Monday, September 9th through check-out on Thursday, September 12th. Any additional room nights will be at your own expense. The Margaritaville Beach Resort is happy to extend the group rate of \$185++ discounted rate to ValueHealth's attendees at least three (3) days before and after the event. Your credit card will be collected upon check-in for payment of any incidentals and/or pre or post nights requested.

#### **TRAVEL AND GROUND TRANSPORTATION**

All guests are required to cover the cost for airline reservations, ground transportation reservations and parking charges at the hotel. There are two main airport options when traveling to Hollywood Beach, Florida. The Fort Lauderdale-Hollywood International Airport (FLL) is approximately 15-minutes (6.1 miles) from the Margaritaville Beach Resort. The Miami International (MIA) is approximately 40-minutes (23.4 miles) from the Margaritaville Beach Resort.

#### **ARRIVAL AND DEPARTURE TIMES**

All attendees should plan to arrive at the Margaritaville Beach Resort by 5:00 p.m. on Monday, September 9th, to ensure you are able to attend the evening welcome reception. The 2019 ValueHealth Leadership Conference will conclude on Wednesday, September 11th at 5:00 p.m. Please schedule your return flight for anytime on Thursday, September 12th. (NOTE: Departing travel schedules may vary for corporate staff IF you are expected to attend the all-day Executive Summit on Thursday, September 12th.)

Let us know if you have any questions, and we look forward to seeing you in Florida!  
Sincerely,

Kristen Oehlert  
Director, Corporate Communications & Events  
ValueHealth



# ValueHealth

## OFFERING DOCUMENTATION FORM

Title of Offering: 2019 ValueHealth Leadership Conference

Date: September 10 & 11, 2019

Objectives	Time Frame	Faculty	Teaching Methods
<i>List objectives in operation/behavioral terms</i>	<i>State the time frame for the topic area.</i>	<i>List the instructor for each topic</i>	<i>Describe the teaching method(s) used for each.</i>
<b>September 10, 2019</b>			
<b>Title of Presentation State of the Union</b> <b>Objectives</b> Understand the reason Medicare for all is being discussed by the presidential candidates Name 2 of the primary drivers of the unsustainable healthcare cost trajectory List 2 reasons for the shift of surgical cases from inpatient to outpatient care.	0815-0915	Stuart Clark Director, Advisory Board	PPT Discussion
<b>Title of Presentation State of Our Industry</b> <b>Objectives</b> 1. List 3 qualities of a leader 2. Identify 2 strategies to build trust 3.	0945-1015	Dan Tasset Vice Chairman & CEO Nueterra Capital	PPT Lecture
<b>Title of Presentation Orthopedic Consolidation</b> <b>Objectives</b> 1. List 2 growth strategy considerations when merging physician practices 2. Explain how physician consolidation can lower healthcare cost 3.	1245-1345	Michael Sheeran SVP, Rothman Orthopedic Institute Whitney Courser President of Marketing and Sales	PPT Lecture
<b>September 11, 2019</b>			
<b>Title of Presentation Risk Management, Legal Trends and Topics</b> <b>Objectives</b> 1. Define Risk Management 2. List steps to manage physician owned distributorships (POD) 3. Understand how to address medical staff issues for appropriate management 4. Describe the 1/3-1/3 tests and required attestations 5. Explain the 60 day overpayment rule and required actions	1000-1130	Scott Palecki General Counsel Nueterra Capital Brooke Azierre Foulston Siefken, LLC	PPT Discussion



## Connect • Engage • Transform

### Monday, September 9

6:00 pm – 8:00 pm      Welcome Reception

License to Chill Pool Deck  
11<sup>th</sup> Floor

### Tuesday, September 10

6:45 am – 7:45 am      BREAKFAST

OPH South Ballroom - 9<sup>th</sup> Floor

8:00 am – 1:00 pm      General Session

OPH East & North Ballroom  
9<sup>th</sup> Floor

8:00 am – 8:15 am

**Welcome**

Dan Tasset, Vice Chairman & CEO

8:15 am – 9:15 am

**The State of the Union**

Stuart Clark, Managing Director, Advisory Board

9:15 am – 9:45 am

BREAK & VISIT SPONSORS

9:45 am – 10:15 am

**State of Our Industry & Our Industry Segment**

Dan Tasset, Vice Chairman & CEO

10:15 am – 10:45 am

**Provider Solutions**

John Palumbo, Chairman, ValueHealth

10:45 am – 11:15 am

**Payor Performance Solutions**

Carl King, CEO, ValueHealth Performance Group

11:15 am – 11:45 am

**ValueHealth Transformation Center**

Marc Rubinger, CIO, ValueHealth

11:45 am – 12:45 pm

LUNCH & VISIT SPONSORS

OPH South Ballroom - 9<sup>th</sup> Floor

12:45 pm – 4:30 pm

General Session

OPH East & North Ballroom  
9<sup>th</sup> Floor

12:45 pm – 1:45 pm

**Orthopaedic Consolidation**

Michael Sheerin, SVP, Rothman Orthopaedic Institute

1:45 pm – 2:45 pm

**The New Front Door to Healthcare**

Carina Edwards, CEO, Quil Health

2:45 pm – 3:15 pm

BREAK & VISIT SPONSORS

3:15 pm – 4:15 pm

**Facility Panel Discussion**

Moderator: Jon Friesen, President & COO, NueHealth

4:15 pm – 4:30 pm

**Closing Remarks**

Dan Tasset, Vice Chairman & CEO

6:00 pm

Evening Activity: Dinner, Cocktails & Entertainment

License to Chill Pool Deck  
11<sup>th</sup> Floor

# ValueHealth

CNE/IV Therapy 246

# Connect • Engage • Transform

## Wednesday, September 11

6:45 am – 7:45 am	BREAKFAST	OPH South Ballroom - 9 <sup>th</sup> Floor
8:00 am – 1:00 pm	General Session	OPH East & North Ballroom 9 <sup>th</sup> Floor
8:00 am – 8:30 am	<b><u>Welcome</u></b> Dan Tasset, Vice Chairman & CEO	
8:30 am – 9:30 am	<b><u>Orthopaedics – The Spear</u></b> Jon Friesen, President & COO, NueHealth Rod Carbonell, CEO, MUVE Health	
9:30 am – 10:00 am	BREAK & VISIT SPONSORS	
10:00 am – 11:30 am	<b><u>Legal</u></b> Scott Palecki, General Counsel, Nueterra Capital Brooke Aziere, Foulston Siefkin, LLC	
11:30 am – 12:30 pm	LUNCH & VISIT SPONSORS	OPH South Ballroom - 9 <sup>th</sup> Floor
12:30 pm – 4:30 pm	General Session	OPH East & North Ballroom 9 <sup>th</sup> Floor
12:30 pm – 1:30 pm	<b><u>Executive Panel</u></b> Moderator: Whitney Courser, President of Mktg & Sales Panelists: Dan Tasset, Vice Chairman & CEO John Palumbo, Chairman, ValueHealth Carl King, CEO, ValueHealth Performance Group Michael Sheerin, SVP, Rothman Orthopaedic Institute	
1:30 pm – 2:30 pm	<b><u>ValueHealth Town Hall</u></b> Dan Tasset, Vice Chairman & CEO John Palumbo, Chairman, ValueHealth Carl King, CEO, ValueHealth Performance Group	
2:30 pm – 3:00 pm	BREAK & VISIT SPONSORS	
3:00 pm – 4:00 pm	<b><u>Awards &amp; Recognition</u></b>	
4:00 pm – 4:30 pm	<b><u>Closing Remarks</u></b> Dan Tasset, Vice Chairman & CEO	

ValueHealth

CNE/IV Therapy 247

## 2019 ValueHealth Leadership Conference

### Presenters

#### **Stuart Clark, Managing Director Advisory Board**

Stuart is a Managing Director and a national spokesperson for Advisory Board. In this capacity, he presents the firm's findings on frontier strategic and clinical best practices.

Stuart's areas of research include general hospital administration and management, health system economics, and health policy. He is a lecturer for the flagship Health Care Advisory Board program, in addition to the Cardiovascular Roundtable, Oncology Roundtable, Imaging Performance Partnership, and the Health Care Industry Committee.

Prior to joining Advisory Board, Stuart spent more than 15 years in management consulting and business development, representing a range of clients across the Fortune 100, and the Federal Government. Areas of expertise include management and operations strategy, security, and new market development.

He also served as a Senior Advisor to the US Departments of State and Defense, leading stability operations in Iraq and Afghanistan.

Stuart received a BA in Political Science and International Political Economy from the University of Kansas.

#### **Dan Tasset, Vice Chairman & CEO ValueHealth/Nueterra Capital**

Dan Tasset is a seasoned entrepreneur who co-founded and currently chairs three industry-leading healthcare enterprises. He began with Nueterra Capital, a private equity firm that invests in multiple aspects of healthcare, equipping others with the resources and expertise to drive change in the industry. From there, he developed ValueHealth, a portfolio company developing joint ventures and an Ambulatory Centers of Excellence™ (ACE) network and improving opportunities for consumers to take active control of their healthcare.

Through his achievements with these companies, including strategic partnerships and innovations and revenue-generating delivery models, Mr. Tasset has positioned Nueterra Capital and ValueHealth to be industry leaders in the patient-to-consumer revolution and provider payment reform.

#### **Michael Sheerin, MSW, MBA Rothman Orthopaedics Sr. V.P. – Growth & Development**

With 30 years of healthcare experience in the Delaware Valley region, Michael Sheerin currently serves as the Sr. VP, Growth & Development at Rothman Orthopaedics. In this role, Michael is responsible for most every facet of Rothman Orthopaedics growth strategy and business development to include its managed services organization, owned surgical facilities, physician recruitment, regional expansion, real-

estate, and business analytics. Michael also serves as the practice liaison to various health systems and hospital partners throughout the region. Prior to coming to the Rothman Orthopaedics in 2010, Michael was with the University of Pennsylvania Health System for 15 years where he served as a Sr. Administrator managing most every facet of hospital and physician practice operations at one time or another.

**Scott C. Palecki**  
**General Counsel**  
**ValueHealth**

Scott is a veteran healthcare attorney with over 20 years of proven and steadfast private practice experience. Scott has participated in hundreds of healthcare and corporate transactions including the development, management, and syndication of over 100 hospitals and ambulatory surgical centers throughout the United States. Scott's clients have included hospitals, hospital systems, rural and governmental hospitals, ambulatory surgery centers, nursing facilities, home health and hospice businesses, laboratories, medical tourism companies, pharmacies, imaging centers, urgent care centers, and retail health businesses. Scott has worked extensively with physicians and physician practices assisting in a myriad of complex legal questions.

Scott has provided guidance and counsel on matters relating to operational, regulatory, reimbursement and compliance issues, including the Stark law, fraud and abuse, and physician compensation. He also provides expertise concerning Medicare and Medicaid certification and reimbursement, managed care and individual and facility licensure, and has handled numerous matters concerning medical staff bylaws, peer review, and credentialing.

Scott is a member of the American Health Lawyers Association and routinely speaks about healthcare issues to clients, associations, and other lawyers and groups. He is also a former Adjunct Professor at Washburn University School of Law where he taught Health Law for several years.

**Brooke Aziere, Partner**  
**Foulston Siefkin**

Brooke is a team leader of Foulston's Health Law Practice Group. Brooke has represented nearly every type of healthcare provider. Compliance, risk management, and reimbursement comprise a substantial portion of Brooke's practice. She also has extensive experience assisting providers with licensure and regulatory issues, managed care and payor contracting, and Medical Staff and peer review matters.

Education:  
Friends University (B.A. 2000) summa cum laude, 2000  
University of Kansas (J.D., 2003) Order of the Coif

## 2019 ValueHealth Leadership Conference

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# VALUEHEALTH COURSE EVALUATION

TITLE: 2019 ValueHealth Leadership Conference

DATE: September 10, 2019

	Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree
Content	Relevance to Professional Practice	17	2			
	Met Personal Objectives	14	4	1		
	Objectives Support of Overall Purpose/Goal	14	4	1		
	State of the Union-Stuart Clark					
	Objective #1 Understand the reason Medicare for all is being discussed by the presidential candidates	13	6			
	Objective #2 Name 2 of the primary drivers of the unsustainable healthcare cost trajectory	15	4			
	Objective #3 List 2 reasons for the shift of surgical cases from inpatient to outpatient	15	4			
	State of Our Industry-Dan Tasset					
	Objective #4 List 3 qualities of a leader	18	1			
	Objective #5 Identify 2 strategies to build trust	17	1	1		
	Orthopedic Consolidation-Michael Sheerin					
	Objective #6 List 3 growth strategy considerations when merging physician practices	17	2			
	Objective #7 Explain how physician consolidation can lower healthcare cost	16	2	1		
& Room	Speaker: Stuart Clark					
	Content Clear and Organized	17	2			
	Presents Subject Material Effectively	17	2			
	Instructional Aids Supported Presentation	17	2			
	Teaching Methods Facilitated Learning	17	2			
	Speaker: Dan Tasset					
	Content Clear and Organized	17	2			
	Presents Subject Material Effectively	17	2			
	Instructional Aids Supported Presentation	17	2			
	Teaching Methods Facilitated Learning	17	2			

<b>Speaker</b>	<b>Speaker: Michael Sheerin</b>				
	Content Clear and Organized	17	1	1	
	Presents Subject Material Effectively	17	1		1
	Instructional Aids Supported Presentation	17	2		
	Teaching Methods Facilitated Learning	17	2		
	Physical Facility is Conducive to Learning	18	1		
	Room Temperature	15	4		
	AV Support	18	1		
	Seating	15	4		
<b>Confidence</b>	<b>Questions:</b>		<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Did you learn anything today that increased your knowledge?		17		
	Did you learn anything today that improved your skills?		17		
	Did you learn anything today that will impact your practice?		17		
	Are there any barriers in your work environment that will prevent you from using your new knowledge and skills in your practice?			17	
	Please list and explain the barriers:				
<b>Comments</b>	<b>Things That Went Well:</b> Everything went well Speakers were great Great Conference! Great presentations that provided new, exciting information Breadth of topics and concise clear presentations Great conference so far. Most speakers are engaging. Room is perfect I really enjoyed Michael Sherrin and Stuart Clark Great presentations, well prepared, humorous and thought provoking I really enjoyed the SVP of Rothmans's presentation All of the speakers were fantastic! Lots of great information on what's groundbreaking in the HC industry for the most part-all speakers ran on time for their presentation Too much food, but it was all tasty Room temp was perfect Great speakers-really futuristic speaking Valuehealth and the innovation it brings to the healthcare environment.		<b>Things That Need To Be Improved:</b> Take the 30 min break and add in more short breaks Shorter speakers possibly, hard to stay focused at times Too much sitting I felt the room lighting was too dim, but I got through it. If others felt the room lighting was great, I can live with mood lighting		

# **NUEHEALTH COURSE EVALUATION**

**TITLE: 2019 ValueHealth Leadership Conference**

**DATE: September 11, 2019**

	Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree
<b>Content</b>	Relevance to Professional Practice	16	4			1
	Met Personal Objectives	16	4			1
	Objectives Support of Overall Purpose/Goal	16	4			1
	<b>Risk Management, Compliance, Legal Trends and Topics-Scott Palecki &amp; Brooke Aziere</b>					
	Objective #1 Define risk management	20				1
	Objective #2 List steps to manage physician owned distributorships (POD)	20				1
	Objective #3 Understand how to address medical staff issues for appropriate management	20				1
	Objective #4 Describe the 1/3-1/3 tests and required attestation.	20				1
	Objective #5 Explain the 60 day overpayment rule and required actions	20				1
<b>Speaker &amp; Room</b>	<b>Speaker: Scott Palecki</b>					
	Content Clear and Organized	20				1
	Presents Subject Material Effectively	20				1
	Instructional Aids Supported Presentation	20				1
	Teaching Methods Facilitated Learning	20				1
	<b>Speaker: Brooke Aziere</b>					
	Content Clear and Organized	19	1			1
	Presents Subject Material Effectively	19	1			1
	Instructional Aids Supported Presentation	19	1			1
	Teaching Methods Facilitated Learning	19	1			1
	Physical Facility is Conducive to Learning	18	2			1
	Room Temperature	19	1			1
	AV Support	19	1			1
	Seating	15	4			1

<b>Confidence</b>	<b>Questions:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
	Did you learn anything today that increased your knowledge?	21		
	Did you learn anything today that improved your skills?	19	2	
	Did you learn anything today that will impact your practice?	21		
	Are there any barriers in your work environment that will prevent you from using your new knowledge and skills in your practice?		21	
Please list and explain the barriers: None noted				
<b>Comments</b>	<b>Things That Went Well:</b>		<b>Things That Need To Be Improved:</b>	
	<p>Interesting info</p> <p>Excellent presentations, great content, keep these 2 as speakers next year</p> <p>Great conference! One of the best in my 7 years. Having Michael here really added a unique perspective and timing was great w/ our partnership announcement.</p> <p>The evening events were some of the best as they created a relaxed environment for business and personal connections.</p> <p>Food and food choices were best of any conference I have attended (not just at NH/Nueterra/VH)</p> <p>To conference team-great job with this conference. You thought of everything, THANK YOU SO MUCH! Lori Carr</p> <p>Always love the legal piece. Lots of great info on bundles</p> <p>Everything! Thank you</p>		<p>Let the participants ask questions!</p>	

CNE Planning Tool

Name of Educational Offering	2021 ValueHealth Nurse and Quality Leader Conference
Contact Person	Lenora Woolsey
Presenter(s)	Kelly Proctor, John Karwaski, Brooke Azierre, Scott Palecki, R. Murali Krishna Tara Eberline, Steve Zeplin, Bob Dusin
Date/Time/Location	June 15, 2021 800-1700 and June 16, 2021 0800-1200.
Needs Assessment	Requested topics from facility leadership
Target Audience	Corporate and Facility Nurse Leaders and Quality Leaders
Objectives	See Objectives Outline
Agenda	See Conference Agenda



Good Morning,

On behalf of ValueHealth, we would like to officially invite you to the **2021 ValueHealth Nursing & Quality Leader Conference, June 14 - 16, 2021**, at the Sheraton Overland Park Hotel and Convention Center in Overland Park, Kansas. This year's conference will also be hosted in conjunction with the Supply Chain Conference. The planning committee has prepared an informative agenda with well-known speakers, and all of our attendees will enjoy fun, networking opportunities - whether you attend in-person or virtually!

ValueHealth is approved as a provider of continuing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for RN, LPN, or LMHT relicensure.

Kansas State Board of Nursing provider number: LT0276-0911

**CLICK HERE** to register online. The deadline to register is Friday, May 21st.

**\*NEW\* HYBRID CONFERENCE FORMAT**

The conference will be provided both in-person and virtually. Please select how you plan to attend during the online registration process. Additional details about how to access our conference website and virtual event platform will be shared with all registrants closer to the event.

**ATTENDEE MAX PER FACILITY/HOSPITAL**

Each center/hospital is allowed a maximum of 2 INDIVIDUALS to attend in-person for the 2021 ValueHealth Nursing & Quality Leader Conference. *This does not include your Materials Manager.*

**AGENDA**

A preliminary conference agenda is attached for you to reference.

Monday, June 14th	Tuesday, June 15th	Wednesday, June 16th
6:00 p.m. - 8:00 p.m. Welcome Reception	8:00 a.m. - 5:00 p.m. General Session  6:00 p.m. - 9:00 p.m. Dinner & Evening Activity	8:00 a.m. - 12:00 p.m. General Session

11221 Roe Avenue  
Suite 210  
Leawood, Kansas 66211  
913.387.0510  
ValueHealth.com

## LOCATION

Sheraton Overland Park Hotel and Convention Center  
6100 College Blvd  
Overland Park, KS 66211  
[Click here](#) for more information about this hotel.

## HOTEL ACCOMMODATIONS

If you are attending in-person, you should plan to be in town from Monday, June 14th – Wednesday, June 16th. Your hotel reservation will be booked based on the information you provide during the online registration process. **ValueHealth will cover the cost of hotel accommodations for June 14th and June 15th (two-nights) for Center/Hospital clinical staff and ValueHealth corporate leadership only.** Any additional room nights will be at your own expense. Your credit card will be collected upon check-in for payment of any incidentals and/or pre or post nights requested.

## TRAVEL AND GROUND TRANSPORTATION

If you are attending in-person, you are required to schedule and pay for your own transportation services to and from Kansas City, including flights AND ground transportation. Flights should be scheduled into the Kansas City International Airport (MCI). Please plan to arrive at the Sheraton Overland Park Hotel by 5:00 p.m. on Monday, June 14th. The Welcome Reception will begin promptly at 6:00 p.m. We recommend you utilize one of the many shuttle or taxi services in the metro area once you arrive into Kansas City on Monday, June 14th and depart from the hotel on Wednesday, June 16th (Uber, Lyft, [zTrip](#), [SuperShuttle](#), [5 Guys Transportation](#), etc). If you choose to rent a car, you will be responsible for that expense as well.

## MEALS

ValueHealth will cover the following food and beverage expenses during the conference:

- Monday, June 14: Food and drinks served during the Welcome Reception
- Tuesday, June 15: Breakfast, Snack(s), Lunch and Dinner
- Wednesday, June 16: Breakfast and Snack(s)

NOTE: Anything you choose to purchase extra at the hotel bar or room service is NOT paid for by ValueHealth.

Let us know if you have any questions, and we look forward to seeing you in June!

Sincerely,  
Kristen

Kristen Oehlert  
Senior Event Planner

**valueHealth**  
913-387-0673

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# ValueHealth

## OFFERING DOCUMENTATION FORM

**Title of Offering: 2021 ValueHealth Nurse and Quality Leader Conference**

**Date: June 15-16, 2021**

Objectives	Time Frame	Faculty	Teaching Methods
<i>List objectives in operation/behavioral terms</i>	<i>State the time frame for the topic area.</i>	<i>List the instructor for each topic</i>	<i>Describe the teaching method(s) used for each.</i>
<b>June 15, 2021</b>			
Title of Presentation -Top 5 Findings & EOC Life Safety Surveys  Objectives 1. Identify top 5 surveyor findings 2. Learn which NFPA standards for type of facility 3. Describe how to navigate the NFPA Standards	9:30-10:45	Kelly Proctor CHFM, CHSP, CHOP DNV Healthcare	PPT/Lecture
Title of Presentation- Discovering Narcotic Diversion  Objectives 1. Define Drug Diversion 2. Discuss steps to take when drug diversion is suspected 3. List 2 strategies to prevent and identify drug diversion	12:30-1:15	John Karwoski RPh, MBA	PPT/Lecture
Title of Presentation – HIPAA Security Risk Assessment  Objectives 1. Explore requirements of the HIPAA Security Rule 2. Define a HIPAA security risk assessment 3. List HIPAA risk assessment steps	1:30-2:00	Brooke Azierre	PPT/Lecture
Title of Presentation-Legal Updates  Objectives 1. List 3 facility responsibilities with Physician-Owned Distributorships (PODs)	2:15-3:15	Scott Palecki	PPT/Lecture

2. List 2 tactics for physician buy-in with real examples/scenarios			
<p>Title of Presentation– Keeping Balance: Resilience Strategies and Mind-Brain Skills</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Identify body's response to stress</li> <li>2. List strategies to promote resilience</li> <li>3. List 2 mind-brain practices to manage stress</li> </ol>	3:40-4:40	R.Murali Krishna MD	PPT/Lecture
<b>June 16, 2021</b>			
<p>Title of Presentation-HR/Employment Practices</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Learn updates to employment law</li> <li>2. Apply updates to work related scenarios</li> </ol>	9:00-10:00	Tara Eberline	PPT/Lecture
<p>Title of Presentation-Steam Sterilization Quality Control</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Review current AAMI and AORN recommended quality control monitoring of steam sterilization processes</li> <li>2. Discuss troubleshooting steam sterilization process failures</li> </ol>	10:15-11:00	Steve Zeplin MSN, RN, CSPDT	PPT/Lecture
<p>Title of Presentation-Improvisational Leadership</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1. Identify 2 strategies to embrace adaptability</li> <li>2. List 3 reasons to be present in the situation</li> </ol>	11:05-11:50	Bob Dusin	PPT/Lecture
<p>Title of Presentation</p> <p>Objectives</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> </ol>			



## 2021 ValueHealth Nursing & Quality Leader and Supply Chain Conference

*Honoring the Healthcare Professional - Relax. Recharge. Reconnect.*

**Tuesday, June 15th**

JOINT SESSION				
Start Time	End Time	Duration	Speaker	Title
8:00 AM	8:15 AM	15 min	Mary Dailey & Sheila Knoepke	Welcome & Introductions
8:15 AM	9:15 AM	60 min	Don Bisbee, Chief Executive Officer	State of the Company
9:15 AM	9:30 AM	15 min	Break, Vendor Fair & Transition to Separate Ballrooms	

Nursing & Quality Leader Conference (only)									
Start Time	End Time	Duration	Speaker	Title	Start Time	End Time	Duration	Speaker	Title
9:30 AM	10:45 AM	75 min	Kelly Proctor	Top 5 Findings & EOC Life Safety Surveys	9:30 AM	10:15 AM	45 min	Supply Chain Leadership Team	Supply Chain Award Ceremony
10:45 AM	11:30 AM	45 min	Barb Tirrell	ValueHealth Hyperspecialty Growth & ACE Update	10:15 AM	11:15 AM	60 min	Scott Palecki, Brooke Aziere & Lisa Thacker	PODs and Legal Update
11:30 AM	12:30 PM	60 min	Lunch and Vendor Fair		11:15 AM	12:15 PM	60 min	Lunch and Vendor Fair	
12:30 PM	1:15 PM	45 min	John Karwoski	Discovering Narcotic Diversion	12:15 PM	1:15 PM	60 min	Dee Donatelli	The Value of Value Analysis
1:15 PM	2:00 PM	45 min	Brooke Aziere	HIPPA Security Risk Assessment	1:30 PM	2:00 PM	30 min	Michele Pote & Jean Skora	Preparing for a Physical Inventory
2:00 PM	2:15 PM	15 min	Break and Vendor Fair		2:00 PM	2:15 PM	15 min	Break and Vendor Fair	
2:15 PM	3:15 PM	60 min	Scott Palecki	Legal Updates	2:15 PM	3:00 PM	45 min	Phil Carpenter and Robert Mayhew	Excel 101 - Tips & Tricks
3:15 PM	3:30 PM	15 min	Break and Vendor Fair		3:00 PM	3:05 PM	5 min	Mark Garner	Recap & Closing Remarks
					3:05 PM	3:30 PM	25 min	Break, Vendor Fair & Transition to General Session	

JOINT SESSION				
Start Time	End Time	Duration	Speaker	Title
3:30 PM	3:40 PM	10 min	Robert Abell, Steris	Platinum Sponsor Commercial & Speaker Introduction
3:40 PM	4:40 PM	60 min	R. Murali Krishna, MD	Keeping Balance: Resilience Strategies and Mind-Brain Skills
4:40 PM	5:00 PM	20 min	Mary Dailey & Sheila Knoepke	Closing Remarks & Happy Hour
6:00 PM	9:00 PM		Evening Activity	

**Wednesday, June 16th**

JOINT SESSION				
Start Time	End Time	Duration	Speaker	Title
8:00 AM	8:15 AM	15 min	Mary Dailey & Sheila Knoepke	Recap Day 1 & Introductions
8:15 AM	8:45 AM	30 min	John Gresham, Chief Operations Officer	Welcome & Let's Connect
8:45 AM	9:00 AM	15 min	Break, Vendor Fair & Transition to Separate Ballrooms	

Nursing & Quality Leader Conference (only)									
Start Time	End Time	Duration	Speaker	Title	Start Time	End Time	Duration	Speaker	Title
9:00 AM	10:00 AM	60 min	Tara Eberline	HR/Employment Practice Issues	9:00 AM	10:00 AM	60 min	Phil Carpenter and Robert Mayhew	Excel 102 - Tips & Tricks
10:00 AM	10:15 AM	15 min	Break and Vendor Fair		10:00 AM	10:15 AM	15 min	Break, Vendor Fair & Transition to General Session	

JOINT SESSION				
Start Time	End Time	Duration	Speaker	Title
10:15 AM	11:00 AM	45 min	Steve Zeplin, MSN, RN, CSPDT	Steam Sterilization Quality Control
11:00 AM	11:05 AM	5 min	Lisa Wright, Cardinal Health	Platinum Sponsor Commercial & Speaker Introduction
11:05 AM	11:50 AM	45 min	Bob Dusen	Improvisational Leadership
11:50 AM	12:00 PM	10 min	Mary Dailey & Sheila Knoepke	Closing Remarks

*\*This agenda is subject to change without notice.*

## ValueHealth 2021 Nurse and Quality Leader Conference

### Presenters

**Kelly Proctor CHFM, CHSP, CHOP**  
**DNV Healthcare**

**Director of Operations**

Kelly resides just south of Atlanta Georgia in in Macon.

Kelly has served in several roles with DNV-GL Healthcare since 2010. He Currently serves as the Director of Operations, where he is responsible for oversight of all surveyors as they perform hospital accreditation surveys, and he oversees the general operations of DNV Healthcare. He also performs audits for hospitals in Europe, Asia and South America and conducts numerous education classes for DNV.

Kelly has expertise in the implementation of ISO 9001 and NIAHO requirements as well as DNV international requirements and NFPA.

Kelly has been in healthcare engineering for over 30 years and before joining DNV served as Director of Support Services for 2 hospitals in Georgia.

Kelly holds a master's degree in mechanical engineering and has earned his CHFM, CHSP and CHOP certifications. Kelly also holds the ISO 9001 and ISO 14001 Lead Auditor Certification, NIAHO Lead Auditor certification and numerous other certifications.

**John Karwoski, RPh, MBA**

**JDJ Consulting, LLC**

John is the President and Founder of JDJ Consulting, LLC. He earned his Pharmacy degree at the Philadelphia College of Pharmacy and Science, and his Master of Business Administration at Drexel University. John began his career as a hospital pharmacist and soon became the Director of Pharmacy Services at the Graduate Hospital in Philadelphia.

In 2001, John founded JDJ Consulting, LLC, which provides pharmacy consulting services to a wide range of healthcare facilities from his home base in New Jersey to the west coast. John founded JDJ Consulting because he had a vision: Every healthcare facility should have access to a pharmacist, regardless of their size or budget. It was his passion for patient safety that began this organization.

In addition to pharmacy consulting, John provides educational lectures, is involved with several state ASC organizations, and has authored numerous medication management and drug safety periodicals for various ambulatory surgery center journals.

John resides in New Jersey with his wife and three children.

**Brooke Bennett Aziera**

**Foulston Seifkin**

Brooke is a team leader of Foulston's Health Law Practice Group. Brooke has represented nearly every type of healthcare provider. Compliance, risk management, and reimbursement comprise a substantial portion of Brooke's practice. She also has extensive experience assisting providers with licensure and regulatory issues, managed care and payor contracting, and Medical Staff and peer review matters.

**Education:**

Friends University (B.A. 2000) summa cum laude, 2000

University of Kansas (J.D., 2003) Order of the Coif

**Scott C. Palecki**

#### **General Counsel**

##### **ValueHealth**

Scott is a veteran healthcare attorney with over 20 years of proven and steadfast private practice experience. Scott has participated in hundreds of healthcare and corporate transactions including the development, management and syndication of over 100 hospitals and ambulatory surgical centers throughout the United States. Scott's clients have included hospitals, hospital systems, rural and governmental hospitals, ambulatory surgery centers, nursing facilities, home health and hospice businesses, laboratories, medical tourism companies, pharmacies, imaging centers, urgent care centers, and retail health businesses. Scott has worked extensively with physicians and physician practices assisting in a myriad of complex legal questions.

Scott has provided guidance and counsel on matters relating to operational, regulatory, reimbursement and compliance issues, including the Stark law, fraud and abuse, and physician compensation. He also provides expertise concerning Medicare and Medicaid certification and reimbursement, managed care and individual and facility licensure, and has handled numerous matters concerning medical staff bylaws, peer review, and credentialing.

Scott is a member of the American Health Lawyers Association and routinely speaks about healthcare issues to clients, associations, and other lawyers and groups. He is also a former Adjunct Professor at Washburn University School of Law where he taught Health Law for several years.

#### **R. Murali Krishna, MD, DLFAPA**

R. Murali Krishna, MD, DLFAPA is a well-respected senior psychiatrist in Oklahoma City, Oklahoma. He is widely recognized for his dedication, compassion, mind-body expertise, and skills for helping people achieve their true potential of emotional wellness.

Dr. Krishna is community ambassador and board member for the Arcadia Trails INTEGRIS Center for Addiction Recovery. He also serves as the Founding President and a board member for INTEGRIS James L. Hall Jr. Center for Mind, Body and Spirit, an educational organization devoted to improving health through raising awareness of the healing power of the connection between mind, body and spirit. He has also served as past president of INTEGRIS Mental Health.

In 2010, Dr. Krishna and his family established the "Dr. R. Murali Krishna Family Eliminate the Stigma Award" to honor individuals and organizations that have shown outstanding contributions to the community by eliminating the stigma surrounding mental illness and improving the lives of those affected by mental illness. The respected award is given annually at the National Alliance on Mental Illness (NAMI) Oklahoma Walk in Oklahoma City.

Committed to improving the health of the people in our communities, Dr. Krishna believes that each one of us has a responsibility to care for those in need and he is grateful for the opportunity to create lasting positive changes in people's lives. He is an expert on emotional wellness, the mind, body and spirit connection and how each one influences the other. Through his mental health and addiction recovery services, he has become an innovator and a champion for the people of Oklahoma struggling with mental health. He is often interviewed by television and print news organizations, and his tireless efforts have earned him numerous national and international awards and recognitions. Dr. Krishna was bestowed with the prestigious honor of Distinguished Life Fellow: the highest recognition given by the American Psychiatric Association.

With the assistance of his good friend, Kelly Dyer Fry, editor of The Oklahoman, Dr. Krishna wrote an inspiring and educational book entitled VIBRANT to Heal and Be Whole From India to Oklahoma City. While working together on this project, they discussed their shared dream with other community-minded visionaries of developing a world-class center for addiction recovery here in Oklahoma to address the crisis of addiction, mental illness and trauma. Their dream became a reality when Arcadia Trails INTEGRIS Center for Addiction Recovery opened May 28, 2019 on the INTEGRIS Health Edmond campus. Dr. Krishna is one of the four founding visionaries.

**Tara Eberline**

**Partner**

**Foulston Seifkin**

Ms. Eberline advises employers on complex workplace challenges at all stages of the employment relationship. She partners with business owners, managers, and human-resources professionals to guide them in making strategic and lawful decisions regarding their employees. When disputes arise, she represents companies before state and federal agencies and defends clients in workplace harassment, discrimination, retaliation, and other employment-related lawsuits. Businesses recognize Foulston Siefkin for its well-known Employment Law Seminar. Ms. Eberline frequently presents at this annual event, as well as other seminars throughout Kansas. She has spoken on an array of topics of interest to human-resources professionals, including the benefits and challenges of social media in the workplace and the proper classification of employees and independent contractors. Ms. Eberline has successfully represented both employers and employees in sensitive and often fast-moving disputes regarding non-compete agreements. In this evolving area of the law, Ms. Eberline provides her clients with both legal and practical advice and tailors her negotiation and litigation strategy to reach her clients' business goals.

**Education:**

University of Iowa (J.D., 2006) Order of the Coif; highest honors.

Editor - Moot Court Board

Wartburg College (BS, 2003) summa cum laude

**Steve Zeplin, RN, MSN, CSPDT**

**3M**

is a Clinical Specialist for 3M, providing scientific sterilization solutions for the Midwest and Desert West Regions in the U.S. Steve graduated with a Bachelor of Science in Nursing from the University of Nebraska Medical Center and Master of Science in Nursing Education from Clarkson College in Omaha, NE. He has over 25 years of experience in the field of infection prevention and epidemiology, serving as an Infection Preventionist and Account Manager in the areas of cleaning/disinfection and sterilization. Mr. Zeplin's past experience includes direct patient care as a clinical nurse in Medical/Surgical, Oncology, Pre-Surgical, and Emergency Department Nursing. In addition, he served in the U.S. Army National Guard for 23 years in the medical field, finishing his career as a Nurse Corps Officer for the Mobile Readiness Command in Nebraska. He received many awards, including the Army Commendation and Meritorious Service Medal for his exemplary service in military medicine. Steve is an active member of APIC, IAHSMM, and SGNA. He can be reached at [stevezeplin@mrnm.com](mailto:stevezeplin@mrnm.com)

**Bob Dushin, MBA**

Bob grew up on a wheat and cattle farm in western Kansas and earned a degree in Civil Engineering from Kansas State University, followed by a Master of Business Administration from Rockhurst University. In the early part of his career, He worked as a Construction Project Manager, where he guided the construction of the world's tallest concrete building, the 70-story 311 South Wacker Drive in Chicago, Illinois. He was also the co-owner of a construction company, as well as the Human Resources and Training Director for a national construction firm. Leaving the corporate world 15 years ago, Bob started his own business focusing on training, coaching, and facilitating leadership workshops for organizations nationwide. In addition to his work in organizational leadership development and coaching, Bob has spoken at numerous expos, seminars, and conventions on a wide range of performance and leadership topics.

Bob has been a professional improviser for over 25 years, having studied at the Second City Players Workshops. He is also a professional voiceover and video actor, and co-author of *Creating the High Performance Work Place*.

## **2021 ValueHealth Nurse and Quality Leader Conference**

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### **Keeping Balance: Resilience Strategies and Mind-Brain Skills**

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Altitude Express, Inc. v. Zarda, accessed on May 20, 2021 at [https://www.ca2.uscourts.gov/decisions/isysquery/418c1352-7d82-4e38-81ff-5b3256dddc78/2/doc/15-3775 complete en banc opn.pdf](https://www.ca2.uscourts.gov/decisions/isysquery/418c1352-7d82-4e38-81ff-5b3256dddc78/2/doc/15-3775%20complete%20en banc%20opn.pdf)

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### **Steam Sterilization Quality Control**

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### **Improvisational Leadership**

May, A, "Improvisational Leadership: Learn to Think on Your Feet." Thrive Global, April 2019. Accessed on February 18, 2019, at <https://thriveglobal.com/stories/improvisational-leadership-learn-to-think-on-your-feet/>

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Endicott, S and Miller, D. Improv Leadership. How to Lead Well in Every Moment. The Gates Group, 2020.

**VALUEHEALTH COURSE EVALUATION**  
**2021 ValueHealth Nurse & Quality Leaders Conference**  
**June 15, 2021**

	Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree
<b>Content</b>	Relevance to Professional Practice	22	4			
	Met Personal Objectives	22	4			
	Objectives Support of Overall Purpose/Goal	23	3			
	Objective #1 Identify top 5 surveyor findings	21	6			
	Objective #2 Learn which NFPA standards for type of facility	19	8		1	
	Objective #3 Describe how to navigate the NFPA Standards	19	6		1	
	Objective #4 Define drug diversion	25	2			
	Objective #5 Discuss steps to take when diversion is suspected	24	3			
	Objective #6 Learn strategies for preventing and identifying drug diversion	25	2			
	Objective #7 Explore requirements of the HIPAA Security Rule	22	5			
	Objective #8 Define a HIPAA security risk assessment	24	3			
	Objective #9 List HIPAA risk assessment steps	24	3			
	Objective #10 List 3 facility responsibilities with Physician-Owned Distributorships (PODs)	22	5			
	Objective #11 List 2 tactics for physician buy-in with real examples/scenarios	21	5	1		
	Objective #13 Identify body's response to stress	24	2	1		
	Objective #14 List strategies to promote resilience	24	2	1		
	Objective #15 List 2 mind-brain practices to manage stress	23	3	1		
	<b>Speaker: Kelly Proctor</b>					
	Content Clear and Organized	21	4	1		
	Presents Subject Material Effectively	21	4		1	
	Instructional Aids Supported Presentation	20	4	1	1	
	Teaching Methods Facilitated Learning	20	4		2	

Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree
<b>Speaker: John Karwoski</b>					
Content Clear and Organized	25	3			
Presents Subject Material Effectively	25	3			
Instructional Aids Supported Presentation	25	3			
Teaching Methods Facilitated Learning	26	2			
<b>Speaker: Brooke Azierre</b>					
Content Clear and Organized	26	1			
Presents Subject Material Effectively	26	1			
Instructional Aids Supported Presentation	24	3			
Teaching Methods Facilitated Learning	25	2			
<b>Speaker: Scott Palecki</b>					
Content Clear and Organized	22	5			
Presents Subject Material Effectively	24	3			
Instructional Aids Supported Presentation	23	3	1		
Teaching Methods Facilitated Learning	23	3	1		
<b>Speaker: R. Murali Krishna</b>					
Content Clear and Organized	23	3	1		
Presents Subject Material Effectively	24	2	1		
Instructional Aids Supported Presentation	24	2	1		
Teaching Methods Facilitated Learning	24	2	1		
Physical Facility is Conducive to Learning	17	2	1		
Room Temperature	12	3	2	3	
AV Support	22		1		
Seating	17		2	1	

<p>Comments</p>	<p>Things That Went Well:</p> <p>Great Topics!</p> <p>Being in person</p> <p>Food was great!</p> <p>Loved the massage yesterday</p> <p>Vendors were informative</p> <p>Check in was wasy</p> <p>More specific patient care discussions</p> <p>Discussions good about Rx information, not always recognized.</p> <p>Everything Very Good ! Thank you</p> <p>Very Informative. Thank you !!</p> <p>I felt included in the presentations even though I was attending virtually. Each speaker introduced themselves in a way that we could connect with them.</p> <p>The subject matter was interesting and helpful.</p> <p>I thought it was well organized and pertained to necessary and important healthcare items. Glad to attend virtually as it unfortunately did not work with schedule to be away from facility.</p> <p>Excellent online presertation and ease of access. The best yet!! Content was relevent. I appreciate the effort and infrastructure of this group.</p> <p>The virtual options was very well structured. I am so thankful this was available and would recommend continuing this option in the future.</p> <p>I attended virtually, no glitches on my end.</p> <p>I love that I had the option to attend virtually. The Swoogo app was easy to navigate and install.</p>	<p>Things That Need To Be Improved:</p> <p>Snack avilability afternoon break</p> <p>Need to give 5-10 minutes between speakers to stretch your legs.</p> <p>More audience involvement throughout talks to keep people engaged.</p> <p>More breakfast sessions to bring DONss . together, administrators separately if larger in-person event.</p> <p>Presentations were lengthy and were difficult to stay involved with the entire session.</p> <p>Kelly Proctor needed ot present to target audience more broadly</p> <p>Please send materials out prior to the conference. A week later is too late. lwill have moved on by then. I'm a kinetic learner and write notes during the presentation. How do online participants get CEU certificates?</p>
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**VALUEHEALTH COURSE EVALUATION**  
**2021 ValueHealth Nures & Quality Leader Conference**  
**June 16, 2021**

	Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree
<b>Content</b>	Relevance to Professional Practice	24	3			
	Met Personal Objectives	23	4			
	Objectives Support of Overall Purpose/Goal	24	3			
	Objective #1 Learn updates to employment law	25	2			
	Objective #2 Apply updates to work related scenarios	25	2			
	Objective #3 Review current AAMI and AORN recommended quality control monitoring of steam sterilization processes	24	3			
	Objective #4 Discuss troubleshooting steam sterilization process failures	24	3		1	
	Objective #5 Identify 2 strategies to embrace adaptability	22	4	1		
	Objective #6 List 3 reasons to be present in the situation	21	5	1		
<b>Speaker</b>	<b>Speaker: Tara Eberline</b>					
	Content Clear and Organized	25	2			
	Presents Subject Material Effectively	25	2			
	Instructional Aids Supported Presentation	25	2			
	Teaching Methods Facilitated Learning	25	2			
	<b>Speaker: Steve Zeplin</b>					
	Content Clear and Organized	23	3			
	Presents Subject Material Effectively	21	6			
	Instructional Aids Supported Presentation	23	4			
	Teaching Methods Facilitated Learning	22	5			

Speaker and Room	Topic	1 Strongly Agree	2 Agree	3 Neither Agree or Disagree	4 Disagree	5 Strongly Disagree	
	Speaker: Bob Dusin						
	Content Clear and Organized	24	3				
	Presents Subject Material Effectively	24	3				
	Instructional Aids Supported Presentation	24	3				
	Teaching Methods Facilitated Learning	24	3				
	Physical Facility is Conducive to Learning	25					
	Room Temperature	23	1	1			
	AV Support	26					
Seating	23		2				
Comments	<p>Things That Went Well:</p> <p>Enjoyed diversity of topics presented. The topics from Day 2 were more related for me personally, and I learned a great deal. Again, the virtual aspect was very welcoming and I felt like I was truly apart of the conference. Great Job! Virtual attending!! Huge THANK YOU for all involved in implementating the conference. The option for in person or virtual allowed me to attend. I really enjoyed Bob's presentation. If kept the audience's focus and provided valuable insight. I want to say thank you for allowing virtual attendance. It was seamless and was easy to participate and maneuver through. I know this year's conference required much more planning since it was both in person and virtual, but everyone did a fantastic job! Thank you to all! Content was helpful. Great Speakers, exellent food/snacks/drinks. Wonderful venue. Networking with other leaders and VH leaders.</p>		<p>Things That Need To Be Improved:</p> <p>Maybe consider setting aside one hour for scheduled "Connecting" corporate employees, best practices, facilities, etc. Too much information in a short period of time, and days in session are too long when traveling. Mabe add a day and shorten session times daily. I wonder if there is a way to interact with those on the virtual chat more, for example, answering chat questions in the moment, etc. Nothing to offer. Thought everything went well from my standpoint. Missed having water available at the table (even bottled would have been OK) Would like to see more shorter (20 min tops) presentations. It was very difficult to stay focused.</p>				

<p>Very nice to be back together in person! Accommodations were good. Speakers were good and topics helpful this year. Prairie Fire was a nice venue and dualing pianos enjoyable. Thank you for putting together a wonderful conference !! Nice conference. Nice to be together again. Transitions were great. Thank you for the great conference and offering it virtually.</p>	
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**Name of Provider: CE That Matters – Initial Application.**

**Long Term CNE Provider Checklist (K.A.R. 60-9-107)**

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
Completed application for initial approval or five-year renewal for LT CNE providership shall be submitted at least 60 days before a scheduled board meeting	07/22/21	
The name and address of the organization on the application	X	
The name and address of the department or unit within the organization responsible for approving CNE, if different from the name and address of the organization		X
The name, education and experience of the program coordinator responsible for CNE	X	
<ul style="list-style-type: none"> <li>• Be a licensed professional nurse</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have three years of clinical experience</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
<b>Policies &amp; Procedures:</b>		
Written policies and procedures, including at least the following areas:		
<ul style="list-style-type: none"> <li>• Assessing the need and planning for CNE activities</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Fee assessment</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Advertisements or offering announcements. Published information shall contain the following statement: “(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: ”</li> </ul>	X	
<ul style="list-style-type: none"> <li>• Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days</li> </ul>	X	
For long term providers, the policies and procedures for the offering approval process shall include the following:		
<ul style="list-style-type: none"> <li>• A summary of the planning</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The behavioral objectives</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X	
<ul style="list-style-type: none"> <li>• The instructor’s education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul style="list-style-type: none"> <li>• A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul style="list-style-type: none"> <li>• An offering evaluation that includes each participant’s assessment of the following:</li> </ul>		
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The achievement of each objective</li> </ul> </li> </ul>	X	
<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ The expertise of each individual presenter</li> </ul> </li> </ul>	X	



<b>Information Required</b>	<b>Received</b>	<b>NA</b>
An approved provider may award any of the following:		
<ul style="list-style-type: none"> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul style="list-style-type: none"> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul style="list-style-type: none"> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul style="list-style-type: none"> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>		X
<ul style="list-style-type: none"> <li>Clinical hours</li> </ul>		X
<b>Documentation of Attendance</b>		
Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant to sign a daily roster, which shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number and the number of contact hours awarded</li> </ul>	X	
Each provider shall maintain documentation to verify completion of each independent study offering, if applicable. To verify completion of an independent study offering, the provider shall maintain documentation that includes the following:		
<ul style="list-style-type: none"> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X	
<ul style="list-style-type: none"> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date on which the offering was completed</li> </ul>	X	
<ul style="list-style-type: none"> <li>Either the completion of a posttest or a return demonstration</li> </ul>	X	
<b>Certificate of Attendance/CE Transcript</b>		
A certificate of attendance shall be awarded to each participant after completion of an offering, or a CE transcript shall be provided according to the policies and procedures of the long-term provider	X	
Each certificate and each CE transcript shall be complete before distribution to the participant	X	
Each certificate and each CE transcript shall contain the following information:		
<ul style="list-style-type: none"> <li>The provider's name, address and provider number</li> </ul>	X	
<ul style="list-style-type: none"> <li>The title of the offering</li> </ul>	X	
<ul style="list-style-type: none"> <li>The date or dates of attendance or completion</li> </ul>	X	
<ul style="list-style-type: none"> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
<ul style="list-style-type: none"> <li>The signature of the individual responsible for the providership</li> </ul>	X	

<b>Information Required</b>	<b>Received</b>	<b>NA</b>
• The name and license number of the participant	X	
<b>Recordkeeping &amp; Storage</b>		
For each offering, the approved provider shall retain the following for two years:		
• A summary of the planning	X	
• A copy of the offering announcement or brochure	X	
• The title and objectives	X	
• The offering agenda or, for independent study, pilot test results	X	
• A bibliography	X	
• A summary of the participants' evaluations	X	
• Each instructor's education and experiences	X	
• Documentation to verify completion of the offering	X	
The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals	X	
<b>Program Evaluation Plan</b>		
For long-term providers, a copy of the total program evaluation plan	X	
<b>Two Proposed Offerings</b>		
The provider shall submit two proposed offerings, including the following:	<b>Alzheimer's</b>	<b>CA &amp; Home</b>
• A summary of planning	X	X
• A copy of the offering announcement or brochure	X	X
• The title and behavioral objectives	X	X
• The offering agenda or, for independent study, pilot test results	X	X
• Each instructor's education and experience	X	X
• A current bibliography	X	X
• The offering evaluation form	X	X

5/2014

**Reference No.:** 24978 **Date submitted:** Jul 22 20:01 2021

**radio** ~ Initial Application

**Providername** ~ CE That Matters

**providernum** ~ ~

**legalbody** ~ Care That Matters, LLC

**address** ~ 3540 Wheeler Road

**adress2** ~ Augusta, Georgia 30909

**telephone** ~ 7062545490

**email** ~ mimsiemendez@aol.com

**coordinator** ~ Megan Mendez, RN, MSN

**date** ~ 07-22-2021

**planningce** ~ Policy #100: Process of Assessing Need And Planning CNE

CE That Matters, will follow a systematic process for assessing need and planning CNE offerings.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

#### Need Assessment

1.CE That Matters, will assess need for CNE using informal and/or formal methods including:

- a.Identifying healthcare facility business needs through formal or informal survey;
- b.Performing gap analysis through individual interviews, focus groups, surveys, and self-assessments

#### Assessment of Training Options

1.A list of training options and needs will be generated after the gap analysis has been completed.

2.All options will be carefully evaluated to determine which are:

- a.Urgent
- b.Important
- c.Not important

3.CE That Matters, will consider these factors when determining CEU offerings:

- a.Does the offering provide a solution to a problem?
- b.What is the cost of the training to those participating in the offering?
- c.What is the expected return on investment those participating in the

offering can expect?

d.Does the training assist with meeting legal compliance for individual participants or organizations?

e.After all training options have been assessed, CE That Matters, will have a list of educational priorities suitable for individuals, departments and organizations.

### Planning of CNE Offerings

1.The CNE Program Coordinator will then evaluate the list of educational priorities and plan CNE offerings for the upcoming year.

2.CNE offerings will be planned and scheduled with consideration given to:

a.Where will the offering will be conducted?

b.How will offering be delivered?

c.Is the offering suitable to be provided online?

d.If the offering already exists, should it continue to be offered?

### **feeassessment** ~ Policy #101: Process For Fee Assessment

Participants will be aware of the cost of any CNE offering and the process for refunds at the time each offering is announced.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

### Fee Assessment

1.CE That Matters will designate a fee for each CNE offering and publish the fee and refund policy at the time the offering is formally announced.

2.The fee for each offering will vary depending on cost of speaker(s), venue, advertising, etc...

3.The fee for the offering will be collected at the time of registration and will be payable electronically or with check via mail.

4.Payment of the fee secures registration for the offering.

### Refunds

1.If a participant is unable to attend the offering as scheduled, refunds will be issued as follows:

a.Notice received up to 7 days prior to scheduled event: 100% refund

b.Notice received less 7 days prior to scheduled event: 0% refund

2.Refunds will be made within 14 days of receipt of notice.

**Insufficient Funds**

- 1.A \$35 fee will be assessed for any payment received that is returned to the organization for insufficient funds in addition to the fee for the offering.
- 2.A participant may not attend an offering until fees have been paid in full.

**advertisement ~ Policy #102: Process For Advertisements or Announcements**

CNE Offerings will be advertised.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

**Advertisements or Announcements**

- 1.CE That Matters will advertise CNE offerings in a variety of ways, including:
  - a.On the internet via website, social media and email
  - b.Radio
  - c.Television
  - d.Print advertising
  - e.Mail
- 2.Published information shall contain the following statement:
  - a.CE That Matters is approved as a provider of continuing nursing education by the (Insert Your State) State Board of Nursing. This course offering is approved for \_\_\_\_contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: \_\_\_\_\_

**approvalprocess ~ Policy #103: Process For Offering Approval**

CE That Matters will approve offerings using a standardized system to ensure each offering is appropriate.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

**Approval Offering**

- 1.Each CNE offering submitted to the CNE Program Coordinator must include:
  - a.Summary of planning
  - b.Behavioral Objectives

c.Content shall meet the definition of CNE in KSA 65-1117(a) which states: Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public.

d.Instructor's education and experience documenting knowledge/expertise

e.Current bibliography (books 10 years, periodicals 5 years)

f.Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters

### **contacthours ~ Policy #104: Process For Awarding Contact Hours**

CE That Matters will award contact hours to participants for completion of full program offering or partial completion of offering.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

### **Awarding Contact Hours**

1.Participants completing an entire program offering will be awarded one contact hour based on 50 minutes of participation in a learning experience.

2.Credit for fractions of hours will be awarded to those completing an entire program offering as follows:

a.15 minutes – 0.25 contact hour

b.30 minutes – 0.50 contact hour

c.45 minutes – 0.75 contact hour

Instructor credit will be awarded as follows:

d.2.0 contact hours for each hour of first time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc)

3.Independent study credit will be awarded based on time required to complete the offering as documented by CE That Matters' pilot time test results

a.Pilot test time results will be measured as follows:

i.A small group of pilot testers representative of the target audience will document time needed by each to complete the offering;

ii.The CEU Program Coordinator will discard the highest and lowest times, total all remaining times and divide by remaining number of testers to determine the average time needed;

iii.Contact hour credit will be awarded as per this policy.

4. Contact hours for clinical hours will not be awarded.

### Partial Credit

1. Partial credit will be awarded as follows for late arrival or early departure:

a. Participants arriving late or leaving early will note and initial either time of late arrival or early departure;

b. Time for breaks will be subtracted from total hours participant was present at the offering.

c. Total number of minutes attended will be divided by 50 to calculate number of contact hours to be awarded to participant.

### **verifycompletion** ~ Policy #105: Process For Verifying Participation and Completion of The Offering

CE That Matters will verify participation and completion of offerings by participants.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

### Verifying Participation – Online Offerings

1. Participants will register for course offerings electronically.

2. Online course settings will not allow participants to advance to post-test and program evaluation without first viewing course content in its entirety.

3. Participants will be required to take a post-test and score 70% or greater to be awarded a Certificate of Continuing Nursing Education.

### Verifying Participation – In Person Events

1. Participants will register for course offerings electronically.

2. Participants will sign in upon arrival for event and again after lunch and/or each subsequent day to verify attendance.

3. Participants will complete a program evaluation at the end of the offering.

### Verifying Participation – Independent Study

1. Participants will register for course offerings electronically.

2. Participants will document and submit Independent Study Verification Form. Documentation will include:

a.Provider Name, Address, Provider Number, Name of Program Coordinator

b.Title of offering

c.Date offering completed

d.Name of presenter(s)

e.Participant name, email and license number

f.Participant Signature

g.Participants will email the completed form to:

hello@thenursingconnection.com

3.Participants will be required to take a post-test and score 70% or greater to be awarded a Certificate of Continuing Nursing Education.

a.Upon receipt of the Independent Study Verification Form by (Insert Your Provider Name), participant will receive a link to complete the online post-test for the offering.

b.A score of 70% or greater is required for awarding of certificate of continuing nursing education.

c.Upon successful completion of the post-test participants will receive certificate of continuing nursing education electronically.

d.(Insert Your Provider Name) staff will document post-test score, contact hours awarded, and date on the Independent Study Verification Form.

e.The Independent Study Verification Form will then be scanned into the confidential and secure online records storage system to be maintained per policy.

### **recordkeeping** ~ Policy #107: Process For Record Keeping And Storage

CE That Matters will retain appropriate records for each offering, and store records securely and in manner that makes them easily retrievable by authorized personnel.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

### Record Keeping And Storage

1.Care That Matters, LLC, will retain the following records for each offering for a period of two years:

a.Summary of planning

b.Copy of announcement/brochure

c.Title and objectives

d.Offering agenda

e.Pilot time test results if independent study

f.Bibliography



- g. Summary of participant evaluations
- h. Each instructor's education and experience
- i. Documentation to verify completion of the offering
- j. Records will be stored electronically on a secure site with password protected access to be retrieved easily as needed by authorized personnel.

**noticeofchange** ~ Policy #108: Process For Notice of Change of Coordinator or Required Policies

The CNE Program Coordinator will notify Kansas State Board of Nursing in writing of any change to CEU Program Coordinator or required policies and procedures within 30 days.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

Process for Notifying Kansas State Board of Nursing of Changes

1. The CNE Program Coordinator will notify Kansas State Board of Nursing of any change to CEU Program Coordinator or required policies and procedures within 30 days.
2. Written notification will be mailed to:  
Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson Street  
Suite 1051  
Topeka, Kansas 66612-1230

**programevaluation** ~ Policy #109: Total Program Evaluation

CE That Matters will complete a total program evaluation annually and include findings in the annual report to Kansas State Board of Nursing.

Date: \_\_\_\_\_ Reviewed: \_\_\_\_\_

Process for Total Program Evaluation

1. The CNE Program Coordinator will complete a total program evaluation at least annually and submit findings in the annual report to Kansas State Board of Nursing.
2. The total program evaluation will include:
  - a. "a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order

to make subsequent decisions"(60-9-105 (s))

3.The total program evaluation will include evaluation of:

a.Program administration, including program coordinator's responsibilities

b.Program management, including policies and procedures

c.Total program evaluation, including the ability of the plan to measure the overall effectiveness of the providership.

4.At least annually CE That Matters will complete a total program evaluation.

5.The CNE Program Coordinator will include the total program evaluation findings will be included with the annual report submitted to Kansas State Board of Nursing.

**Submission date** ~ 07-22-2021 20:01:49

**Form ID** ~ 1672730

1. Name and address of organization applying for long-term CNE providership:

CE That Matters  
3540 Wheeler Road  
Augusta, GA 30909

2. Name and address of department or unit within organization responsible for approving nursing continuing education

CE That Matters  
Attn: Department of Nursing Continuing Education  
3540 Wheeler Road  
Augusta, GA 30909

3. Name, education and experience of CNE Program Coordinator

Megan Mendez, RN, MSN, has been a registered nurse since 2010. She completed her MSN in Nursing at Walden University in 2014. She has 11 years of clinical nursing experience with 7 of those years spent practicing as a nurse practitioner. She has also served for the last 7 years as a nursing faculty member at various colleges and universities. Megan Mendez meets the KSBN requirements to serve as CNE Program Coordinator, and her full CV is attached to this application.

**EDUCATION:**

<b>Grand Canyon University</b> Doctor of Nursing Practice	<b>Expected August 2021</b>
<b>Walden University</b> Master of Science in Nursing	<b>2014</b>
<b>College of St. Elizabeth</b> Master of Science - Change Management	<b>2011</b>
<b>Remington College of Nursing, Lake Mary, FL</b> Bachelor of Science in nursing	<b>2010</b>
<b>Monroe College, Bronx, NY</b> Bachelor of Business in Computer Information Systems	<b>2004</b>

**ACADEMIC EXPERIENCE**

<b>Assistant Professor</b> <b>South University</b>	<b>Jan 2021 - Present</b>
-------------------------------------------------------	---------------------------

- Revising assigned courses to reflect program outcomes, AACN essentials, state board of nursing minimum standards, current evidence and best practice.
- Collaborating with emphasis area coordinators, clinical coordinators, program directors, and the Associate Dean for Academic Programs to identify the types of clinical experiences and sites needed for optimal clinical education of students.
- Teaching graduate nursing courses as assigned.
- Supervising nurse practitioner students as assigned.
- Participating in the development of academic policies affecting the admission, progression, graduation and dismissal of students.
- Participating in the evaluation and ongoing enhancement of the curricula.
- Applying evidence from best education practices to curriculum development and to teaching.

<b>Assistant Professor – Tenure Track</b> <b>Bergen Community College</b>	<b>2016 - 2019</b>
------------------------------------------------------------------------------	--------------------

- Teaching 28 undergraduate-level credits per year including both didactic and clinical instruction
- Academic advisement and mentoring
- Engagement in scholarship, research, and service learning
- Serve on departmental, school, and college committees
- Attend institution and department faculty meetings
- Participate in professional leadership activities such as membership in professional organizations
- Direct, manage and evaluate student learning
- Facilitate course activities with adjunct clinical faculty
- Directly observe and guide student learning activities with patients.

- Participate in curriculum development, faculty senate and accreditation activities.
- Courses taught include: Mental Health Nursing, Med-Surg and Fundamentals of Nursing.

**Graduate Nursing Faculty  
Widener University**

**Mar 2017 - Present**

- Revising assigned courses to reflect program outcomes, AACN essentials, state board of nursing minimum standards, current evidence and best practice.
- Collaborating with emphasis area coordinators, clinical coordinators, program directors, and the Associate Dean for Academic Programs to identify the types of clinical experiences and sites needed for optimal clinical education of students.
- Teaching graduate nursing courses as assigned.
- Supervising nurse practitioner students as assigned.
- Participating in the development of academic policies affecting the admission, progression, graduation and dismissal of students.
- Participating in the evaluation and ongoing enhancement of the curricula.
- Applying evidence from best education practices to curriculum development and to teaching.

**Undergraduate Nursing Faculty  
Chamberlain University  
Felician University  
Ocean County College**

**2014 – Present**

- Teach assigned course in accordance with approved course description and approved course outline
- Maintain accurate grade and attendance records for students enrolled in classes and submit required reports to Department Chairperson and/or Student Records Office.
- Travel to various clinical site as needed for student assessment.
- Perform competency-based student outcomes as the objectives of all courses.
- Incorporates the use of the library into courses, uses writing as an instructional method, and utilizes computing and other academic technologies in courses when possible.
- Direct, manage and evaluate student learning
- Evaluate the student's development of clinical reasoning skills.
- Provision of feedback to the lead faculty of student performance in accomplishing course goals.
- Collaborate with hospital staff to ensure that the presence of students and their activities are supportive of the unit's goals and needs.

Participate as a member of the course team in development and evaluation of learning

- Courses taught include: Mental Health Nursing, Med-Surg and Fundamentals of Nursing.

**CLINICAL EXPERIENCE**

**Nurse Practitioner, Home Visits  
Matrix Medical**

**June 2019 – Present**

- Provide preventative and primary care for patients in their homes
- Emphasizing preventative care and disease management
- Prescribing medications and performing medication reviews
- Provision of education to patients/ family on disease prevention and healthy lifestyle habits
- Performing diagnostic tests and screening evaluations

**Nurse Practitioner, Transitional  
United Health Group**

**June 2017 – Mar 2021**

CNE/IV Therapy 289

- Provide Transitional Care Management (rehab) for patients in assigned long term care facilities
- Provide preventative and primary care for patients in assigned long term care facilities
- Collaborate with the nursing staff, primary care physician and the patients' families
- Work with the facility's utilization review process
- Emphasizing preventative care and disease management
- Prescribing medications
- Provision of education to patients/ family on disease prevention and healthy lifestyle habits
- Performing diagnostic tests and screening evaluations

**Nurse Practitioner, Transitional/ Chronic Care**  
**Whiteglove Health**

**Dec 2016 – August, 2017**

- Provided continuity of care throughout a patient's episode of acute care through specified post hospitalization
- Collaborated with other health team members, including the patient and family/caregiver in coordination and implementation of the individualized plan of care
- Use of clinical judgment to determine the 'discharge readiness' of each patient
- Developed treatment plans for acute and chronic diseases
- Provision of education to patients/ family on disease prevention and healthy lifestyle habits
- Performing diagnostic tests and screening evaluations
- Managing overall patient care regarding lifestyle and development issues
- Emphasizing preventative care and disease management
- Prescribing medications
- Comply with all HIPAA regulations and maintain security of protected health information (PHI)

**Nurse Practitioner**  
**Meridian Health After Hours Urgent Care Center**

**2014 – 2018**

- Emphasized preventative care and disease management
- Developing treatment plans for acute and chronic diseases
- Educating and guiding patients on disease prevention and healthy lifestyle habits
- Understanding the changes in health promotion throughout the aging process
- Conducting exams
- Performing diagnostic tests and screening evaluations
- Managing overall patient care regarding lifestyle and development issues
- Emphasizing preventative care and disease management
- Prescribing medications
- Comply with all HIPAA regulations and maintain security of protected health information (PHI)
- Supervision of Medical Assistants

**Nurse Practitioner**  
**Staffcare**

**2014 – 2015**

- Conduct in-home assessments on health plan members
- Review patient's past medical history and formulate a list of current and past medical conditions using clinical knowledge and judgment and the findings of your assessment
- Review current symptoms and identify diagnoses to be used in care management and active medical management of treatment
- Physical examination, medication review, and depression screening
- Check vitals, conduct a physical exam that includes monofilament test, urine dipstick, and foot exam (as appropriate)

- Communicate findings in your assessment that will be used to inform the PCP of potential gaps in care
- Educate members on topics such as disease process, medication, and compliance
- Comply with all HIPAA regulations and maintain security of protected health information (PHI)

#### **UMDNJ**

**Newark, NJ**

**2013 -2015**

#### **Staff Nurse**

- Administered, supervised and monitored medications prescribed and initiates appropriate interventions.
- Maintained records of treatment and progress.
- Provision of safe, therapeutic and efficient nursing care.
- Supervise the day-to-day nursing activities performed by Licensed Practical Nurses and Certified Nursing Assistants.
- Units worked include: Infirmary, AC-SU and Mental Health.

#### **Summit Oaks Hospital**

**Summit, NJ**

**July, 2013- May 2014**

#### **Staff Nurse**

- Provide treatment, therapy, clinical support, continuing care to assigned patients suffering from acute and long term moderate to severe mental illness and substance abuse.
- Administer prescribed medications and initiate interventions.
- Assess patients in active withdrawal and provided interventions to manage physical and psychological withdrawal symptoms.
- Population served included children, adolescents and adults.

#### **Corizon,Inc (Fulton County Jail**

**Atlanta, GA**

**2012-2013**

#### **Registered Nurse**

- Provision of nursing care in a correctional setting.
- Maintained records of treatment and progress.
- Provision of safe, therapeutic and efficient nursing care.
- Supervise the day-to-day nursing activities performed by Licensed Practical Nurses and Certified Nursing Assistants.
- Units worked include: Intake, infirmary & mental health.

#### **East Central Regional Hospital**

**Augusta, GA**

**Mar 2011-July 2013**

#### **Charge Nurse**

- Provided treatment, therapy, clinical support, continuing care, residential support and rehabilitation services.
- Conducted comprehensive and specific mental health assessments.
- Reported and evaluated interventions and health care services.
- Administered, supervised and monitored medications prescribed and initiates appropriate interventions.
- Assessed and managed client's case with acute and long term moderate to severe mental illness.
- Assessed patients in active withdrawal and provided interventions to manage physical and psychological withdrawal symptoms.
- Collaborate with multidisciplinary health care team
- Supervise the day-to-day nursing activities performed by Licensed Practical Nurses and Certified Nursing Assistants.
- Units worked include: Forensics, Adult mental health, general mental health, emergency department.

#### **Augusta State Medical Prison**

**Augusta, GA**

**Apr 2011-Jun 2013**

#### **Registered Nurse**

- Reported and evaluated interventions and health care services.

- Administered, supervised and monitored medications prescribed and initiates appropriate interventions.
- Maintained records of treatment and progress.
- Provision of safe, therapeutic and efficient nursing care.
- Supervise the day-to-day nursing activities performed by Licensed Practical Nurses and Certified Nursing Assistants.
- Units worked include: Medical Surgical, Long term care and crisis stabilization unit.

**McDuffie Regional Medical Center**

**Thomson, GA**

**Jun - Dec 2011**

**Registered Nurse**

- Provided care on Medical-Surgical Unit.
- Accurately documented all elements of nursing assessment, treatments, medications, discharge instructions and follow-up care.
- Utilized strong assessment skills to determine necessary patient care.

**Select specialty Hospital**

**Augusta, GA**

**Jan - June 2011**

**Registered Nurse**

- Provision of nursing care in a long term acute care facility.
- Accurately documented all elements of nursing assessment, treatments, medications, discharge instructions and follow-up care.
- Utilized strong assessment skills to determine necessary patient care.

**Insurance Sales Agent**

**Augusta, GA**

**2006 - 2009**

- Sales and servicing of insurance products and services in assigned territory
- Awarded Agent of the month and Rookie of the year 2007.

**1199 National Benefit Fund**

**New York, NY**

**2001 - 2006**

**Provider Relations Representative**

**Total Blend Restaurant and Catering**

**Bronx, NY**

**Dec 2000 - Oct 2001**

**Administrative Assistant**

**Air Jamaica Limited, Jamaica, W.I.**

**Kingston, Jamaica**

**1996 - Dec 2000**

**Administrative Assistant**

## **References**

Will be provided upon request.



Title:

Presenter:

Contact Hours: 1.0

Date:

Provider #: XXXXXXXX

CNE Provider: CE That Matters

CNE Program Coordinator: Megan Mendez, RN, MSN

Participant Name	RN or LPN	License Number	Email Address	Contact Hours Awarded

# CE Offering #1

## CNE Offering Evaluation

Title Of Offering: Help For Alzheimer's Patients Through Home Care

Criteria	Yes/No If no, please provide Recommended Action.	Recommended Action
Summary Of Planning Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Behavioral Objectives Included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Content Meets Definition of CNE as per KSA 85-1117(a)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Instructor's education and experience is suitable to the offering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes. CV provided for Megan Mendez, RN, MSN
Current bibliography is provided (books 10 years, periodicals 5 years)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Offering evaluation includes assessment of learner achievement of each objective, expertise of individual presenters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Offering is suitable for online presentation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Approved for Presentation? All questions must be answered "Yes" for offering to be approved.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A

Date Received: July 20, 2021

Megan Mendez, RN, MSN

Date Reviewed: July 22, 2021

Signature, CNE Program Coordinator

# Help For Alzheimer's Patients Through Home Care

According to the Alzheimer's Association, more than 6 million Americans has Alzheimer's Disease and 1 in 3 senior adults in the United States dies from the illness. Approximately 11 million unpaid caregivers provide care to a loved one with the disease. The incidence of Alzheimer's Disease has increased by 145% from 2010 - 2019. Clearly, this population and their caregivers are in need of additional care, support and resources. This offering, Help for Alzheimer's Patients Through Home Care, has been developed to educate the medical community about how home care can provide additional support for those suffering from Alzheimer's Disease.

## Learning Objectives:

- Identify 3 services that home care may be able to provide to patients with Alzheimer's Disease
- Identify 3 payor sources for home care
- Identify 3 benefits of home care for patients with Alzheimer's Disease

**REGISTER NOW at <https://www.CareThatMatters.com/AlzHelp>**

CE That Matters is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: XXXXXXXX

***This offering is FREE and will be provided online.***

# Help For Alzheimer's Patients Through Home Care

Presenter: Megan Mendez, RN, MSN

Objectives:

Upon completion of this program participants will be able to:

- Identify 3 services that home care may be able to provide to patients with Alzheimer's Disease
- Identify 3 payor sources for home care
- Identify 3 benefits of home care for patients with Alzheimer's Disease

## Summary Of Planning ~

According to the Alzheimer's Association, more than 6 million Americans has Alzheimer's Disease and 1 in 3 senior adults in the United States dies from the illness. Approximately 11 million unpaid caregivers provide care to a loved one with the disease. The incidence of Alzheimer's Disease has increased by 145% from 2010 – 2019. Clearly, this population and their caregivers are in need of additional care, support and resources. This offering, Help for Alzheimer's Patients Through Home Care, has been developed to educate the medical community about how home care can provide additional support for those suffering from Alzheimer's Disease.

# Outline

1. Introduction
2. Incidence of Alzheimer's Disease
  - a. Among seniors – 1 in 3
  - b. Population – 6 million
  - c. Increase from 2010 – 2019 – 145%
  - d. Unpaid Caregivers – 11 million
3. Home Care Overview
  - a. Paid for by
    - i. Long-term Care Insurance
    - ii. Veterans Programs
    - iii. Private Pay
  - b. Care Based on Individual Patient Needs
    - i. Hourly care
    - ii. 24/7 care
  - c. Home care can provide
    - i. Ambulation and mobility
    - ii. Bathing, dressing, grooming
    - iii. Homemaking
    - iv. Meal preparation
    - v. Fall prevention
    - vi. Respite
  - d. Home care improves patient quality of life through
    - i. Personal care and attention
    - ii. Maintaining physical strength
    - iii. Ensuring good nutrition
    - iv. Providing respite for weary caregivers
4. When To Talk To The Family About Home Health Care
  - a. Upon diagnosis and at routine check ups
    - i. Caregivers learn better when not in crisis
    - ii. Repeat the education with each patient/caregiver assessment
    - iii. Allow for questions
    - iv. We can help
5. Home care patient candidates include those who
  - a. Have just been discharged from the hospital or rehab facility
  - b. Are experiencing falls or weight loss
  - c. Are getting weaker due to inactivity
  - d. Are prone to falls
6. Benefits of early referral to home care
  - a. Increased patient and family support
  - b. Fewer episodes of illness, wounds, injuries
  - c. Better care for the patient in their familiar home environment

## Bibliography ~

1. 2021 Alzheimer's Disease Facts & Figures; <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-infographic.pdf>
2. 2021, Dementia – Home Care; MedlinePlus; <https://medlineplus.gov/ency/article/007428.htm>
3. 2019, Getting Help With Alzheimer's Caregiver; National Institute on Aging; <https://www.nia.nih.gov/health/getting-help-alzheimers-caregiving>
4. 2021, The Difference Between Home Health Care And Non-Medical Home Care Services; AgingCare.com; <https://www.agingcare.com/articles/difference-between-home-health-and-non-medical-home-care-services-426685.htm>
5. 2020, Homemaker and Home Health Aide Care; US Department of Veterans Affairs; [https://www.va.gov/geriatrics/docs/Homemaker\\_and\\_Home\\_Health\\_Aide\\_Care.pdf](https://www.va.gov/geriatrics/docs/Homemaker_and_Home_Health_Aide_Care.pdf)

## CE That Matters – Department of Continuing Nursing Education

COURSE TITLE: Help For Alzheimer's Patients Through Home Health Care

DATE: \_\_\_\_\_

### INSTRUCTIONS:

Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree.

Please make any written comments on the reverse of this form.

\*\*\*\*\*

### RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:

In general, the below listed objectives were reflective of the overall purpose/goal of the activity. 1 2 3 4

#### Overall Purpose/Goal:

To educate participants on benefits of assertive communication and how to communicate assertively and effectively.

\*\*\*\*\*

### LEARNER'S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:

Objective 1: Identify 3 home care services that may be provided to patients with Alzheimer's Disease. 1 2 3 4

Objective 2: Identify 3 payor sources for home care. 1 2 3 4

Objective 3: Identify 3 benefits of home care for patients with Alzheimer's Disease. 1 2 3 4

\*\*\*\*\*

### TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER: Teresa Sanderson, RN, CCM

The presentation was organized and easy to follow. 1 2 3 4

The teaching methods were appropriate for the subject area and content. 1 2 3 4

The speaker demonstrated knowledge/expertise in the topic. 1 2 3 4

The content was based on current professional/scientific information. 1 2 3 4

The speaker clarified content in response to questions. 1 2 3 4

The speaker demonstrated regard for previous knowledge and experience of the learner. 1 2 3 4

The presentation level was appropriate for the background and experience of the learner. 1 2 3 4

The speaker was confident speaking before an audience. 1 2 3 4

The speaker exhibited enthusiasm for the topic. 1 2 3 4

\*\*\*\*\*

### FUTURE LEARNING OPPORTUNITIES THAT WOULD BE BENEFICIAL INCLUDE:

\_\_\_\_\_



# CERTIFICATE OF CONTINUING EDUCATION

First Name

Last Name

License #: XXXXXXXXXX

Date: 00/00/0000

has successfully completed

Help for Alzheimer's Patients Through Home Care

and has been awarded 1.0 contact hour.

*Megan Mendez, RN, MSN*

Megan Mendez, RN, MSN  
CNE Program Coordinator

CE That Matters, Dept of Continuing Nursing Education  
3540 Wheeler Road, Augusta, Georgia Provider #: XXXXXXX

## CE Offering #2

### CNE Offering Evaluation

**+** Title Of Offering: Cancer And Home Care

Criteria	Yes/No If no, please provide Recommended Action.	Recommended Action
Summary Of Planning Provided	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Behavioral Objectives Included	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Content Meets Definition of CNE as per KSA 65-1117(a)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Instructor's education and experience is suitable to the offering	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Yes. CV provided for Megan Mendez, RN, MSN
Current bibliography is provided (books 10 years, periodicals 5 years)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Offering evaluation includes assessment of learner achievement of each objective, expertise of individual presenters	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Offering is suitable for online presentation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Approved for Presentation? All questions must be answered "Yes" for offering to be approved.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	N/A

Date Received: July 20, 2021

Megan Mendez, RN, MSN

Date Reviewed: July 22, 2021

Signature, CNE Program Coordinator

# Cancer and Home Care

According to the American Cancer Society it is estimated there will be 1.9 million new cases of cancer reported in 2021 and 608,570 deaths from cancer that same year. Cancer patients are at risk for weight loss, weakness and immobility. CE That Matters, has developed this educational offering, Cancer and Home Care, to share with the medical community how home care can help with improving patient outcomes through non-skilled care services provided at home.

## Learning Objectives:

- Identify 3 services that home care may be able to provide to patients with Cancer
- Identify 3 payor sources for home care
- Identify 3 benefits of home care for patients with Cancer

**REGISTER NOW at <https://www.CareThatMatters.com/Cancer>**

CE That Matters is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.0 contact hours applicable for RN, LPN, or LMHT relicensure. Kansas State Board of Nursing Provider Number: XXXXXXXX

***This offering is FREE and will be provided online.***

# Cancer And Home Care

Presenter: Megan Mendez, RN, MSN

## Objectives:

- Identify 3 services that home care may be able to provide to patients with Cancer
- Identify 3 payor sources for home care
- Identify 3 benefits of home care for patients with Cancer

## Summary Of Planning ~

According to the American Cancer Society it is estimated there will be 1.9 million new cases of cancer reported in 2021 and 608,570 deaths from cancer that same year. Cancer patients are at risk for weight loss, weakness and immobility. CE That Matters, has developed this educational offering, Cancer and Home Care, to share with the medical community how home care can help with improving patient outcomes through non-skilled care services provided at home.

# Outline

1. Introduction
2. Incidence of Cancer
  - a. 1.9 million new cases in 2021
  - b. 608,570 deaths in 2021
3. At risk groups include those with history of
  - a. Tobacco use
  - b. Poor nutrition
  - c. Physical inactivity
  - d. HPV
  - e. Hepatitis
4. Home Care Overview
  - a. Paid for by
    - i. Long-term Care Insurance
    - ii. Veterans Programs
    - iii. Private Pay
  - b. Care Based on Individual Patient Needs
    - i. Hourly care
    - ii. 24/7 care
  - c. Home care can provide
    - i. Ambulation and mobility
    - ii. Bathing, dressing, grooming
    - iii. Homemaking
    - iv. Meal preparation
    - v. Fall prevention
    - vi. Respite
  - d. Home care improves patient quality of life through
    - i. Personal care and attention
    - ii. Maintaining physical strength
    - iii. Ensuring good nutrition
    - iv. Providing respite for weary caregivers
5. When To Talk To The Family About Home Health Care
  - a. Upon diagnosis and at routine check ups
    - i. Caregivers learn better when not in crisis
    - ii. Repeat the education with each patient/caregiver assessment
    - iii. Allow for questions
    - iv. We can help
6. Home care patient candidates include those who
  - a. Have just been discharged from the hospital or rehab facility
  - b. Are experiencing falls or weight loss
  - c. Are getting weaker due to inactivity
  - d. Are prone to falls
7. Benefits of early referral to home care
  - a. Increased patient and family support
  - b. Fewer episodes of illness, wounds, injuries
  - c. Better care for the patient in their familiar home environment

## Bibliography ~

1. 2021, Cancer Facts and Statistics; American Cancer Society; <https://www.cancer.org/research/cancer-facts-statistics.html>
2. 2016, What Home Care Services Are Available For Cancer Patients?; American Cancer Society; <https://www.cancer.org/treatment/finding-and-paying-for-treatment/choosing-your-treatment-team/home-care-agencies/types-of-services-available.html>
3. 2021, Manage Your Risk; MD Anderson Cancer Center; <https://www.mdanderson.org/prevention-screening/manage-your-risk.html>
4. 2021, The Difference Between Home Health Care And Non-Medical Home Care Services; AgingCare.com; <https://www.agingcare.com/articles/difference-between-home-health-and-non-medical-home-care-services-426685.htm>
5. 2020, Homemaker and Home Health Aide Care; US Department of Veterans Affairs; [https://www.va.gov/geriatrics/docs/Homemaker\\_and\\_Home\\_Health\\_Aide\\_Care.pdf](https://www.va.gov/geriatrics/docs/Homemaker_and_Home_Health_Aide_Care.pdf)

## CE That Matters— Department of Continuing Nursing Education

COURSE TITLE: Cancer and Home Care

DATE: \_\_\_\_\_

### INSTRUCTIONS:

Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree.

Please make any written comments on the reverse of this form.

\*\*\*\*\*

### RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:

In general, the below listed objectives were reflective of the overall purpose/goal of the activity. 1 2 3 4

#### Overall Purpose/Goal:

To educate participants on benefits of assertive communication and how to communicate assertively and effectively.

\*\*\*\*\*

### LEARNER'S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:

Objective 1: Identify 3 home care services that may be able to be provided to patients with cancer. 1 2 3 4

Objective 2: Identify 3 payor sources for home care. 1 2 3 4

Objective 3: Identify 3 benefits of home care for patients with cancer. 1 2 3 4

\*\*\*\*\*

### TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER: Teresa Sanderson, RN, CCM

The presentation was organized and easy to follow. 1 2 3 4

The teaching methods were appropriate for the subject area and content. 1 2 3 4

The speaker demonstrated knowledge/expertise in the topic. 1 2 3 4

The content was based on current professional/scientific information. 1 2 3 4

The speaker clarified content in response to questions. 1 2 3 4

The speaker demonstrated regard for previous knowledge and experience of the learner. 1 2 3 4

The presentation level was appropriate for the background and experience of the learner. 1 2 3 4

The speaker was confident speaking before an audience. 1 2 3 4

The speaker exhibited enthusiasm for the topic. 1 2 3 4

\*\*\*\*\*

### FUTURE LEARNING OPPORTUNITIES THAT WOULD BE BENEFICIAL INCLUDE:

\_\_\_\_\_



# CERTIFICATE OF CONTINUING EDUCATION

First Name

Last Name

License #: XXXXXXXXXX

Date: 00/00/0000

has successfully completed

**Cancer and Home Care**

and has been awarded 1.0 contact hour.

*Megan Mendez, RN, MSN*

Megan Mendez, RN, MSN  
CNE Program Coordinator

CE That Matters, Dept of Continuing Nursing Education  
3540 Wheeler Road, Augusta, Georgia Provider #: XXXXXXXX

## CNE Offering Evaluation

Title Of Offering: \_\_\_\_\_

Criteria	Yes/No If no, please provide Recommended Action.	Recommended Action
Summary Of Planning Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral Objectives Included	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Content Meets Definition of CNE as per KSA 65-1117(a)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Instructor's education and experience is suitable to the offering	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current bibliography is provided (books 10 years, periodicals 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offering evaluation includes assessment of learner achievement of each objective, expertise of individual presenters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Offering is suitable for online presentation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved for Presentation? All questions must be answered "Yes" for offering to be approved.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Signature, CNE Program Coordinator

## **Policy #106: Process For Issuing Certificates of Completion**

CE That Matters will issue certificates of completion to participants based on verification of participation in offerings.

Date: \_\_\_\_\_

Reviewed: \_\_\_\_\_

### **Issuing Certificates of Completion For Online Offering**

1. Participants completing an online offering will be required to take a post-test.
2. A score of 70% or greater is required for issuing certificate of continuing nursing education.
3. Certificates of Completion will be provided electronically to participants completing online offerings.

### **Issuing Certificates of Completion For In Person Offering**

1. Participants completing an in person offering will be required to sign in upon arrival, after lunch, and each subsequent day.
2. Certificates of Completion will be provided electronically to those participants with verified participation in each in person offering.

## Independent Study Participation Verification

Provider Name And Address: CE That Matters; 3540 Wheeler Road, Augusta, GA 30909

Provider #: XXXXXXXX

CNE Program Coordinator: Megan Mendez, RN, MSN

Title of Offering: \_\_\_\_\_

Presenter(s): \_\_\_\_\_

Date Completed: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Participant License #: \_\_\_\_\_

Participant Email Address: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

\*\*\*Please email this form to: [hello@cethatmatters.com](mailto:hello@cethatmatters.com) for processing. Once received you will receive a link to take the online post-test for this offering. A score of 70% is required to receive credit and certificate of continuing nursing education.\*\*\*

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\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Post Test Score: \_\_\_\_\_

Contact Hours Awarded: \_\_\_\_\_

Date: \_\_\_\_\_

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Megan Mendez, RN, MSN - CNE Program Coordinator

## 2021 IV-Therapy Provider Annual Report Data

LTP Name	Courses Provided	RN Enrolled	LPN Enrolled	LPN Withdrew	LPN Failed	LPN Certified
Allied Health Career Training IV-043	15	0	134	36	0	98
Butler Community College IV-033	3	0	30	0	4	26
Cloud County Community College IV-010	2	0	15	0	0	15
Colby Community College IV-029	5	0	28	0	0	28
Cowley College IV-042	1	1	8	0	0	8
Ellsworth County Medical Center IV-046	1	0	2	0	0	2
Flint Hills Technical College IV-013	8	0	73	0	4	69
Garden City Community College IV-030	25	0	0	0	0	25
Hays Medical Center IV-045	2	0	3	0	0	3
Highland Community College IV-039	0	0	0	0	0	0
Hutchinson Community College IV-024	3	0	34	2	0	32
Irwin Army Hospital IV-037	0	0	0	0	0	0
Johnson County Community College IV-019	1	0	10	1	0	9
KHCA Management LLC IV-031	4	0	23	2	2	18

<b>LTP Name</b>	<b>Courses Provided</b>	<b>RN Enrolled</b>	<b>LPN Enrolled</b>	<b>LPN Withdrew</b>	<b>LPN Failed</b>	<b>LPN Certified</b>
Labette Health IV-023	1	0	5	0	0	5
Manhattan Area Technical College IV-038	2	0	7	0	0	7
Neosho County Community College IV-012	0	0	0	0	0	0
North Central Kansas Technical College - Beloit IV-041	0	0	0	0	0	0
North Central Kansas Technical College - Hays IV-036	4	0	25	0	0	25
Pratt Community College IV-032	2	0	10	0	0	10
Seward County Community College IV-002	1	0	12	0	0	12
Stormont-Vail Health IV-027	3	0	16	0	0	16
VA Eastern Kansas Health Care System IV-015	0	0	0	0	0	0
WSU Tech IV-044	3	0	51	0	2	49