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

Kansas State Board of Nursing
Landon State Office Building, Room 509
Continuing Nurse Education & IV Therapy Committee Agenda
March 21, 2023

NOTE: The audience may attend in person or via Zoom. Link to access meeting to follow agenda.

Time: **12:30 p.m. – 2:00 p.m.**

Committee Members:
Andrea Watson, RN, BSN, OCN, CCRP, Chair
Julianna Rieschick, RN, MSN, NEA-BC, V-Chair
Lori Owen, LPN
Geovannie Gone, Public Member
Melanie Burnett, MSN, RN
Karen Aufdemberge, RN, BSN
Teresa Sanderson, RN

Staff:
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 – December 13, 2022

VI. Unfinished Business
1. Update on CNE Regulations
2. Update on CE Broker

VII. New Business
1. IOA Statistical Report
2. LTP 5-Year Renewals
   a. Accredo Health, Inc LT0223-0538
   b. Republic County Hospital LT0057-0338
3. Initial LTP Application
   a. Kansas Heart Hospital
   b. Sarah E. Jorgensen
4. 5-Year Legislative Review
   a. K.S.A. 65-1119 – Nursing school accreditation
   b. K.S.A. 60-16-102 – Scope of Practice

VIII. Agenda for June 2023 Committee meeting

IX. Adjourn

Please note: Additional items which have come to the attention of the Board or Committee will be handled as time permits. Agenda is subject to change based upon items to come before the Board. Handouts or copies of materials brought to the Board or Committee for discussion by Committee Members or visitors must be submitted to staff 30 calendar days prior to start of the meeting. Any items received after the 30th calendar day may be addressed at the meeting at the discretion of the President of the Board or Chairperson of the Committee.

Please click the link below to join the webinar:
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US: +12532050468,,84634673508#,,,,*4680027625# or +12532158782,,84634673508#,,,,*4680027625#
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Dial(for higher quality, dial a number based on your current location):
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Nov. 2022	Dec. 2022	2022 Total
IOAs	**IOAs**	**IOAs**
Received: 74	Received: 64	Received: 927
Approved: 62	Approved: 51	Approved: 758
Denied: 12	Denied: 13	Denied: 169
Pending: 0	Pending: 0	Pending: 0
LTP Applications	**LTP Applications**	**LTP Applications**
Received: 4	Received: 1	Received: 42
Approved: 3	Approved: 0	Approved:
Denied: 0	Denied: 0	Denied: 1
Pending: 1	Pending: 1	Pending: 0
SP Applications	**SP Applications**	**SP Applications**
Received: 1	Received: 3	Received: 13
Approved: 1	Approved: 3	Approved: 13
Denied: 0	Denied:	Denied: 0
Pending: 0	Pending:	Pending: 0
IVT Providership Applications	**IVT Providership Applications**	**IVT Providership Applications**
Received: 0	Received:	Received: 1
Approved: 0	Approved:	Approved: 1
Denied: 0	Denied: 0	Denied: 0
Pending: 0	Pending: 0	Pending: 0

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

Name of Provider: Accredo Health, Inc. LT0223-0538

Name of Program Coordinator: Maureen McCullough, MSN, RN

Date Received: 2/9/23

Date to CNE Committee: March 2023

_____ **Approved**

_____ **Not Approved:** _____

Date Notified: _____

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	X	
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	Maureen McCullough	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• 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: "	X	
• 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	X	

responsible for the providership or required policies and procedures within 30 days		
For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• 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	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
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
Documentation of Attendance		
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	
Certificate of Attendance/CE Transcript		
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	
• The name and license number of the participant	X	
Recordkeeping & Storage		
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	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1 Myasthenia Gravis (MG)**	**#2 Age-Related Macular Degeneration**

		& Diabetic Macular Edema
• 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

12/2018

2/15/23 Application reviewed and checklist completed by Carol Moreland, MSN, RN

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By KSBN Education Department at 2:35 pm, Feb 09, 2023

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Reference No.: 25352 **Date submitted:** Feb 9 13:44 2023

18 files were uploaded with this form: 23 AHI 2021-2022 Total Program Evaluation Final.doc.pdf, 24 (443)) Myasthenia Gravis a_f.pdf, 25 (448) AMD and DME a_f.pdf, 7 (443) MG Brochure Live 2022.pdf, 6_17 CE Fee Pymt_Assessment_Reimbursement Policy.pdf, 2_26 AHI CE Administrator Qualifications and Responsibilities.pdf, 3_1 Continuing Education Process.doc.pdf, 22_26 AHI CE Administrator Qualifications and Responsibilities (3).pdf, 21_5 AHI Record Retention Policy.doc.pdf, 20 (448) AMD and DME Certificate.pdf, 19_18 Ind Learning and CE Requirements.doc.pdf, 17_45 CE Evaluation Outcome Summary.pdf, 9 (443) MG CE Approval 091222_.pdf, 11_16 Post Presentation Process.doc.pdf, 12_4 Ind Learning Contact Hours Determination via Pilot Test.pdf, 15a (443) MG Attendance Roster RN.pdf, 15b (443) MG Pre_Posttest_Eval_Participant Info.pdf, 16_43 AHI CE Series Process Via WebEx.pdf

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radio ~ Renewal
Providername ~ Accredo Health, Incorporated (AHI)
providernum ~ LT0223-0538
legalbody ~ ~
address ~ 11411 Strang Line Rd
adress2 ~ Lenexa, KS 66215
telephone ~ 816-200-1206
email ~ maureen.mccullough@accredohealth.com
coordinator ~ Maureen McCullough, MSN, RN
date ~ 02-09-2023
planningce ~ The Accredo Health, Incorporated Continuing Education Advisory Committee directs the Continuing Education Program activities. Continuing Education Program Coordinator, with cooperation from the entire committee, leads and coordinates activity planning, development, implementation, and evaluation.
The advisory committee consists of representation from the following:

Continuing Education Program Coordinator meeting the following requirements:
oLicensed to practice nursing; Have three years of clinical experience; Have one year of experience developing and implementing nursing education; Have a baccalaureate degree in nursing
Attachment 2: CE 26 Continuing Education Program Coordinator Qualifications and Responsibilities

Accredo Director and Clinical Practice Lead – Specialty Pharmacy; Accredo Director, Specialty Clinical Product – Primary Therapies; Accredo Director of Clinical Resources – Nursing
Senior Clinical Consultants; Representatives from various target groups appointed as required

The Accredo Continuing Education Program Advisory Committee meets as needed, but no less than quarterly to plan, develop, review, and evaluate the program activities as appropriate.

Accredo Health, Incorporated Continuing Education Program Advisory Committee Objectives:

Foster professional nurse education in a planned and systematic manner; Identify needed education; Approve course offerings; Approve individual instructors based on defined criteria; Assess compliance with the Kansas State Board of Nursing and Accredo Continuing Education Program processes and services in order to evaluate appropriateness and effectiveness of educational offerings to ultimately improve patient outcomes; Assure records are maintained in a confidential and secure manner; Analyze aggregate data from various sources to improve performance; Acknowledge complaints regarding educational offerings within 72 hours with written notification. Review complaints within 10 business days,and notify with a written response of resolution. Note: We have not received any to date.

Need Assessment and Planning Continuing Nursing Education:
The Continuing Education Program Advisory Committee assesses the need for a continuing nursing education offering by:
New or updated information on therapies, medications, or disease states of interest to AHI clinicians and clients; Formal needs assessment - identified specific clinical or practice knowledge gaps; Areas identified as high-risk, high-volume, high-cost, or problem prone; Formal recommendations from the Performance Improvement Committee; Informal suggestions from AHI clinicians requesting education in a specified area.
Attachment 3: CE 1-03 Continuing Education Process 1.2 Faculty Planning (3) CE Committee oversight

feeassessment ~ Process for fee assessment:

No fee will be assessed for continuing education offerings for employees of Accredo Health, Inc. and agencies contracted with Accredo Health, Inc.
No fees are being assessed for continuing education offerings presented to healthcare providers not employed by Accredo Health, Inc.
Attachment 6: CE 17 Continuing Education Fee Payment, Assessment, and Reimbursement Process 1.3 Fee Assessment Process

advertisement ~ The following may be utilized to announce course offerings:
oExternal CE - We create and maintain an internal course list we share with our internal clinical operations partners and account managers. The account manager communicates with external clients verbally or by email that Continuing Education courses are available when education need is verbalized by the client.
oInternal CE – Internal Email
Published announcements shall contain the following statement: "Accredo Health, Inc. 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 LT0223-0538.
Attachment 7: (443) Myasthenia Gravis (MG) Brochure p. 2

approvalprocess ~ The Continuing Education Committee will approve continuing nursing education offerings with content which meets the definition of CNE in KSA 65-117: "Continuing nursing education means learning experiences intended to build upon the educational and experimental 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." Approval will be noted by signature of the Continuing Education Program Coordinator. Documentation will be kept on file in Continuing Education limited access files for no less than 7 years. Approval will also be documented in the AHI CE database.

For each continuing nursing education offering, the following are required:

A summary of planning of the continuing nursing education offering
The behavioral objectives: meaning the intended outcome of instruction stated as measurable learner behaviors
Content meets definition of CNE in KSA 65-1117(a)
The instructors' education and experience, documenting knowledge and expertise in the content area
A current bibliography that is reflective of the offering content. The bibliography will include books published within the past ten years and periodicals published within the past five years, or both. Books and articles outside of those timeframes may be included if they have historical significance. Explanation will be included.
An offering evaluation that includes each participant's assessment of the achievement of each objective, and the expertise of individual presenters.
Attachment 3: CE 1 Continuing Education Process – 2.1 Course Approval Process
Attachment 9: CE Review and Approval (447) Age-related Macular

Degeneration and Diabetic Macular Edema: Overview and Treatment Options

contacthours ~ Contact hours will be awarded to those meeting all course requirements
•included in the course announcement, course presentation slides and handout, and
•provided orally by the presenter at the beginning of the activity.

Requirements per discipline example (i.e. verifying participation and successful offering completion):

•Nurses must complete the attendance roster, including their license number(s) and signature; and complete a posttest, and course evaluation to receive course credit.
•Pharmacists must complete the attendance roster, including their NABP e-profile ID and date of birth (MMDD), a posttest, and submit a course evaluation to receive a statement of credit.
•Case managers must complete the attendance roster, a posttest, and course evaluation to receive course credit.

CNE credits and fractions of credits will be calculated as follows:
o1.0 contact hours = 50 minutes
o1.1 contact hours = 55 minutes
o1.2 contact hours = 60 minutes
o0.1 contact hours added for each additional 5-minute increment
Contact hours for presentations will be awarded for actual time attended
Late arrival / early departure policy:
oNo credit will be given for CNE offerings in the event of late arrival or early departures
Instructor credit shall be two contact hours for each contact hour of first-time presentation of an approved offering
Attachment 3: CE 1 Continuing Education Process – 1.3 Activity development – (9) Contact Hours
Attachment 11: CE 16 Post Presentation Process – Assignment of Contact Hours
Attachment 12: CE 4 Independent Learning Contact Hour Determination via Pilot Test

verifycompletion ~ Documentation to verify each participant attended offering on site:
oParticipants will sign an attendance roster
oParticipants signature will be required following lunch for all day courses to verify attendance of entire course
oThe attendance roster shall contain the following:
Provider's name
Provider's address
Provider number

Program coordinator
Date and title of offering
Presenter(s)
Participant's name and license number
Number of contact hours awarded
oPartial credit will not be given, as previously explained in late arrival / early departure policy
Attachment 13: CE 27 Verification of Satisfactory Continuing Education Activity Completion
Attachment 11: CE 16 Post Presentation Process (CE 16-03)
Attachment 15a: (443) Myasthenia Gravis (MG) attendance roster – live
Attachment 15b: (443) Myasthenia Gravis (MG) attendance roster distance learning format
Documentation to verify each participant attended offering via WebEx:
oParticipants will complete a pretest and register via Survey Monkey
oContinuing Education Specialist (CES) will provide WebEx access information to participant via Outlook from information participant gave in Survey Monkey
oParticipants will complete posttest and evaluation, and provide name, license number(s) and state(s) of licensure in Survey Monkey after the WebEx presentation. Note: Participant enters Survey Monkey by exiting WebEx.
oWebEx attendee report documents arrival, departure, and return times (if applicable). Participants must attend the entire presentation to receive continuing education credit.
oThe attendance roster shall contain the following:
Provider's name
Provider's address
Provider number
Program coordinator
Date and title of offering
Presenter(s)
Participant's name and license number
Number of contact hours awarded
oPartial credit will not be given, as previously explained in late arrival / early departure policy
Attachment 16: CE 43 CE Series Process
Attachment 17: CE 45 CE Evaluation Outcome Summary
Attachment 11: CE 16 Post Presentation Process (CE 16-03)
Documentation to verify completion of independent study offering:
oParticipants will sign an attendance roster containing required information mentioned above
oParticipants will complete a posttest with a passing grade or perform a return demonstration

Attachment 19: CE 18 Independent Learning Continuing Education Requirements CE 18-01

Certificates
oCertificates of attendance will be awarded to each participant after completing an offering
oEach certificate will be complete before distribution to participants
oEach certificate will contain the following:
Provider's name, address, and provider number
Offering title
Date(s) of attendance
Number of contact hours awarded
If applicable, the designation of any independent study or instructor contact hours awarded
Signature of Continuing Education Program Coordinator
•Signature may either be by signature stamp. Stamp will be kept in locked file cabinet. Access to key will be limited to the Continuing Education Program Coordinator and Continuing Education Administrator
•Signature generated by CE Database when certificate is created. Only CEA and CES are able to access database.
Participant name and license number
Attachment 20: Sample Certificate

recordkeeping ~ For each offering, Accredo Health, Inc. will retain the following in electronic format, or as hardcopy as appropriate, for a minimum of two years:
oSummary of planning
oAnnouncement / brochure
oTitle and objectives
oAgenda
oPilot Test results for self-study courses
oBibliography
oParticipant evaluation summaries (Note: evaluation information has been added to Survey Monkey. We are able to run reports using various filters to summarize evaluation results; e.g. by session, by course, by presenter
oEach instructor's education and experience
oDocumentation to verify offering completion – signed hardcopy roster or electronic roster, including license numbers, and contact hours awarded
oAlphabetized list of participant names
Records will be kept at Accredo Health, Inc. – 11411 Strang Line Road, Lenexa, KS 66215 in locked file cabinets. The Continuing Education Program Coordinator and the Continuing Education Administrator will have access to the key assuring confidentiality and easy record retrieval.
Attachment 21: CE 5 Record Retention and Material Maintenance (CE 05-01)

noticeofchange ~ The Continuing Education Program Coordinator will notify the board in writing of any change of the individual responsible

for the providership or required policies and procedures within 30 days.

Attachment 22: CE 26 Administrative Change (CE 26-1.2.2)

programevaluation ~ A total program evaluation will be completed no less than annually by the Continuing Education Committee using a systematic process to analyze the overall continuing nursing education program outcomes in order to make subsequent decisions. The evaluation will provide a process for collecting and analyzing data to determine if the Continuing Education Program is appropriate and effective. An annual report including statistical information regarding the analysis of the educational offerings will be documented based on the Committee findings and submitted to the Kansas State Board of Nursing (KSBN).

The evaluation will assess the entire program:
Program Administration:
Policies: Assess need, planning
oEvaluation summaries
oEmployee survey
Policies: Fee Assessment
Policies: Announcement
Policies: Offering approval process
Policies: Awarding contact hours
Policies: Verifying participation/completion
Policies: Record keeping
Policies: Notification of changes
Total Program Evaluation effectiveness

Attachment 23: Long-Term Continuing Nursing Education Provider 2022 Annual Report - Total Program Evaluation

Submission date ~ 02-9-2023 14:07:12
Form ID ~ 1672730

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
Lenexa, KS 66215
July 1, 2021 through June 30, 2022

Area	Administration
Frequency	Ongoing
Responsible Person	Continuing Education Program Coordinator
Criteria	Review Accredo Health, Inc. (AHI) Standard of Practice (SOP) 26: Continuing Education Administrator Qualifications and Responsibilities ▸ Licensed professional nurse ▸ A working knowledge of continuing education programming and development ▸ 3 years clinical experience ▸ At least 1 year experience developing and implementing continuing education offerings ▸ Baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 (e) (6) and amendments thereto ▸ An understanding of the basic principles of adult learning ▸ Experience in program faculty selection, program budget preparation, record keeping, and a general familiarity with contemporary pharmacy and nurse practice and current trends and issues in pharmaceutical and nursing education
Findings	Meets requirements
Actions / Recommendations	Maureen McCullough, MSN, RN, Continuing Education Program Coordinator since December 2018 Maureen received her Masters of Science in Nursing in 2016. She meets required qualifications.
Area	Policies: Assess need, planning ▸ Written tool ▸ Evaluation summaries ▸ Employee survey
Frequency	Ongoing
Responsible Person	▸ Continuing Education Program Coordinator ▸ Continuing Education Administrator (CEA) ▸ Continuing Education Specialist (CES) ▸ Continuing Education Committee

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
Lenexa, KS 66215
July 1, 2021 through June 30, 2022

	▸ Presenter's Manager ▸ Therapy Resource Centers Clinical Resource Teams consisting of nurses, pharmacists, and case managers
Criteria	Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning
Findings	Meets requirements
Actions / Recommendations	AHI CE uses written needs assessment tools, evaluation summaries, and employee survey results when planning new, and reviewing current, CE presentations. ▸ No change to tools previously discussed unless noted. ▸ Tools: o Needs Assessment and Learning Needs template is used. The developer provides information documenting practice gaps, learning needs, and guideline changes pertaining to the topic. This information guides the developer in developing content meeting participant continuing education need(s). o Evaluation template – Includes "Do not encounter this patient population for more accurate response per participant response. o Includes question on pretest asking participant for personal objective(s) for the CE topic. Results given to presenter prior to presentation to add or emphasize content pertaining to personal objectives that may differ from the CNE activity objectives. ▸ Evaluation summaries composed for each presentation and reviewed by Continuing Education Administrator, Continuing Education Specialist (CES), Presenter's manager, Clinical Operation Specialists, presenters. Results used to revise current CNE activities and develop new activities requested by participants or determined necessary by the Continuing Education Committee, or improve future presentations. Evaluations are completed by ~100% of the activity participants. Evaluation summaries are forwarded to the individual director and planning committees who oversee the activities, and the presenters of the sessions to review and make those determinations. Rating scale: 1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor. Any area rated 3.0 or greater are reviewed by the CEA and action determined. Note: there have been no results 3.0 or greater during the 2019-2020 report timeframe. ▸ Continuing Education Planning Committee meets as needed to determine activity development from evaluation summaries, new developments with a disease state (i.e. new drugs approvals, new indications for current drugs, etc.), and staff performance needs and requests.

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
Lenexa, KS 66215
July 1, 2021 through June 30, 2022

	▸ Employee Survey: Accredo Health, Inc. employees complete an annual Employee Satisfaction Survey where they may comment on the Continuing Education Program thereby capturing their opinions and suggestions for CE activities to enhance their professional development. ▸ Individuals who interact with the Continuing Education department are asked to evaluate the department standards of practice and make suggestions for improvements. The CEA and CES review results no less than annually. Presenters and others who interact with AHI CE are asked to complete a Continuing Education department evaluation which includes space to record their impressions of activity material and audience questions, and provide suggestions on ways to improve activity materials. Activity evaluations request the participants evaluate the activity content and materials; presenter, if applicable; and program administration. The participants are requested to make comments and give suggestions for future presentations. We continue to ask participants to assess their learning from the education experience. They record their expertise before the presentation, after, and what they require for their position.
Area	Policies: Fee Assessment
Frequency	Annually – No fees charged
Responsible Person	Reviewed by the Program Coordinator, CEA, and CES.
Criteria	Policy meets organization and participant needs
Findings	Meets requirements
Actions / Recommendations	Accredo Health Inc. continues to provide continuing nurse education activities at no cost to participants. A Standard of Practice policy for fees has been developed and will be revised in the event fees are charged.
Area	Policies: Announcement
Frequency	Annually
Responsible Person	Reviewed by the Program Coordinator, CEA, and CES.
Criteria	Reflect information required by Kansas State Board of Nursing (KSBN), Accreditation Council for Pharmacy Education (ACPE), and Commission for Case Manager Certification (CCMC).
Findings	Meets requirements.
Actions / Recommendations	The announcement format has not changed since our previous response as accreditation board requirements have not changed. Templates are used – specific information pertinent to the activity is input into the template to ensure all required information is included. This includes: ▸ Title ▸ Disciplines for which the activity is approved ▸ Contact hours awarded for successful completion of all requirements

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
Lenexa, KS 66215
July 1, 2021 through June 30, 2022

	▸ Activity length ▸ Presenter information ▸ Fee information ▸ Summary of planning ▸ Date, time, registration process, and contact information ▸ Intended outcome ▸ Major activity objective ▸ Activity overview ▸ Target audience ▸ Learning objectives ▸ Agenda ▸ CE information and requirements per discipline, including required statements per accreditation board: Accreditation Council for Pharmacy Education (ACPE), Kansas State Board of Nursing (KSBN), Commission for Case Manager Certification (CCMC) ▸ Assessment method ▸ Statements of credit information ▸ Accredo Disclosure policy ▸ Faculty (Name, discipline, title/position) ▸ Disclosure declaration
Area	Policies: Activity approval process
Frequency	As needed when new activity is developed, and annually
Responsible Person	▸ Continuing Education Committee ▸ Accredo Creative Review Panel (CRP)
Criteria	Review policies and compare to KSBN requirements
Findings	Meets requirements

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
Lenexa, KS 66215
July 1, 2021 through June 30, 2022

Actions / Recommendations	▸ All activities are required to include: o Needs assessment and summary of planning o measurable behavioral objectives appropriate for each discipline for which the activity is developed o content which meets the definition of CNE for activities developed for nurses and other disciplines o Minimum presenter education and clinical experience requirements. o Current bibliography reflective of the offering content: books published within 10 years, periodicals published within the past five years, or both o Offering evaluation that includes each participant's assessment of ▪ Achievement of each objective ▪ Expertise of each individual presenter ▪ Usefulness of education material ▪ Effectiveness of teaching and learning methods ▪ How objective the presenter/content; free from bias ▪ Active learning opportunities ▪ Posttest accurately measured education learned from presented information ▪ Contents impact participant's practice; promoted healthcare improvement ▪ If participant would recommend the activity to others ▸ Presenters must provide information documenting their education and/or clinical experience related to the activity topic when applying to present the activity. Their application is reviewed by 2 CE Committee members and approved only if it meets criteria. ▸ Bibliographies are required to include references meeting KSBN guidelines. A reference outside those guidelines is accepted if it is documenting historical information that is not found elsewhere. ▸ The evaluation template includes assessment of learner achievement of each objective, and presenter expertise. ▸ The approval process remains unchanged. CNE activities for external audiences (clinicians not employed by Accredo Health, Inc. or Express Scripts) are reviewed and approved by the Accredo Communication Review Panel (CRP) comprised of representatives from legal, compliance, nursing operations, and nursing practices. All

	requested revisions pertaining to continuing education are accepted or refused by the CEA depending on KSBN and other accreditation board guidelines. ▸ The CEA completes the Quality Assurance review for grammar, punctuation, and spelling, formatting, and to ensure all required documents are included and meet accreditation board guidelines. A clinical subject specialist reviews the activity for topic information accuracy. CE Committee review is performed by the CE Program Coordinator or one Continuing Education Committee member verifying the activity meets the Accredo Health, Inc. Continuing Education objectives. Final approval is documented by the CEA. Review/approval of CNE activities for internal audiences is the same with the exception of the CRP review which is not required by Accredo.
Area	Policies: Awarding contact hours
Frequency	As needed when new activity is developed
Responsible Person	Continuing Education Committee
Criteria	Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit
Findings	Meets requirements
Actions / Recommendations	An approved provider may award any of the following ▪ Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours ▪ Credit for fractions of hours over 30 minutes to be computed towards a contact hour ▪ Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum ▪ Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results ▪ Clinical hours ▸ Contact hours are determined during activity development as how long it takes to present content, and any other activity related activities (e.g. posttest, hands-on activity), and approved with the rest of the activity approval. ▸ Nurse instructors are awarded instructor credit, two contact hours for each contact hour of an approved offering, for their first presentation of that offering. ▸ Pilot tests are performed for each independent study using a minimum of 3 nurses who successfully complete all requirements. Completion time is totaled and divided by the number of participants. The average completion time is converted to contact hours. ▸ We do not provide partial credit. This is documented in our activity brochure and attendance roster.

	▸ Requirements to receive contact hours are included in the course offering instructions. Contact hours are awarded only when all requirements are met. A certificate of attendance is 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. ▪ Each certificate and each CE transcript shall be complete before distribution to the participant. ▪ Each certificate and each CE transcript shall contain the following information: o Provider's name, address, and provider number; o Offering title; o Date or dates of attendance or completion; o Number of contact hours awarded o If applicable, the designation of any independent study or instructor contact hours awarded; o Signature of the individual responsible for the providership; and o Participant name and license number ▸ Certificates are awarded each participant who meets all requirements ▸ Certificates meet all KSBN requirements ▸ Certificates are processed and sent to the participant within 30 days of the offering date.
Area	Policies: Verifying participation / completion
Frequency	Annually
Responsible Person	Continuing Education Committee
Criteria	Review rosters and certificates; compare to KSBN requirements
Findings	Meets requirements
Actions / Recommendations	Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant sign a daily roster, which shall contain the following information: ▪ the provider's name, address, provider number, and coordinator ▪ the date and title of the offering, and the presenter or presenters ▪ the participant's name and license number, and the number of contact hours awarded ▸ AHI CE attendance roster is designed to document attendance for APRNs, RNs, LPNs, and Case Managers (if applicable). The roster contains: o Accredo Health, Inc. name, address, provider number, and coordinator o Offering date and title

	○ Presenter(s) ○ Participant name, license number, and state(s) of licensure ○ the number of contact hours awarded ▸ Most of our CNE activities are one hour in length. In the event the presentation would occur before and after lunch or dinner, the participants are required to sign at the beginning of the presentation, and again after the meal break. ▸ We provide CE presentations virtually using WebEx. Participation and completion requirements are included in the announcement, and repeated by the host or presenter, and in the slide presentation. This may include registering, completing a pretest, completing a posttest, completing an evaluation, and providing their participant information (Name, address, license state and number). Participants must attend the entire presentation to receive credit. Reports show participant names, time they logged in, and time they logged off. ▸ We also have live-recorded CNE self-study activities in Survey Monkey. Participants provide identification at the beginning of the Survey Monkey activities. Participants are informed of all requirements to receive CE credit at the start of the activity. A posttest with a passing grade is required, along with completing and submitting an evaluation. License information is requested with the participant identification. ▸ We also offer self-study CNE activities online. Participants request access to the activity from the CEA or CES. Reports can be run that show how long the nurse took to complete each slide and the activity as a whole. The nurse is required to pass the posttest by a pre-determined percentage. Credit for the activity is only given if the nurse views all slides and successfully passes the test, and completes the evaluation. License information is requested in the evaluation template.
Area	Policies: Record keeping
Frequency	Daily and annually
Responsible Person	Continuing Education Committee
Criteria	Audit contents of electronic files for compliance with KSBN requirements For each offering, the approved provider shall retain the following for two years: • Needs assessment / Summary of the planning • Announcement or brochure • Title and objectives • Agenda or, for independent study, pilot test results • Bibliography • Summary of the participants' evaluations • Instructor's education and experience; and • Documentation to verify completion of the offering: as specified in subsection (f).

	○ Each provider shall maintain documentation to verify that each participant attended the offering. The provider shall require each participant sign a daily roster, which shall contain the following information: ▪ Provider's name, address, provider number, and coordinator; ▪ Date and title of the offering, and the presenter or presenters; and ▪ Participant's name and license number, and the number of contact hours awarded. ○ Each provider shall maintain documentation to verify completion of each independent study The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals
Findings	Meets requirements
Actions / Recommendations	Course offering ▪ Course offering materials must include: ○ Needs assessment / Summary of planning ○ Announcement / brochure ○ Title and objectives ○ Agenda ○ Bibliography ▪ Course offering materials are kept in electronic file for no less than 7 years online with limited access. Access is limited to the CE Program Coordinator, CEA and CES. Presenter Approval ▪ Developers and Presenters must meet company policy and accreditation guidelines to be approved to develop and/or present a course offering. ▪ Documentation (Presenter approval form, CV, copy of license time of application) is kept on file. ▪ Developer / Presenter approval is added to the Continuing Education Database A post-presentation documents electronic file is kept for each course offering session. Materials for live presentations include: ▸ Completed Documents Form (a form developed by us to track post presentation procedure completion) ▸ Alphabetized attendant lists ▸ Evaluation summaries

- Original attendance rosters
- Original evaluations
- Posttests, if applicable

Materials for online presentations include:

- Completed Documents Form
- Attempt Detail Report showing participant's name, date activity completed, duration, posttest score, passing score, status, license state and number, and posttest responses.
- Evaluations are not included in the session hardcopy. Evaluation data is entered by the CES into an electronic evaluation template. Composite evaluation reports are reviewed by the CEA no less than quarterly. Reports are downloaded and forwarded to the Senior Manager, manager, and clinical coordinator(s) responsible for the development and management of the activity to review and determine if any revisions are warranted. An electronic report is saved in a secure area on computer network with limited access granted to the Program Coordinator, CEA, and CES.
- The presentation information is also recorded electronically in a continuing education database containing activity title, presenter name and presentation location if applicable, and participant name, healthcare discipline, license number, and state(s) of licensure.

The electronic version of the live presentation evaluation summaries are kept in a secure area on computer network with limited access granted to the CE Program Coordinator, CEA, and the Continuing Education Specialist.

Hardcopy files less than 2 years of age remain on-site at:
Accredo Health, Inc.
11411 Strang Line Road
Lenexa, Kansas 66215
Hardcopy files older than 2 years may be moved to:
Iron Mountain
15400 W. 99th Street
Lenexa, Kansas 66219
Phone: (913) 888-4766

- Records for online CNE activities may be viewed in the Continuing Education database. Reports can be run to document the information. The evaluations for the online CNE activities are located on Survey Monkey. Data is stored there and may be viewed, shared, or downloaded.

Total Program Evaluation

Accredo Health, Inc.
11411 Strang Line Road
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Area	Policies: Notification of changes
Frequency	Annually
Responsible Person	Continuing Education Committee
Criteria	Review procedures for changes reported to KSBN
Findings	Meets requirements
Actions / Recommendations	Notice of change ▸ Accredo Continuing education has policy pertaining to notification of change: SOP 35 - Continuing Education Substantive Change Policy ▸ For other substantive changes: o Accredo CE should notify KSBN, and any other boards for which Accredo CE has been granted accreditation, in writing within 30 days of the change. The circumstances provided may present the need for review and consideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring.

Area	Total Program Evaluation effectiveness
Frequency	Each session and annually
Responsible Person	Continuing Education Committee
Criteria	Review total program evaluation and compare contents to KSBN requirements
Findings	Meets requirements
Actions / Recommendations	Nurse Practice Act: Continuing Education • 60-9-105 Definitions • 60-9-106 License Renewal • 60-9-107 Approval of Continuing Nursing Education. Review of the rules and regulations for Continuing Nursing Education shows Accredo Continuing Education Standards of Practice to be in compliance. AHI CE statistical evidence shows the effectiveness of the education through the use of pretest / posttest result comparisons, and participant rating personal expertise related to presentation objectives before, after, and needed for current position in completing the presentation evaluation. • Participants are asked to complete a pretest which includes the response option, I don't know, without referring to any reference material prior to attending the CE presentation. Participants are asked to complete a posttest consisting of the same questions following the presentation. Individual and aggregate results are compiled, analyzed, and reported to the AHI CE Committee. Results showed all participants scored higher on the posttest than the pre-test.

Total Program Evaluation

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	• Participants are also asked to rate their level of expertise (Novice, intermediate, expert) for each activity objective before the education, after, and what expertise level they need for their current position. Individual and aggregate results are compiled, analyzed, and reported to the AHI CE Committee. Level of expertise increased after the education in all objectives. Also, the results of the level of expertise exceeded what was needed for their current position with rare exception. • Participants evaluate presenters' teaching skills and knowledge, how well each objective was addressed, usefulness of education material, Information presented objectively without bias, opportunities for active learning, posttest accurately measured what participant learned, impact content will have on participant practice, activity promotes healthcare improvement, would recommend to others. Results are analyzed per activity; results are compared to all activities. We also average results per activity. Rating scale: 1 = Excellent, 2 = Good, 3 = Fair, 4 = Poor. Results were between 1.00 and 1.77. AHI CE evaluation results show participants rate our CNE activities good to excellent per rating scale used. We will continue to develop and present our CNE activities as we have, and will continue to analyze evaluation results and look for ways to improve individual CNE activities, and the program overall.

Number:	Revision:	Effective date:	
AHI SOP CE 1	**11**	06/02/2005	
Title: **Continuing Education Process**			
Department: **Continuing Education**			
Program: **General**			

Purpose

To provide a standardized process for Continuing Education program direction and planning, and course development and approval by AHI and its subsidiaries for nurses, pharmacists and/or pharmacy technicians, case managers, and other healthcare professionals.

Scope

This procedure is applicable to Accredo Health, Inc. Continuing Education (AHI CE) presentation developers and the CE Committee (the planners). It shall be referenced by all individuals involved in AHI continuing education program planning, development, and approval.

Definitions and acronyms

ACPE – Accreditation Council for Pharmacy Education

AHI – Accredo Health, Inc.

BLS – Basic Life Support

CBN – California Board of Nursing

CE – Continuing Education

CEA – Continuing Education Administrator

CEPC – Continuing Education Program Coordinator

CCMC – Commission for Case Manager Certification

CPE – Continuing Pharmacy Education; Continuing Professional Education

CRP - Communication Review Process

EDDF – Education Design/Documentation Format

HCPs – Health care providers

KSBN – Kansas State Board of Nursing

NPA – Nurse Practice Act

PDF – Program Description Form

UAN – Universal Activity Number

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Accredo

1.1 Program mission and goals determination

Step	Action
1	Part 1: Mission and Goals (1.1) Accredo Health, Inc. (AHI) Continuing Education (CE) will create a clearly articulated mission, desired goals, and a planning process to achieve the mission and goals. • The mission, goals, and activities will: o Relate to the vision and educational needs of the pharmacist, nurse, and case manager (HCP) to better serve society. o include Accredo CE's short-term intent in conducting CE activities, including the intended audience and activities scope o Address how AHI CE will assist HCPs to maintain and enhance their professional competencies to practice in various settings. o Educate HCPs to deliver patient-centered care as members of an inter-professional team, emphasizing evidence-based practice, quality improvement approaches, and informatics. • The CE Committee will review and revise the mission and goals no less than annually.
2	Part 2: Assessment Plan AHI CE will evaluate the impact of its mission and goals by evaluating learner participation, satisfaction, and learning. • Learners will provide feedback on the following: o presentation o education o presence, or absence, of bias o likes and dislikes o Suggestions for future presentations – changes to the presentation being evaluated, or learner's topics of interest. • The CE Committee and presenters will review evaluation results no less than annually • Results will guide the CEA, Committee, and presenters in the need to: o revise the mission and/or goals o revise the presentations o re-educate presenters; e.g. presentation skills
3	Part 3: Achievement of Mission AHI CE will demonstrate evidence showing the degree to which the mission and goals are met. • Based on the results of the aggregate evaluation results, AHI CE will evaluate and update our mission and goals.

1.2 Faculty: Planning

Step	Action
1	Anyone involved in Accredo Health, Inc. Continuing Education (AHI Continuing Education Administrator (CEA), Continuing Education Specialist (CES), CE and CRP Committee members, and any subject matter experts (SMEs) involved in AHI CE): (1.6)(1.5)(2)(3)(4) • Will not have direct marketing/sales/product line (distribution) responsibilities. • Will complete an Identification, Mitigation, and Disclosure of Relevant Financial relationships (21) every two years to document they have no conflict of interest, and are eligible to develop the required material. o Disclosure documents will be kept on file, available upon request. Accredo Continuing Education Disclosure Policy stating faculty members have nothing to disclose will appear in the activity deck and brochure. Presenter will also tell audience he/she has nothing to disclose during the introduction. o If the individual does not sign the financial disclosure, he/she will be excluded from the project. o If the individual discloses a conflict, the member will complete the Mitigation of Financial Relationships (21) documenting what actions were taken to mitigate the conflict. o In the event a conflict of interest is disclosed, the company compliance department will be notified per company policy.
	Accredo Continuing Education disclosure policy is included: in the slides immediately following the title slide of every CE activity PPT, Accredo CE announcement, and any other CE related document pertaining to faculty. • Accredo Disclosure Policy: Accredo Health, Incorporated, will develop continuing education presentations for nurses, pharmacists, and case managers that provide in-depth presentation with fair, full disclosure, and equitable balance. Topics and learning objectives will not be promotional or appear to be intended for the purpose of endorsing a specific commercial drug or a specific commercial service. All educational programs and associated materials will be free from promotional influence and/or content. Written agreements will be used in the event of external support. Any relevant relationship between funding organization(s) and program faculty will be disclosed. • Accredo will avoid promotional activities or materials as an integral part of the program or program materials, or in any manner that interferes with or interrupts the educational activity. Disclosure will be made of limitations on information including but not limited to: o Data that represents ongoing research o Interim analysis o Preliminary data o Unsupported opinion o Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research o Off-label use • Accredo disclosure declaration: Accredo Health Group, Incorporated, and its subsidiaries dispense medications and provide services discussed in this presentation. Every effort has been made to include all approved treatment options currently used for the treatment of this disease state; to present each therapy equally, objectively, and without bias; and to avoid promotion of one therapy over another.

	• No commercial support was received for this activity. No compensation was received for planning, development, approval, or presentation of this activity. • All persons considered to plan, develop, or review/approve content of an education activity must disclose all relevant financial relationships (RFRs) with any ineligible company(ies).* If any RFRs were disclosed, steps will be taken to mitigate the relationship. Disclosure and mitigation will be kept on file, and will be disclosed to the participants. *Ineligible company: One whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients. • Relevant financial disclosure (The appropriate sub-bullet will be included in the disclosure) o No persons in control of content had relevant financial relationships. o The following persons in control of content had relevant financial relationships: ▪ Name: ▪ Ineligible company: ▪ Nature of the relationship: ▪ Mitigation: • Participant information o Participant names and contact information are retained by the continuing education department and only shared with appropriate accreditation boards for the purpose of providing continuing education credit. • Faculty involved in any aspect of the CE activity are listed by name, discipline, and title.
2	Continuing Education Administrator (CEA) will be familiar with all accreditation board requirements AHI SOP CE 26_1.1.1 To ensure all discipline requirements are understood and met, the CEA will: • oversee AHI CE planning, developing, review/approval, presentation, and evaluation • provide verbal and written instructions, and guidance to all involved in AHI CE o Faculty Guidance Checklist (required for pharmacy CE) provided to the developer to be completed prior to activity development .Covers accreditation board requirements for specific discipline continuing education. o Creates and provides tools: o Session planning worksheet / needs assessment justification template and examples o developing test questions o sources and referencing - formatting o adult learning concepts • ensure AHI CE meets all accreditation policies and standards • communicate and collaborate with CE activity faculty regarding: o identified educational needs / practice gaps o intended audience o objectives o active participation o learning assessments o evaluation
3	CE Committee oversight

	The Company CE Committee will evaluate requests for continuing education course development based on: • New or updated information on therapies, medications, or disease states of interest to AHI clinicians and clients; • Formal needs assessment - identified specific clinical or practice knowledge gaps; • Areas identified as high-risk, high-volume, high-cost, or problem prone; • Formal recommendations from the Performance Improvement Committee; • Informal suggestions from AHI clinicians requesting education in a specified area.
4	Content Criteria (ACPE policies and procedures_ Section 1_Introduction_C Definition (also Appendix A: Definitions) Continuing education [for the profession of pharmacy] is a structured educational activity designed or intended to support the continuing development of healthcare providers to maintain and enhance their competence. Continuing education (CE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy, nursing, and case management. KSBN NPA 65-1117 (a) Presentation content must build upon the educational and experiential bases for the enhancement of practice, education, administration, research, or theory development for the purpose of improving the health or healthcare of the public. The following will not be considered continuing education: (KSBN NPA 60-9-1-5 Definitions (n)(p) • In-service and on-the-job training: meaning learning activities in the work setting designed to assist the individual in fulfilling routine job responsibilities • Orientation: meaning formal or informal instruction designed to acquaint employees with the institution and the position Institution-specific courses containing the same content as courses that are part of basic preparation at the level of current licensure or certification, or BCLS.
5	CE Activity methods and/or settings: (10) ACPE Guidelines with CE Definitions Continuing education may be delivered through live lecture, workshops, journal clubs and study groups, seminars, case presentations, video, audio, and computer-based materials, and self-study programs. Program materials may include PowerPoint presentations, written documents, posters, or other media that is accessible to the target audiences.

1.3 Activity Development

Step	Action
1	AHI CE will develop CE activities based on identified knowledge, skill, or practice gap; i.e. developer(s) will identify gaps between what HCPs currently know or do, and what is needed and desired in practice. ACPE Accreditation Standards for CPE 2017_Competence Area 2: Designing Educational Interventions p.49 Identified gaps: • may be knowledge, skill, and/or practice gap • guide content development and delivery • form / determine activity type, objectives, active learning exercises, and outcomes Target Audience ACPE Accreditation Standards for CPE 2017_Universal Activity Numbers 9a (pp 25-26)

	Activities for pharmacists and pharmacy technicians will be assigned a universal activity number (UAN) and release date, and post the course on the ACPE Provider Web Tool. ACPE Accreditation Standards for CPE 2017 Policy 9.0 Provider Web Tool Activities for Case Managers will be submitted to CCMC by the CES 30 days prior to the first scheduled presentation. (13)
2	AHI CE activities will be structured to meet knowledge-, application- and/or practice-based HCPs education needs. (1.3) • CPE activity types: knowledge, application, and practice. (14) • The CPE activity type(s) will be consistent with Accredo Health, Inc. continuing education mission, and appropriate to meet the identified pharmacist and other applicable healthcare professional's needs, and must be based on evidence as accepted in the literature by the health care professions. Knowledge-based CPE activity: • Designed for HCPs to acquire factual knowledge • The minimum credit for these activities is 15 minutes or 0.25 contact hour. • Objectives include verbs such as: list, recall, define, memorize, state. Application-based CPE activity: • Designed primarily for HCPs to apply the information learned in the time allotted. • Minimum credit for these activities is 60 minutes or one contact hour. • Objectives include verbs such as: apply, demonstrate, interpret, solve, illustrate. Practice-based CPE activity: • Designed for HCPs to acquire specific knowledge, skills, attitudes, and performance behaviors to expand or enhance practice competency. • Formats of these CPE activities should include a didactic component and a practice component. • Minimum amount of credit for these activities is 15 contact hours. • Objectives include verbs such as: appraise, assess, defend, analyze, and differentiate. AHI CE is not required to offer all 3 activity types. The activity type will be documented in the following: • CE database under "Courses" • EDDF (Education Design / Documentation format) • activity brochure per accreditation board requirements (ACPE)

3	4b Content requirements (SOP 01 CE Process 1.3 Activity Development and approval policy)
	• Clinical content must come from credible, clinically approved sources, and must be specified in the bibliography. The most commonly used types of sources are:
	  • Articles in peer-reviewed journals
	  • Textbooks and other reference materials
	  • Position papers, consensus statements, review articles, and guidelines from government, academic, and other nonprofit organizations

	• Websites sponsored by acceptable organizations may be cited. The types of clinical information cited from appropriate websites may include, but are not limited to, the following:
	  • Statistics
	  • Peer-reviewed journal articles posted online
	  • Consensus statements, position statements, and reference materials from approved government, academic, and other nonprofit organizations
	  • FDA updates
	  • Information for patients regarding living with their condition (if based on sound clinical rationale)
	
	• The content of the provider's CPE activities is based on evidence as accepted in the literature by the healthcare professions.
	
	• To the greatest extent possible, clinical content must be current and based on evidence accepted by experts in the field. In cases where content is unproved or controversial, steps should be taken to ensure that objective and balanced information is provided. Content that pertains to off-label must be disclosed as off-label.
	
	• "Sourcing" is the process of selecting and documenting sources for the clinical content in communications materials.
	
	• Content that requires sourcing
	  • All definitive statements about medications, therapeutic and preventive practices, disease-related information, healthcare costs and trends, or new and not generally accepted information must be based on acceptable sources. This includes the following:
	
	  o Statistics
	  o Claims of medical benefit
	  o Descriptions of side effects or symptoms
	  o Clinical guidelines and treatment recommendations
	  o Findings and conclusions of clinical studies

4	Continuing Pharmacy Education Activity Development (1.4)
	Course developers will:
	• Develop appropriate activity type behavioral learning objectives based on what the participant should be able to do as a result of the activity. (1.4)
	• provide a summary of planning explaining how the activity addresses the HCPs CE needs
	• Include references in a bibliography; may include additional references as a suggested reading list. (1.8)
	• create a product reference resource of all medications mentioned in the presentation activity (1.8)
	• develop unbiased, evidence-based content including all FDA approved treatment options (8a)
	  o Content or format, or related materials, must not promote a specific proprietary commercial interest.
	  o Presentations must give a balanced view of therapeutic options.

	○ Generic names will be used for all medications. If trade names are also used, they must be used for all medications. ○ Use trade names from several companies if several manufacture, or distribute, the medication. • develop objectives-based: (1.20) ○ knowledge checks - questions within the activity presentation participants answer to check their comprehension ○ learning assessments - to measure acquired knowledge and comprehension (1.7) For internal presentations, participants will complete a pretest to measure their topic knowledge-base, and share their personal objective(s) if different from the course objectives (1.7) • Presenter will review results to guide the focus of the presentation. • Personal objectives will be evaluated by the CEA and CE Committee to determine if they should be added to future revised version / updates to the activity.
5	Reference Guidelines and Copyright use (15)
6	Learning Assessment (1.9) AHI CE will include learning assessments in each CPE activity to allow pharmacists (and other disciplines) to assess their achievement of the content. Learning assessment completion is required for CPE credit. Formal assessments: Tests and quizzes • Will be in hardcopy and/or online, whichever is most appropriate for the circumstances. • Live sessions ○ Learning assessments will include participant discussion. ○ The presenter will review answers with the learners. ○ Correct answers will be provided, along with rationale. ○ Tests will not be graded, nor will a passing grade be required. ○ If some participants attending remotely, all participants will follow WebEx session instructions (next bullet). • WebEx sessions ○ Learners will complete a pretest with registration, and a posttest following the presentation. ○ Aggregate results will be analyzed for the pretest, and compared to the posttest to show evidence of acquired learning. ○ Posttests will be graded, with a required passing grade. Participants who do not pass may retake the test. ○ Answer key with rationale will be given with CE certificate, or when credit reported to CPE Monitor. • Consistent with identified CPE activity objectives (1.4) and activity type (1.3) ○ Knowledge-based CPE activity – assessment questions structured to determine recall of facts.

	○ Application-based CPE activity – case studies structured to address application of the principles learned. ○ Practice-based CPE activity - formative and summative assessments which demonstrate the participant achieved the stated objectives. • Assessment feedback, verbal or written, will be provided to participants as per activity type: (1.10) ○ Knowledge – Participant informed of the incorrect responses. Rationale included for correct responses. ○ Application – correct evaluation of case studies. Presenter will explain the rationale for incorrect responses. ○ Practice – Presenter will provide feedback on assessments used by participants to demonstrate they achieved the objectives.
7	Evaluations relevant to the intended activity outcome will be developed for each activity. (1.11) Pharmacist feedback will be summarized separately from other disciplines responses. Results will be used to determine areas requiring immediate or future CE program improvement. Feedback will be obtained to measure: • How well the activity met the participant's educational needs • Objective achievement • Faculty quality • Education material usefulness • Teaching and learning methods effectiveness, including active learning • Learning assessment activities appropriateness • Perceptions of bias or commercialism Additional items may be added to determine the program effectiveness and guide development of future activities, as well as assess achievement and impact of the stated mission and goals. (1.1)
8	External CE program approval requirements CE programs developed for presentation to non-employees (participants outside AHI) must also meet the Communication Review Panel (CRP) requirements and receive CRP review and approval. (16) Prior to CRP submission: • CEA will review the activity to ensure content is acceptable by accreditation guidelines, and all accreditation board requirements have been met; formatting, grammar, and spelling. • Clinical SME will review to ensure content is accurate. After CRP approval: • The CEA will develop required supporting documents. • Revisions will be submitted to the CRP Communications Analyst to determine if CRP review is required.

9	CE Documents The following must be completed / created for each CE presentation. Templates for each are available from the CEA, along with the CE Objectives Tool (1.20): • Needs Assessment / Gap Analysis (1.2) o Identify gaps between pharmacist / pharmacy tech, other HCPs as applicable, current knowledge and what is needed in practice o Identified knowledge, skill, or practice gap, and guide content development and delivery o Identified gap root (i.e. specific knowledge, skill, attitude, experience) and determines activity type, learning objectives, active learning exercises, and outcomes • Summary of Planning – content from needs assessment • Education Design / Documentation Format (EDDF) (1.4) o Snapshot of the activity o Title: o Course ID o ACPE UAN / Release date / Planned expiration date / Activity type o Contact hours per discipline o Presenter requirements o Teaching Strategies o Objectives o Activity outline with knowledge checks o References / Bibliography o Product References and access date • Objectives determined based on gap analysis finding(s) (1.4) o Specific and measurable o Developed to specifically address identified educational need (1.2) o Addressed by an active learning activity (1.7) o Covered by a learning assessment (1.9) • Bibliography (reference requirements for KSBN – books 10 yrs in age or less, journal articles and website material 5 yrs or less including date accessed). Exceptions allowed with CEA's approval. (9b)(15) • Agenda • Announcement and/or brochure • Attendance Roster(s) specific to each discipline • Evaluation for multiple disciplines (1.11) The following categories will be evaluated as appropriate to course format: • How well the CPE activity met the participant's educational needs • Achievement of every objective (e.g., each objective is listed or a single question asking if all objectives were met with a free-text option to list any unmet objectives)

	• Content accuracy, current, and relevant
	• Faculty Quality - Presenter
	  o Knowledge of subject
	  o Presentation skills
	• Educational material usefulness
	• Teaching and learning methods effectiveness, including active learning
	• Learning assessment activities appropriateness
	• Perceptions of bias, promotion, or advertisement of commercial products
	• What they most / least liked about the education
	• Suggestions for future education
	• Comments
	• Time was adequate for the material presented
	Learning Assessment and Answer Key with rationale
	A learning assessment is required for pharmacists and pharmacy technicians. AHI CE has decided to require it for all disciplines. Examples of assessment of objectives or outcomes include, but are not limited to:
	• Case studies
	• Role-play scenarios
	• Pretest/posttest
	• Posttest
	• Action planning
	Course handout is required for pharmacists and pharmacy technicians. Examples of content include:
	• PowerPoint slides in handout format
	• Suggested reading list
	• Table comparing / contrasting disease characteristics presented

10	**Contact Hours** The course developer states the amount of time it takes to present the course material. From this, contact hours are determined. (18) Contact hours for nurses will be awarded as follows: 1.2 CONTACT HOUR = 60 minutes 0.1 CONTACT HOUR added for each additional 5-minute increment. Contact hours for case managers will be awarded as follows: 1.00 CONTACT HOUR = 60 minutes 1.25 CONTACT HOUR =75 minutes 0.25 CONTACT HOUR added for each additional 15-minute increment. Contact hours for pharmacists and pharmacy technicians will be awarded as follows:

	1.0 CONTACT HOUR = 60 min 1.25 CONTACT HOUR = 75 min 1.50 CONTACT HOUR = 90 min 0.25 CONTACT HOUR added for each additional 15-minute increment. Minimum time for activity per discipline: • Pharmacist and pharmacy technician – 15-minutes Knowledge-based • Nurse – 30 minutes • Case Manager – 30 minutes
11	ACPE Universal Activity Numbers: If approved for pharmacists and pharmacy technicians, the activity will be assigned a universal program number and release date (self-study activities only), and posted on the ACPE Provider Web Tool. (11) (12)
12	CCMC Approval (13) • If course is to be approved for CM CE, notify Continuing Education Specialist to submit to CCMC

2.1 Course Approval Process

Step	Action
1	CRP Review (Peer Review)(16)(19) • Prior to the CE review/approval, all CPE activities intended for external audiences are reviewed and approved by AHI Communication Review Process. • A panel of AHI experts in key functional areas; which may include Legal, Compliance, Privacy/HIPAA, Regulatory, Professional Practice, and Clinical Practice SME; reviews and approves all communications AHI distributes externally. • This review process has been implemented to manage legal and regulatory risk, and to enhance patient safety.
2	AHI CE Approval The CEA will designate individuals to perform a Clinical and Final CE Committee review. All reviewers will complete and sign the Identification, Mitigation, and Disclosure of Relevant Financial Relationships form which will be kept on file. Review will be documented on the Multi-approval form (20) which provides: • Review instructions, access link to documents in CE SharePoint, and due date • Course ID and Title • Reviewer name and title, date Identification, Mitigation, and Disclosure of Relevant Financial Relationships form was signed • Names of developer and documents to be reviewed: o Course Developer

	○ Identification, Mitigation, and Disclosure of Relevant Financial Relationships form signature date ○ Course offering documents – required for accreditation but not used for presentation ○ Presentation documents • Reviewers review each form and document any changes needed in a table with headings: ○ Document number ○ Slide or page ○ Suggested revision ○ Reviewer ○ Revision date ○ Who made revision (Note: revisions made by CEA only) • Suggested revisions are reviewed by the CEA and made. CEA will discuss with the developer if unsure change should be made. All changes are documented on the multi-review form. • Review information from each separate review form is copied and pasted to a final review form with QA, Clinical, and CE Committee reviews and signatures on one document. • Final document versions are kept Continuing Education "Course Offering" folder with limited access ensuring the most recent version is given upon request.
3	Quality Assurance Review A Quality Assurance review (QAR) will be completed by the CEA for every program submission to ensure: • Inclusion of all required course offering documents • Documents meet Continuing Education guidelines • Terminology meets Continuing Education guidelines • Course Offering meets definition of Continuing Education
4	Clinical Review A clinician subject matter expert who is not the initial program developer/presenter, does not have any direct marketing/sales/distribution responsibilities, and who does not have a commercial interest in the activity topic, will perform a clinical review to ensure clinical accuracy of the information. This may be done during CRP review or CE Approval review.
5	CE Committee Review One (1) CE Committee member will perform the CE Committee review of the course offering assuring the offering meets the needs of AHI.
6	Final CE Approval After all points have been addressed by the CEA from the clinical and CE Committee review, the CEA will sign the final approval line on the review/approval form. The form will be saved in the course folder under "Approval Documents." The QA, clinical, CE Committee and final approval dates will be entered into the CE Database, along with any other information that was not completed during the process.
7	Course approval documentation

	Upon course approval, the CEA will: • notify the course developer(s) and CES of course approval • provide CES with course information to input in the CE database • add course name to appropriate course list template document • Add final version to CRP JIRA database

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

#	Document Title
1	ACPE Accreditation Standards for Continuing Pharmacy Education 2017
1.1 - 1.11	·Standards 1-11
2	CP.Gen.003 Conflict of Interest
3	Financial Disclosure Form – retired 01/01/2022
4	AHI SOP CE 39: Continuing Education Firewall Policy – independence from commercial interest
5	AHI SOP CE 2: Presenter approval
6	AHI SOP 26: CE Administrators Qualifications and Responsibilities
7	2018 Developing AHI CE [Survey Monkey]
8a	EMB.003 Definitions – Education and Training Programs for Potential Sources ("Programs")
8b	AHI SOP CE 12: ACPE Program Description Form (PDF) Web Tool)
9a	KSBN NPA K.S.A. 65-1117
9b	KSBN NPA _ 60-9-107(d)(5))
10	ACPE 2007 CE Guidelines and Definitions – FAQs
11	AHI SOP CE 11: ACPE Universal Activity Number (UAN) for Course Offerings
12	AHI SOP CE 12: ACPE Program Description Form (PDF) Web Tool)
13	AHI SOP CE 6: Initial and Annual Commission for Case Manager Certification Course Approval
14	ACPE CPE Policies_Procedures
15	AHI SOP CE 43 Reference Guidelines
16	AHI CRP SOP

17	CP.GEN.047 Dissemination of Off-Label Information
18	AHI SOP CE 4: Pilot Test for Determination of Contact Hours for Self-Study Course
19	AHI CE Multi-approval form
20	AHI CE Objectives Tool (CEOT)
21	Identification, Mitigation, and Disclosure of Relevant Financial Relationships
22	Mitigation of Relevant Financial Relationships

Document History

Document Location

This is an on-line document. Refer to the author for any questions regarding the content.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/02/2005	Original	Lisa Havens
1	09/13/2005		Laura Turner
2	02/03/2006		Laura Turner
3	04/28/2009		Laura Turner
4	10/27/2009		Laura Turner
5	10/4/2011		Laura Turner
6	10/10/2014		Laura Turner
7	08/14/2015	Header/footer • Accredo below title • Suite number revised Added 2 acronyms Deleted course list document location Added attachments to "Reference Documents"	Laura Turner
8	11/07/2016	Removed content pertaining to respiratory therapists Formatting Revised KSBN content criteria	Laura Turner

		Added legal contact; attachment 1c: AHI CRP SOP	
9	11/21/17	Revised to match the 2018 ACPE Standards. Added information on mission and goals, faculty, planning, development, and approval.	Laura Turner
10	5/4/18 And 11/12/2018	Added 1.3 Activity Development 3. Content Requirements from the previous SOP 1. Corrected address. Added CBN – California Board of Nursing to Acronyms. Created AHI CE Objectives tool (1.20) to assist developers with developing objectives based on participant education needs, knowledge checks assess objectives, and pre- and posttest questions match objectives to measure education-gained knowledge. Revised any spelling other than pretest and posttest. Changed CE folder location from W to N drive. Added Clinical review may occur during CRP review or CE approval review. 7. Added, "final version will be added to CRP Affinium database."	Laura Turner
11	1/20/2023	Changed "Financial Disclosure" annually to "Identification, Mitigation, and Disclosure of Relevant Financial relationships" every two years. Accredo Disclosure Declaration updated. Revised nurse minimal activity time to 30 minutes. Revised whre approved course is kept. Changed "Affinium" to "JIRA" database. Added "retired 01/01/2022" after Financial Disclosure in Reference Documents #3	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	12/01/2009
Karin Everett	Clinical Coordinator	12/02/2009
Caryn Bing	Senior Manager of Clinical Training	10/03/2011
Laura Turner	Continuing Education Administrator	10/10/2014
Erica Harris	Continuing Education Specialist	10/10/2014

Erica Harris	Continuing Education Specialist	10/07/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	11/28/2017
Erica Harris	Continuing Education Specialist	11/15/2018
Erica Harris	Continuing Education Specialist	01/26/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services (no longer applicable)	01/31/2009
Maureen McCullough	Director of Clinical Resources - Nursing	10/10/2014
Maureen McCullough	Director of Clinical Resources- Nursing	11/02/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	12/05/2017
Maureen McCullough	Director of Clinical Resources - Nursing	11/15/2018
Maureen McCullough	Director of Clinical Resources – Nursing	02/06/2023

Number:	Revision:	Effective Date:
AHI SOP CE 5	**10**	**06/03/2005**
Title: **Record Retention and Material Maintenance**		
Department: **Continuing Education**		
Program: **General**		

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Purpose

The purpose of Record Retention and Material Maintenance is to provide a standardized process for maintenance of approved course material.

Scope

This procedure is applicable to Accredo Health, Inc. Continuing Education (AHI CE). It should be referenced by all individuals responsible for maintaining all media forms of continuing education offerings provided through AHI.

Definitions

AHI – Accredo Health, Inc.

CE – Continuing Education

QA – Quality Assurance

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Approved course offerings will be maintained electronically.

Step	Action
2	Electronic course versions will be divided in individual folders named using the following format: (Access ID) - Course Title - approval date. Example: (089) – Hemophilia Management - 103017
3	Within course folders, documents will be subdivided into: • Course Documents - documents required for course approval but not required for presentation purposes • Presentation documents - documents required for presentations • Approval documents – QA, clinical review, and CE Committee review and final approval documentation • Archive documents - documents that have been replaced by revised documents
4	Version control will be implemented for document creation and each update. Electronic PowerPoint presentation name will include the (course ID) CE approval date, course title, CRP approval date, amc#. Course documents will include the course ID in the electronic document title.
5	A current list of approved courses for external use will be maintained on the limited access N drive: N:\Continuing Education\Course Lists, and will be updated as courses are approved.
6	Upon course retirement, the retirement date will be added to the folder title. The folder will be moved from "N:\Continuing Education \Course Offerings" to "N:\Continuing Education \Course Offerings\Retired Courses."

7	Electronic course folders and contents may be deleted 8 years after retirement date.
8	In the case electronic data is lost, all files are electronically backed-up on a nightly basis and sent off-site to a 3rd party vendor for storage and retrieval. This data is retained past the legal timeframe of 7 years. If Express Scripts, Inc. (ESI) were to go out of business, their Legal requirement would continue to retain data at the 3rd party vendor to stay in compliance with pharmacy law.

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- Not applicable

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/03/2005	Original	Lisa Havens
1	09/13/2005		Laura Turner
2	04/28/2008		Laura Turner
3	10/27/2009		Laura Turner
4	11/21/2011		Laura Turner
5	11/03/2014		Laura Turner
6	09/29/2015	Header/footer. Removed step 1 as process has changed.	Laura Turner
7	09/23/2016	Corrected effective date; added AHI reference	Laura Turner
8	10/30/2017	Added an example of retired course folder name. Updated course list location. Revised retired course process. Added when a retired course may be deleted.	Laura Turner
9	11/14/2018	Revised address in footer. Changed folder name format from Course Owner – (Access ID) – Course Title – approval date to (Access ID) Course Title – Approval Date Revised W drive to N drive.	Laura Turner
10	02/03/2023	No change	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed /edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	11/18/2009
Karin Everett	Clinical Coordinator	12/02/2009
Laura Turner	Continuing Education Administrator	11/3/2014
Erica Harris	Continuing Education Specialist	11/3/2014
Erica Harris	Continuing Education Specialist	10/07/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	10/31/2017
Erica Harris	Continuing Education Specialist	11/15/2018
Erica Harris	Continuing Education Specialist	02/08/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services	01/31/2011
Barbara Prosser	Vice President, Infusion Operations Support	
Maureen McCullough	Director of Clinical Resources - Nursing	11/3/2014
Maureen McCullough	Director of Clinical Resources – Nursing	12/7/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	11/06/2017
Maureen McCullough	Director of Clinical Resources - Nursing	11/15/2018
Maureen McCullough	Director of Clinical Resources - Nursing	02/08/2023

.Number:	Revision:	Effective Date:	accredo®
AHI SOP CE 16	**12**	**06/13/2005**	
Title: **Post Presentation Process**			
Department: **Continuing Education**			
Program: **General**			

Purpose

To provide a standardized procedure for processing the post presentation documents and creating certificates of completion for participants.

Scope

This procedure is applicable to AHI CE. It should be referenced by all individuals that that will be receiving and entering referrals.

Definitions

AHI – Accredo Health, Inc.

CE – Continuing Education

CEA – Continuing Education Administrator

CES – Continuing Education Specialist

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Post presentation documents will be processed and certificates and/or statements of credit mailed within 4 weeks of receipt if all required information is present.

Step	Action
1	CES receives hardcopy from presenters or account coordinators, or accesses electronic data in LMS or Survey Monkey, post presentation documents, including attendance rosters, evaluations, and pre- and posttests (if applicable). When appropriate, the CEA or CES grades posttest to determine if participant passed and is eligible for contact hours. • CES ensures all required documents are present • CES enters presentation information into Continuing Education database under "Session": ▪ Date of presentation ▪ Presenter ▪ Location ▪ Contact type ▪ Contact person, address, and phone number Participant names, state(s), and license number(s) (required for nurses), NABP ID and DOB (MMDD) (required for pharmacists).
2	From entered data, CES creates course completion certificates, statements of credit, and/or verification of completion forms; and alphabetized participant list. Certificates, statements of credit, and verification of completion forms are mailed or emailed to individual designated on Request to Present form. This could be: ▪ Presenter or account manager ▪ Point person at location of presentation ▪ Participant • See AHI SOP 41 Reporting in CPE Monitor

3	CES enters hardcopy evaluation responses into the "Universal UPACE Evaluation Template – Multi-discipline" in Survey Monkey. • Select "New Collector." Rename with Session Number, Course Name, Session Date, City, State, and number of evaluations received. • Manually enter evaluation responses. • Filter results to display session results only. • Export evaluation all summary data in Excel. • Save evaluation summary on W Drive in Continuing Education/Presentation Summaries remove with name – CE Database Session Number/Course Title/Presentation Date//City/State.
4	CES completes the "Completed Documents Checklist", a tool used to track completeness of the post presentation program records and process, with the following information: • Date documents received • Course title • Presentation date • Agency name • City, state • Presenter • Presenter's manager or Participant Supervisor for completion of Home / Self Study course • Access Session number • Total number of participants • Total number of evaluations received • Total certificates and or statements of credit issued per discipline, date issued, and to whom sent • Checklist of the following: ▪ Alphabetized participant list generated by CE Data Base ▪ Evaluations received ▪ Posttest received ▪ Confidentiality Agreement received ▪ Evaluation summary completed ▪ Electronic file made: "N" drive ▪ Evaluation summary sent to Presenter and their direct supervisor ▪ Ready for permanent filing
5	The completed document checklist is attached to the post presentation documents: • Attendance roster of participants (name, license number, signature, contact hours awarded, offering title, date of offering) to whom credit was awarded • Participant course objectives and evaluations • Summary of the program: ▪ Alphabetized participant list ▪ ACPE Activity Description form (ADF) as appropriate Hardcopy documents are filed.
6	Security measures: Program records are kept in a locked file cabinet only accessible to the CEA and CES for seven (7) years, however, the minimum required length of time from the date of program completion is listed per discipline: • Advance Practice Registered Nurse, Registered Nurse, and Licensed Practical Nurse – no less than 2 years • Pharmacist – no less than 5 years • Case manager – no less than 5 years The file cabinet is located within AHI. Access to the office is restricted by locked doors that open with the use of a card key. The CE database is only accessible to the CEA and CES. The audited CE electronic folders are restricted to the CEA and CES. See AHI SOP CE 5 Course Offering Material Maintenance

7	Individual attendance and information regarding each offering shall be available within two (2) weeks upon request from individual health care professionals or their specific board. If individual health care professionals are assessed a fee for this retrieval service, the fee shall be specified.
8	Program records for all informal offerings shall include: • roster of participants to whom credit was awarded • summary of the program including participant and provider evaluations
9	The hardcopy session material is kept in a locked file cabinet accessible to the CEA, CES, and select Associate Account Coordinators only. Hardcopy presentation material after 2 years may be moved to Iron Mountain for storage and is retrievable within 48 hours. Iron Mountain 15400 W. 99th. Street Lenexa, Kansas 66219 Phone: (913) 888-4766 Hardcopy session material may be shredded no less than 7 years after the session date.
10	The evaluation summary will be forwarded to the presenter, the direct supervisor who is responsible for the disease state or subject matter of the course offering or to whom the presenter reports, and to the CE Advisory Committee for the purpose of evaluating the present courses and future course planning. Evaluations containing negative comments or scores of "Fair" or "Poor" are forwarded to the CEA for review to determine if action is required.

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- AHI SOP CE 5 - Course Offering Material Maintenance
- AHI SOP CE 41 - Reporting in CPE Monitor

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/13/2005	Original	Lisa Havens
1	09/15/2005		Laura Turner
2	01/30/2006		Laura Turner
3	05/11/2007		Laura Turner
4	04/28/2008		Laura Turner
5	10/27/2009		Laura Turner
6	11/22/2011		Laura Turner

7	10/10/2014		Laura Turner
8	08/25/2015	Updated header, footer; Added supporting SOPs.	Laura Turner
9	09/20/2016	Corrected effective date; removed content pertaining to AARC and respiratory therapy processes; added AHI reference.	Laura Turner
10	11/08/2017	Deleted CE Broker process. Did not renew. Revised post-pre. Process to include evaluation summary in one Survey Monkey template. Added pharmacist attendance roster requirements for CPE Monitor	Laura Turner
11	11/19/2018	Revised footer address. Revised spelling of post test to posttest. Asked Erica to review and revise.	Laura Turner
12	02/07/2023	Added "email" to #2. Removed "Respiratory Therapist" from #6.	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	11/18/2009
Karin Everett	Clinical Coordinator	01/12/2010
Laura Turner	Continuing Education Administrator	10/10/2014
Erica Harris	Continuing Education Specialist	10/10/2014
Erica Harris	Continuing Education Specialist	10/07/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	11/08/2017
Erica Harris	Continuing Education Specialist	11/19/2018
Erica Harris	Continuing Education Specialist	02/07/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services	01/31/2011
Maureen McCullough	Director of Clinical Resources- Nursing	10/10/2014
Maureen McCullough	Director of Clinical Resources- Nursing	11/23/2015
Maureen McCullough	Director of Clinical Resources- Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	12/22/2017
Maureen McCullough	Director of Clinical Resources - Nursing	11/20/2018
Maureen McCullough	Director of Clinical Resources - Nursing	02/07/2023

Number:	Revision:	Effective Date:
AHI SOP CE 17	**9**	**06/27/2005**
Title: **Continuing Education Fee Payment, Assessment, and Reimbursement Process**		
Department: **Continuing Education**		
Program: **General**		

Purpose

To provide a standardized process for payment for various Accredo Health, Inc. Continuing Education (AHI CE). requirements.

Scope

This procedure is applicable to AHI CE. It should be referenced by all individuals responsible for processing AHI CE Fee Payments and/or Reimbursements.

Definitions

AHI – Accredo Health, Inc.

CE – Continuing Education

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

The CE Specialist will complete a check request form, submit it to Accounts Payable Division, and receive a check to pay Continuing Education related fees.

1.1 Check Request Process

Step	Action
1	If the purchase falls outside the guidelines for using a P-Card and/or the Vendor will not take a P-Card, complete a check request form with the appropriate information. If this is the first fee paid to this vendor, request the vendor provide a W-9 form prior to fee payment.
2	Complete the official department check request form to include the division and location number, check recipient's name and address, the amount requested, date requested, date required, name of originator, location where check is to be sent, reason for check, and the general ledger account numbers.
3	Obtain authorized signature or approval email from CE manager.
4	Send check request form plus approval by email to accounts payable.
5	Save electronic check request form in W Drive/Continuing Education/Check Request Form/Date Vendor file. File copy of check request and attachments with pertinent documents in CE file cabinet in folder with vendor name. Attach a copy of the check to the filed hardcopy documents when the check is received.

1.2 Fee Payment by Company Credit Card Process

Step	Action

1	In the event the fee may be paid by company credit card, provide P-Card information: name, number, expiration date and security code.
2	The Continuing Education Administrator or the Continuing Education Specialist will provide the Supervisor (P-Card owner) with a copy of the receipt, and keep a hardcopy on file.

1.3 Fee Assessment Process

Step	Action
1	No fee is assessed for continuing education offerings for AHI employees.
2	No fees are assessed for CE offerings presented to healthcare providers not employed by AHI.

1.4 Fee Reimbursement Process

Step	Action
1	AHI does not charge a fee for continuing education.

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- W-9 form
- Check Request Form

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/27/2005	Original	Lisa Havens
1	01/30/2006		Laura Turner
2	06/10/2008		Laura Turner

3	10/27/2009		Laura Turner
4	01/06/2012		Laura Turner
5	10/16/2014		Laura Turner
6	11/16/2015	Updated suite #, removed 3rd. request under insufficient check policy.	Laura Turner
7	09/20/2016	Corrected effective date, added AHI reference.	Laura Turner
8	11/03/2017	Deleted information pertaining to fee assessment and fee reimbursement processes as we do not charge fees. Added W-9 form as reference document	Laura Turner
9	11/19/2018	Revised footer address. Revised sentence structure.	Laura Turner
10	2/6/2023	No change	Laura Turner

Subject Matter Expert (SME) Reviewers

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Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	11/18/2009
Karin Everett	Clinical Coordinator	01/12/2010
Laura Turner	Continuing Education Administrator	10/16/2014
Erica Harris	Continuing Education Specialist	10/16/2014
Erica Harris	Continuing Education Specialist	11/16/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	11/08/2017
Erica Harris	Continuing Education Specialist	11/20/2018
Erica Harris	Continuing Education Specialist	02/06/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services	01/31/2011
Maureen McCullough	Director of Clinical Resources- Nursing	10/16/2014
Maureen McCullough	Director of Clinical Resources - Nursing	11/16/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	12/22/2017
Maureen McCullough	Director of Clinical Resources - Nursing	11/20/2018
Maureen McCullough	Director of Clinical Resources - Nursing	02/06/2023

Number:	Revision:	Effective Date:
AHI SOP CE 18	**9**	**06/28/2005**

Title: **Independent Study Continuing Education Requirements**

Department: **Continuing Education**

Program: **General**

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Purpose

To provide a standardized process for development and completion of Independent Learning continuing education courses approved for pharmacist, nurse, and case manager Accredo Health, Inc. Continuing Education (AHI CE).

Scope

This procedure is applicable to the Accredo Health, Inc. Continuing Education (AHI CE). It should be referenced by all individuals developing or completing independent learning CE.

Definitions

AHI – Accredo Health, Inc.

CCMC – Commission for Case Manager Certification

CE – Continuing Education

SS – Self-study

Home-study and other mediated activities - printed, recorded, or computer-assisted instructional activities that do not provide for direct interaction between faculty and participants.

Independent study - a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of, and monitored by, an approved provider. This term may include self-study , distance learning, and authorship.

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Participants of AHI CE courses that are not presented live will be required to complete an attendance roster and pass a posttest with a minimum number of correct answers.

1.1 New Course Process

Step	Action
1	The course will be created and submitted for approval to the CE Administrator.

2	CE Administrator will develop additional supporting course material:
	• Instructions for participant explaining requirements
	• Instructions for participant explaining post presentation material handling
	• Attendance roster requiring the following participant information:
	  ▪ Name
	  ▪ Signature
	  ▪ State(s) and license number(s) (nurses only)
	  ▪ NABP e-Profile ID and DOB (MMDD) (Pharmacists only)
	  ▪ Address
	• Posttest and Answer Key with rationale
	• Evaluation

3	Contact hours will be determined by pilot test as per AHI SOP CE 4: Pilot Test Policy: Independent Learning Contact Hour Determination via Pilot Test
4	Course material will be approved as per AHI SOP CE 1: Continuing Education Process
5	Upon approval for nurse continuing education, the course will be submitted to CCMC for case manager approval, if applicable, per AHI SOP CE 6 Initial and Annual Commission for Case Manager Certification Course Approval.
6	The Project requestor and their manager will be informed of approval, presentation process, and materials.

1.2 Previously Developed Course Process

Step	Action
1	The request for an independent learning option for a previously approved course offering will be sent to the CE Administrator.

2	CE Administrator will develop additional course material:
	• Instructions for participant explaining:
	  ○ course and posttest requirements
	  ○ Post-education process to receive CE credit
	•
	• Attendance roster requiring the following participant information:
	  ▪ Name
	  ▪ Signature
	  ▪ State(s) and license number(s) (nurses only)
	  ▪ NABP e-Profile ID and DOB (MMDD) (Pharmacists only)
	  ▪ Address
	• Posttest / Answer Key with rationale
	• Evaluation

3	Two (2) members of the CE Committee will review and approve additional course material.
4	If the independent learning will be offered to case managers, the course will be resubmitted to CCMC for approval due to change in format per AHI SOP CE 6 Initial and Annual Commission for Case Manager Certification Course Approval.
5	The project manager and project requestor will be notified of independent learning course approval.

1.3 Presented CE Series recorded via WebEx

Step	Action

1	The CEA will review and edit the recording.
	• Go to "My Training Recordings" and select the presentation link you wish to revise.
	1. Select "Streaming recording" link.
	2. Listen to audio to determine start and stop times.
	3. Go back to previous screen and select "Modify." Will take you to "Edit Recording."
	4. Under "Recording File,"
	  a. unclick "Panel Display Options"
	  b. Select "Partial Playback" and enter Start and End times
	  c. Select "Save"
	  d. Listen to audio by selecting "Streaming recording" link to make sure it starts and ends where desired.
	  e. Copy link.

2.	CE Administrator will revise course material:
	• Add to ACPE Webtool and create new UAN
	• Add SS course into CE database to get course ID.
	• Change original live course ID to new SS course ID
	• Revise document to reflect self-study format
	  ○ EDDF: course ID, title, UAN, presentation format
	  ○ Brochure: change live format references to recording of live reference; instruction for course and pre- and posttest requirements
	  ○ Attendance rosters
	• Add course ID, title, and ACPE planned retire date to CE Series Recorded Presentations Instructions found in Continuing Education folder "CE Series_SS Survey Monkey. Save updated instructions with new date: e.g. 102317 CE Series Recorded Presentations Instructions.

3	Add course to "CE Series Self Study – Session Info: Pretest/registration, Posttest, Evaluation, Participant Information" template in Survey Monkey. • Select "Design Survey" • Add Course ID, title, planned retire date. Add any unique info such as contact hours other than RN 1.25, RPh 1.25 • Go to last course added pre-test and make a copy. • Revise copy with new course ID, title including Pre-test, and pre-test content. • Change copied course title to new course title. • Copy and paste test questions and responses. Select "Score this question" (enable quiz mode). Mark correct answer(s). Save. Do this for each question. You may need to add or delete questions if the copied test has a different number of questions than the one you are adding. • Add Answer choice and select "Insert / edit Link. • In box "Insert Link," add WebEx recording URL. For target, choose "New Window." • Select "OK." Delete link from copied course.
4	Make a copy of the pre-test page. Rename it Course ID Title Posttest and Evaluation. • Add passing grade information. • Delete answer option "I don't know" from every question. • Add course objectives under question asking participant to rate their level of expertise per objective. Make sure to delete other course's objectives. • Save changes.
5	Return to page 1. • For question 1. choose "Logic." • Find appropriate course title. In drop-down box on left, select course pre-test title. In drop-down box on right, choose "Top of Page." Save. • Go to Pretest page. Select "Page Logic." Select "Page Skip Logic." Select the course posttest and evaluation page in window below, "After the current page is completed, skip to this page.... Select "Apply." • Go to Posttest page. Select "Page Logic." Select "Page Skip Logic." Select P##: Presenter and Content evaluation. Select "Apply."
6	Select "Preview and Test" at the upper right corner of the template. Choose added course and select "Next" at page bottom. You should be taken to the pretest page. • If you did not, repeat step 5. • Complete the questions. • Test the WebEx link. If it doesn't work, repeat step #3. • If link works, select "Next." • If you were not taken to the post-test, repeat step #5. • Complete posttest and evaluation, and participant discipline. Select "Next." • If you do not go to, "Presenter and Content evaluation," repeat step #3.

	• Complete page and select "Next." • Complete "Participant and Continuing Education Credit Information" page. • Preview & Test again, or end test. Have one or two other people trial.

1.3 Post Presentation Process

Step	Action
1	The CE Specialist will receive notification the participant has completed the activity, and view posttest score: • Select Analyze Results • Select Individual responses • Find participants results by scrolling through respondent # tab or • Filter by questions and answer. o Select question that contains an identifier such as name o choose a row such as last name o add matching words and input participants last name o select apply. Notify participant if they did not pass and send them link to 2nd attempt posttest with instructions and handout.
2	The CE Specialist will process the post presentation material as per AHI SOP CE16: Post Presentation Process.
3	The CE Specialist will create a certificate or statement of credit for individuals who have successfully passed the posttest, and mail it to them along with the answer key and rationale for future reference. Pharmacist credit will be submitted to CPE Monitor .

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- AHI SOP CE 1: Continuing Education Process
- AHI SOP CE 4: Independent Learning Contact Hour Determination via Pilot Test
- AHI SOP CE 6: CCMC Course Approval
- AHI SOP CE 16: Post Presentation Process

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/28/2005	Original	Lisa Havens
1	01/30/2006		Laura Turner
2	04/28/2008		Laura Turner
3	10/27/2009		Laura Turner
4	10/13/2014		Laura Turner
5	09/3/2015	Revised suite #, header	Laura Turner
6	09/20/2016	Corrected effective date; added EHI reference	Laura Turner
7	10/31/2017	Added 1.3 Presented CE Series recorded via WebEx	Laura Turner
8	11/20/2018	Revised footer address. Added "development" to purpose. Added SS – self-study to definitions. Added Answer Key with rationale to supporting course material. Revised AHI SOP CE 1 title. Corrected pretest, posttest, and determination spelling. Revised formatting of 1.2.2. Added answer key with rationale to course material. Removed "Program" from CEA title. Added steps to 1.3.1 how to access participant score in Survey Monkey. Added instructions for 2nd attempt posttest. Added 1.3.3 – mail certificate and answer key with rationale to participant.	Laura Turner
9	02/08/2023	No change	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	12/01/2009
Karin Everett	Clinical Coordinator	12/02/2009
Laura Turner	Continuing Education Administrator	10/13/2014
Erica Harris	Continuing Education Specialist	10/13/2014
Erica Harris	Continuing Education Specialist	10/07/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	11/20/2017
Erica Harris	Continuing Education Specialist	11/27/2018
Erica Harris	Continuing Education Specialist	02/08/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services (no longer applicable)	01/31/2009
Maureen McCullough	Director of Clinical Resources- Nursing	10/13/2014
Maureen McCullough	Director of Clinical Resources - Nursing	11/16/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	12/05/2018
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Number:	Revision:	Effective Date:
AHI SOP CE 26	**10**	**10/03/2005**

Title: **Continuing Education Administrator Qualifications and Responsibilities**

Department: **Continuing Education**

Program: **General**

accredo

Purpose

To provide a standardized guideline for the qualifications and responsibilities required by and for this position.

Scope

This procedure is applicable to Accredo Health, Inc. Continuing Education (AHI CE). It should be referenced by all individuals performing the Continuing Education Administrator responsibilities.

Definitions

ACPE - Accreditation Council for Pharmacy Education

AHI – Accredo Health, Inc.

CBN – California Board of Nursing

CCMC – Commission for Case Manager Certification

CE – Continuing Education

CEA – Continuing Education Administrator

KSBN – Kansas Board of Nursing

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

1.1 CEA Administrator Qualifications and Responsibilities

Step	Action
1	The CEA will be a visible, continuous and identifiable authority charged with the administration of the provider's CPE program. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with all accreditation board standards. AHI CE will have policies and procedures to conduct its CE program. . The CEA shall be qualified by virtue of background, education, training and/or experience. The CEA must have authority within the organization to assure that all accreditation board standards, and policies and procedures, are met.
2	• The CEA meets the following requirements: (Attachment KSBN Nurse Practice Act 60-0-107 (c) (1) Licensed professional nurse • A working knowledge of continuing education programming and development • Have 3 years clinical experience • Have one experience in developing and implementing continuing education • Have a baccalaureate degree in nursing, except those individuals exempt under K.S.A. 65-1119 €(6) and amendments thereto. • An understanding of the basic principles of adult learning

	• Experience in program faculty selection, program budget preparation, record keeping, and a general familiarity with contemporary pharmacy and nurse practice and current trends and issues in pharmaceutical and nursing education.
3	Responsibilities: • Oversight and management of presenters • Oversight and management of: o Presentations o Presentation materials, references, PowerPoint presentations, handouts, manuals, and supplies o Day-to-day AHI CE department operations • Develop and maintain relationship with provider boards • Attend supervisory meetings related to the AHI CE offerings and program • Develop and update SOPs as needed for AHI CE
4	The CE Administrator should be able to: (CPE Policies and Procedures: Section V - Policy 1.0 CPE Administrator; Appendix E; Competency Areas for CE Administrators for the Health Professionals) Competency Area 1: Using Adult/Organizational Learning Principles • Use evidence-based adult and organizational learning principles to improve the performance of healthcare professionals, healthcare teams, and the organizations in which they work, in order to improve patient outcomes. o Competency 1.1: Apply adult learning principles in CE activities and overall program planning by: ▪ Identifying sources and resources about applicable and appropriate adult learning principles and practices that can be used to support healthcare professionals, and healthcare teams', learning and change. ▪ Describing how effective use of applicable and appropriate adult learning principles can facilitate learning and change in healthcare professionals. ▪ Designing CE activities/interventions based on best practices and emerging research. o Competency 1.2: Apply organizational learning principles in CE activities/interventions and overall program planning by… ▪ Identifying sources and resources about applicable and appropriate organizational learning principles and practices that can be used to support program and organizational learning and change. ▪ Describing how effective use of applicable and appropriate organizational learning principles can facilitate learning and change in the organizations in which healthcare professionals work. ▪ Developing one's CE program and/or organization based on best practices and emerging research. Competency Area 2: Designing Educational Interventions • Implement and improve independent, fair, balanced, and evidence-based educational interventions that produce expected results for learners and the organizations in which they work. o Implement CE activities/interventions to address healthcare professionals' practice gaps and underlying learning needs by…. ▪ Identifying data and other sources that can help reveal healthcare professionals' practice gaps and learning needs. ▪ Using data and information related to healthcare professionals' practice gaps and learning needs to design CE activities/interventions. ▪ Developing learning objectives for CE activities that clearly describe the intended behavior/action of the learner after engaging in the CE activity/intervention.

- Creating CE activities/interventions using formats that are selected based on objectives and expected results
- Creating Interprofessional CE activities for the healthcare team, when appropriate.

- Develop CE activities/interventions with content that is valid, independent from the influence of commercial interests, balanced and evidenced based by…
  - Implementing appropriate process(es) to help ensure CE content is valid independent from the influence of commercial interests, and free from commercial bias.
  - Utilizing strategies to ensure CE content is modified prior to an activity, and processes are reviewed for future activities, if problems are detected with the balance, independence, or validity of a CE activity's content.

Competency Area 3: Measuring the Performance of CE activities and the overall CE Program

- Use data to evaluate the effectiveness of CE activities / interventions and the impact of the overall CE program.
  - Use evaluation and outcomes data to: (1) assess the educational outcomes/results of the CE activities/ interventions on participants' attitudes, knowledge levels, skills, performance and/or patient outcomes, (2) determine unmet learning needs and (3) assess the quality and success of CE activities/interventions.
    - Identifying the level(s) of outcome associated with objectives and expected results of the CE activity/intervention
    - Selecting assessment methods and tools that are appropriate for the goals and objectives of the CE activity/intervention, based on the CE practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations).
    - Analyzing assessment data in order to draw conclusions about the effectiveness of the CE activity/Intervention, based on expected results.
    - Analyzing assessment data in order to identify learning needs that future CE activities/interventions can address.
  - Use evaluation and outcomes data to evaluate the impact of the CE program meeting its mission and relevant organizational goals.
    - Outlining steps to evaluate the impact of the CE program and its effectiveness in meeting mission and relevant organizational goals.
    - Utilizing activity evaluation data, and other relevant information, to assess the impact of the overall CE program and the extent to which the CE mission and relevant organizational goals were met.
    - Identifying areas for improvement within the CE program and individual CE activities based on the overall CE program evaluation process.

Competency Area 4: Collaborating and Partnering with Stakeholders

- Collaborate and partner with stakeholders to help meet the CE mission.
  - Collaborate with internal stakeholder groups that can help maximize the impact of CE activities/interventions and meet the CE mission by…
    - Identifying opportunities for internal collaborations that can help the CE program meet its mission (e.g., conduct an internal stakeholders analysis)
    - Implementing an ongoing, collaborative communication plan with internal stakeholders
    - Evaluating the extent to which the collaboration helped achieve a CE activity/intervention's goals and objectives
    - Evaluating the extent to which the collaboration helped the CE program meet its mission
  - Collaborate with external stakeholder groups and key partners that can help maximize the impact of CE activities/interventions and meet the CE mission by…

- Identifying opportunities for external collaborations that can help the CE program meet its mission (e.g., conduct an external stakeholders analysis)
- Implementing an ongoing, collaborative communication plan with external stakeholders
- Evaluating the extent to which the collaboration helped achieve a CE activity/intervention's goals and objectives
- Evaluating the extent to which the collaboration helped the CE program meet its mission
- Maintaining compliance

Competency Area 5: Manage and Administer the CPE Program

- Manage and administer the CE office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and / or regulatory standards.
  - Execute CE activities and the CE program following sound and applicable business policies and practices by....
    - Implementing basic accounting, financial management, and human resource practices in compliance with organizational policies and procedures.
    - Creating and/or interpret CE activity/intervention and CE program budgets, along with income and expense statements.
    - Producing CE activities/interventions and administer the CE program in compliance with local, regional, state and federal laws and regulations.
    - Integrating effective meeting planning and hospitality management practices into the planning and production of CE activities.
    - Utilizing current and appropriate databases, software, and other technologies in the execution of CE activities /interventions and the overall CE program.

Competency Area 6: Lead the CE Program

- Provide leadership for the CE program.
  - Conduct all affairs with high standards of professionalism and ethics by...
    - Adhering to ethical standards for CE professionals and related fields
    - Providing resources to help others learn about ethics and professionalism in CE
    - Providing mechanisms and support to help other identify and address ethical dilemmas
  - Develop and model a learning organization by...
    - Creating mechanisms and practices that involve stakeholders in developing solutions to identified problems
    - Linking principles of continuous quality improvement to CE activities, the CE program, and overall organizational improvement
    - Utilizing collaborations with internal and external stakeholders to support organizational learning and improvement
    - Creating an environment that embraces learning and change
  - Develop and model a learning organization by...
    - Creating mechanisms and practices that involve stakeholders in developing solutions to identified problems
    - Linking principles of continuous quality improvement to CE activities, the CE program, and overall organizational improvement
    - Utilizing collaborations with internal and external stakeholders to support organizational learning and improvement
    - Creating an environment that embraces learning and change
  - Be an advocate for the CE program, its mission, activities, staff and volunteers by...
    - Recognizing the success and potential areas of improvement of one's own CE program

- Encouraging opportunities for staff to participate in professional activities that can highlight and expand their abilities
- Recognizing the achievements of staff and volunteers
- Sharing experiences and achievements with the CE community through publications and presentations

Competency Area 7: Engage in Self- Assessment and Lifelong Learning

- Continually assess individual and CE program performance, and make improvements through relevant learning experiences. Engage in assessments and professional development to help identify and then close one's own knowledge, competence, and performance gaps by....
  - Participating in self-assessments and stay abreast of the CE environment to identify gaps in one's own CE knowledge, competence and performance.
  - Creating an individual learning plan for improvement with personal goals and objectives that would address the identified gaps.
  - Participating in professional development opportunities that would address identified gaps.
  - Modifying one's own practice of CE to close identified gaps.
  - Seeking out opportunities for feedback on new and/or modified practices
- Engage in assessments and professional development to help maintain and/or improve the performance of the CE program by...
  - Comparing the CE program's performance to standards of practice and/or emerging trends to identify areas of improvement.
  - Creating an improvement plan for the CE program with goals and objectives that would address needed and desired changes.
  - Participating in training and learning opportunities that help support implementation of the improvement plan.
  - Making modifications to the CE program to address areas of improvement
  - Seeking out opportunities for feedback on new and/or modified CE program practices
- Actively participate in the profession of CE in order to model lifelong learning by...
  - Exploring opportunities to volunteer for professional and/or regulatory organizations in CE
  - Sharing best practices and experiences at local, regional, and/or national meetings of CE professionals
  - Disseminating best practices, experiences, and/or findings from one's own research and scholarship in CE via journals, newsletters, and other publications
  - Engaging in CE social media communications

Competency Area 8: Engaging in Systems Thinking in CE

- Approach the practice of CE from a system-thinking perspective, recognizing that healthcare professionals are part of a complex healthcare system that delivers patient care. (Engage in Systems Thinking in CE)
  - Integrate into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by...
    - Evaluating quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CE activities/interventions
    - Addressing systems-based issues that are barriers to change and the implementation of new knowledge and skill
    - Assessing improvements in team performance.
    - Developing CE content that supports collaborative practice within the inter-professional healthcare team

5	AHI must have, or provide, support for the administrator's continuing professional development. The administrator and, where utilized, other professional staff, should maintain and enhance their professional development by seeking to improve their knowledge, skills, and experience in the responsibilities noted above.

1.2 Administrative Change

1	Administrative Change: (26b ACPE Policy 1.0 CPE Administrator 1b.; AHI SOP CE 12: Accreditation Council for Pharmacy Education Provider Web Tool) In the event of administrative change, a transfer of authority procedure should exist for a smooth and orderly administrative responsibilities transfer from one individual to another. The authority transfer includes prompt notification to all accreditation boards within 30 days. ACPE notification will be via the Provider Verification Form in the Provider Web Tool whenever a change takes place. Adequate training of the new administrator will occur to ensure familiarity with accreditation board standards. policy and procedures, general administrative and other liaison responsibilities between Accredo Health, Inc. and all accreditation boards, and all other areas of operational and policy responsibility for the Accredo Health, Inc. continuing education efforts.
2	ACPE Notification: When a change in administrator, address, or contact information occurs, Accredo Health, Inc. must submit an online Provider Verification Form via the Provider Web Tool prior to the change taking place. a. Log into the Provider Web Tool b. Click "Provider Verification Form" c. Click "Make changes" d. Enter the changes into the appropriate fields e. Click "Submit"
3	If there is an administrative change, Accredo Health, Inc. will ensure the new administrator is familiar with all accreditation board standards and policies and procedures; ACPE standards, policies, and procedures, including required participation in an ACPE Administrator's Workshop. • If possible, the former Continuing Education Administrator will orient the incoming CEA to all accreditation board (ACPE, KSBN, and CCMC) standards, policies, and procedures. If that is not possible, orientation will be provided by the Continuing Education Manager / Sr Manager Clinical Training, and the Continuing Education Specialist. • All accreditation standards, policies, and procedures are contained in the Continuing Education Standards of practice found at: o Electronic: ▪ W:\Continuing Education 1\ in the following folders: o ACPE o CCMC o KSBN o Online: ▪ ACPE - http://www.acpe-accredit.org/ ▪ CCMC - http://www.ccmcertification.org/ ▪ ▪ KSBN – http://www.ksbn.org ▪ CBN - https://www.rn.ca.gov/applicants/cep-lic.shtml#qual

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- 26a: KSBN Nurse Practice Act 60-9-107-c-1
- 26b Section V – CPE Policies and Procedures: Policy 1.0 CPE Administrator
- 26c: Appendix E – CPE Policies and Procedures: Competency Areas for CE Administrators for the Health Professionals
- AHI SOP CE 12: Accreditation Council for Pharmacy Education Provider Web Tool

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	10/03/2005	Original	Laura Turner
1	01/30/2006		Laura Turner
2	04/28/2008		Laura Turner
3	10/27/2009		Laura Turner
4	11/22/2011		Laura Turner
5	10/20/2014		Laura Turner
6	09/28/2015	Revised header/footer; removed reference to CE intranet site; minor sentence structure revision.	Laura Turner
7	09/22/2016	Corrected effective date; corrected previous version number; AHI reference added.	Laura Turner
8	08/18/2017 11/02/2017	Added definitions. Updated CE provider responsibilities to match ACPE July 2017 update, and CPE Policies and Procedures – Section V, Policy 1.0 – CPE Administrator. Removed provider boards we no longer have an accreditation: AARC, CE Broker, Added KSBN Nurse Practice Act attachment.	Laura Turner
9	11/26/2018	Revised footer address. Added updated ACPE verbiage defining CEA responsibilities. and re-added KSBN NPA attachment. Pharmacist to CEA qualifications. Re-added baccalaureate degree in nursing as requirement. Added updated ACPE Policies and Procedures attachment. Re-added KSBN and removed CBN.	Laura Turner

		Readded KSBN website and removed CBN website.	
10	02/06/2023	Formatting	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	11/18/2009
Karin Everett	Clinical Coordinator	01/12/2010
Laura Turner	Continuing Education Administrator	10/20/2014
Erica Harris	Continuing Education Specialist	10/20/2014
Erica Harris	Continuing Education Specialist	10/07/2015
Erica Harris	Continuing Education Specialist	09/28/2016
Erica Harris	Continuing Education Specialist	11/13/2017
Erica Harris	Continuing Education Specialist	12/13/2018
Erica Harris	Continuing Education Specialist	02/06/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services	01/31/2011
Barbara Prosser	Vice President, Infusion Operations Support	
Maureen McCullough	Director of Clinical Resources - Nursing	10/20/2014
Maureen McCullough	Director of Clinical Resources – Nursing	11/23/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	12/05/2017
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Number:	Revision:	Effective Date:
AHI SOP CE 45	**3**	**12/11/2017**
Title: **Continuing Education Evaluation Outcome Summary**		
Department: **Continuing Education**		
Program: **General**		

Purpose

To provide a standardized process for evaluation of Accredo Health, Inc. (AHI) Continuing Education (CE).

Scope

This procedure is applicable to AHI CE. It should be referenced by all individuals that that will be presenting Continuing Education presentations.

Definitions

AHI – Accredo Health, Incorporated

CE – Continuing Education

CV – Curriculum Vitae

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Assessment Plan

Accredo Health, Inc. (AHI) continuing education (CE) evaluation plan has been developed to document achievement of the AHI CE mission and goals. We measure the following:

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and posttests, self-assessment tools, multiple choice, short answer, essays, presentations

Achievement of Mission

Analysis of the evaluation results demonstrates evidence indicating the degree to which the mission and goal(s) of the AHI CE program were met. Based on the results of the evaluation results, our CE mission and goals are evaluated, and updated or determined to be appropriate unchanged, in order to enhance the program.

1.1 Evaluation

Step	Action
1	Each course will include an evaluation tool that has been developed to gather required information per accreditation boards requirements. Course specific information, such as objectives, will be input into the evaluation template. [45a]
2	Participant responses will be obtained via hardcopy or electronically via Survey Monkey.
3	Responses obtained via hardcopy are input into the appropriate course Evaluation template - Multi Discipline found in Survey Monkey. [45b]

- Presentation date
- Presenter
- Session number (source: CE database to coincide with the participant attendance list and CE credits.
- Whether the session occurred in multiple locations
- Location
- Course Name
- Disciplines attending
- Course ID and Title
- Evaluation Template:
- Course Specific:
    - Course Objectives Before, After, and Needed for position rated novice, intermediate, or expert
    - Explain how education could be improved to better meet any objective(s) not met; Identify anything not covered in the presentation you need to care for your patients:
- Weighted rating - Scale: Strongly agree / Agree Disagree / Strongly Disagree / N/A
    - The presenter was knowledgeable and effective
    - The presenter was responsive to participant questions
    - The education material was useful
    - The teaching and learning methods were effective
    - The activity was presented objectively and was free from commercial bias
    - The education contained opportunities for active learning
    - The post-test accurately measured what I learned from the information
    - presented
    - The content learned from this activity will impact my practice
    - The activity promotes improvement in healthcare
    - I would recommend this activity to others
    - Please elaborate if bias perceived
- Participant applicability response
    - This activity will assist in the improvement of my: (Check all that apply)
        - Competence
        - Performance
        - Patient outcomes
        - I do not encounter these patients in my practice area
    - I plan to make the following changes to my practice: (Check all that apply)
        - Modify treatment plans
        - Incorporate different diagnostic strategies into patient evaluation
        - Use alternative communication methodologies with patients and families
        - None; the activity validated current practice
        - None; I do not encounter these patients in my practice area
    - What is your level of commitment to making changes stated above?
        - Very committed
        - Somewhat committed
        - Not very committed
        - Do not expect to change practice
        - I do not encounter these patients in my practice area
    - What are the barriers you face in your current practice setting that may impact patient outcomes? (Check all that apply)
        - Lack of evidence-based guidelines
        - Lack of applicability of guidelines to my current practice/patients
        - Lack of time
        - Organizational/Institutional

	▪ Insurance/Financial ▪ Patient adherence/compliance ▪ Treatment related adverse events ▪ I do not encounter these patients in my practice area ▪ Other • Participant opinion o Liked most o Liked least o Suggestions for future presentations o Comments

1.2 Outcome Summary for CE Series presentations

Step	Action
1	Following each CE Series presentation, all data are compiled into a report. [45c] • Presentation details • Participation • Pretest aggregate results o All participants o Pharmacists only • Posttest results o Aggregate o Results compared to pretest o Knowledge gained evidence • Personal objectives • Course Objectives • Expertise results: Before / After / Needed / Change / Goal o Novice o Intermediate o Expert • How education could be improved to better meet any objective(s) not met • Identify anything not covered in the presentation you need to care for your patients / support your clients: • Evaluation results: o Rating Average on scale 1 = Strongly Agree, 2 = Agree, 3 = Disagree, 4 = Strongly disagree, 0 = N/A • Participant Improvement r/t activity • Participant changes to practice r/t activity • Participant commitment level to change • Barriers faced • Responses to opinions separated in categories o Liked most: e.g., presenter, format, content o Liked least: e.g., length of time, amount of information • Suggestions Comments
2	CE Administrator and CE Committee • Results are analyzed. • Members will make suggestions for immediate or future changes. • Changes documented in standard of practice, activity templates, and any other relevant location.

1.3 Analysis

Step	Action
1	Results may be filtered by • Presenter • Course • Location • Session • Discipline
2	Filtered session report saved in electronic file in the event need documentation for accreditation boards. [45d]
3	Aggregate results analyzed by CEA, CE Committee, presenters, developers, and managers, no less than annually. [45e]

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- Attachment 45a: AHI SOP CE 1.3 Activity Development .6
- Attachment 45b: Universal UPACE Evaluation template - Multi Discipline
- Attachment 45c: Session Evaluation Results
- Attachment 45d: Annual Evaluation Analysis Report
- Attachment 45e: Outcome Summary Report Template

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0		Original	Laura Turner
1	10/30/2017	Revised to reflect financial disclosure form in Survey Monkey	Laura Turner
2	12/03/2018	Added Outcome Summary to title. Revised footer address. Corrected spelling of posttest. 1.1.1 added "requirements" after accreditation boards.	Laura Turner

3	02/04/2023	Changed from the Universal UPACE to appropriate course Evaluation template. Changed post-test to posttest.	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Erica Harris	Continuing Education Specialist	07/09/2018
Erica Harris	Continuing Education Specialist	12/13/2018
Erica Harris	Continuing Education Specialist	02/06/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Maureen McCullough	Director of Clinical Resources - Nursing	07/09/2018
Maureen McCullough	Director of Clinical Resources - Nursing	12/13/2018
Maureen McCullough	Director of Clinical Resources – Nursing	02/06/2023

Maureen McCullough
4190 Pre Emption Road
Himrod, NY 14842
Cell Phone number 973-476-9353
Work phone number 862-200-1206
Maureen.Mccullough@Accredohealth.com

EDUCATION:

2013-2016- @ Thomas Edison State College, MSN in Nursing Administration

Thomas Edison State College, 101 West State Street, Trenton, NJ 08608

1982-1985 - William Paterson University, Wayne, N.J. BSN in nursing

1976-1979 Ann May School of Nursing, 1945 Corlies Ave, Neptune, NJ –Registered Nurse

PROFESSIONAL EXPERIENCE:

Accredo Health Group
45 Route 46 East, Suite 609, Pine Brook, New Jersey, 07058
Employment dates: August 2012- Present

Position: Director or Clinical Resources- Nursing

Responsibilities:

- Responsible for training and education of field nursing staff
- Policy and Procedure review, development and updates
- Development of new drug polices related to nursing
- Accreditation responsibilities for URAC and TJC compliance for nursing
- Liaison with Home Health Agencies related to establishing and adherence to contracts
- Clinical resources for nursing staff
- Supervise team of 5 nurses and 5 administrative staff
- Liaison with manufacturers for Hereditary Angioedema and Enzyme replacement drug therapies
- Participation in Quality Management committee, representing nursing division

- Assist with development and implementation of new technology
- Oversee 20 RN 24 hr call center
- Responsible for oversight for Continuing Education development to meet all ACPE and Kansas Board of Nursing requirements

Accredo Health Group
45 Route 46 East, Suite 609, Pine Brook, New Jersey, 07058
Employment dates: November 2011- August 2012

Position: Regional Director of Nursing for the Northeast

Responsibilities:
- Responsibility for 13 branches Delaware to Maine
- Directs nursing operations with North-East for the full body of specialty infusion products, leveraging resources, achieving 95% or greater in patient satisfaction
- Accountable for insuring nursing team is in compliance with Accredo nursing care standards, TJC accreditation, quality and Performance Improvements in the regions nursing operations, plus all local, state and federal regulations
- Assists with the evaluation, recommendation and implementation of new technologies
- Works collaboratively with pharmacy operations and commercial business within a matrix environment
- Manages programs to meet customer needs and impact sales productivity for nursing services
- Collaborates with Quality Assurance and Training/Innovation teams to ensure that optimal patient care is consistently delivered across all therapies
- Assists with development of nursing leadership, actively participates in nursing recruitment, orientation and education. Serves as clinical and nursing operations resource for the North East region

Accredo's Hemophilia Health Services
45 Route 46 East, Suite 609, Pine Brook, New Jersey, 07058
Employment dates: March 2006- November 2011

Position: General Manager

Responsibilities:
- Achieves financial goals for branch: pharmacy and nursing
- Oversees daily activities to service over 600 clients successfully
- Direct oversight managing 22 staff members (3 managers, 5 pharmacists, 5 nurses and 11 ancillary staff)
- Promotes clinical excellence to align with clients and strategic company goals

- Liaison between local branch and all corporate departments, Accredo/Medco
- Successfully obtained and maintained TJC accreditation, Internal Medco Audits and adherence to all state and federal regulations
- Plans budget to promote fiscal health of location
- Manages payroll and expenses for location
- Manages location Performance Improvement
- Maintains effective communication with corporate leadership

Pediatric Service of America
Route 46 West, Fairfield, New Jersey
Employment dates: January 1993- March 2006

Position: Clinical Director

Responsibilities:

- Location start up for acute home care therapies
- Directed clinical care for over 400 clients- Adults and Pediatrics
- Managed staff of six nurses
- Assured compliance to maintain state and federal regulations
- Obtained and maintained TJC accreditation
- Worked closely with sales and pharmacy partners
- Developed policy and procedures for nursing
- Responsible for payroll

ST. Josephs' Hospital and Medical Center
703 Main Street Paterson, New Jersey
Employment dates: 1981- 1993

Position: Staff registered nurse in Pediatric Intensive Care Unit

Responsibilities:

- Primary care for 1-4 critically ill pediatric clients
- PICU transport nurses
- Preceptor for new staff nurses
- Relief Charge Nurse
- Provided education and discharge planning to families to care for chronically ill children

Hackensack University and Medical Center

Essex Street, Hackensack, NJ
Employment dates: 1980-1981

Position- Staff Registered nurse General Pediatric Unit

Responsibilities:

- Responsible for pediatric medical-surgical patients – daily care and discharge planning
- Utilized team nursing
- Oversee all care, work with LPN's and Nurse's aides
- Covered charge nurse when off

John's Hopkins Medical Center
Baltimore, Maryland
Employment dates: 1979-1980

Position- Staff Registered nurse on pediatric Medical Unit

Responsibilities:

- Care of pediatric patients age 2-12, medical emphasis on oncology and cystic fibrosis
- Provided primary nursing to clients.
- Provided discharge planning and education to patients and families

PERSONAL QUALITIES/INFORMATION:

Hobbies: dogs, walking, reading, and spending time with family and friends

Professional Memberships and Activities:

- Member of Infusion Nurses Society since 1993
- Certified Registered Nurse Infusion (CRNI) 1993- Present

ACCREDO HEALTH INCORPORATED

Certifies that

LAURA TURNER, RN

License Number: 13-62270061 State:KS

Date of Attendance: 12/15/2022

has completed the approved Continuing Education Course Offering

accredo®

Accredo Health, Incorporated is approved by the California Board of Registered Nursing, Provider Number CEP 13048. This certificate must be retained by the licensee for a period of four years after the course ends.

Accredo Health, Incorporated is approved as a provider of continuing education by the Kansas State Board of Nursing. Kansas State Board of Nursing Provider Number: LT0223-0538

Accredo Health Incorporated
Continuing Education
11411 Strang Line Road
Lenexa, KS 66215

(448) Age-related Macular Degeneration and Diabetic Macular Edema CE Series

1.2 Contact Hours

Continuing Education Program Coordinator

1/5/2023
Date

(443) Myasthenia Gravis (MG) CE Series	**Contact Hours:** RN/LPN: 1.5

	Accredo Health, Inc. **Continuing Education** **Attn: CE Specialist** 11411 Strang Line Rd Lenexa, KS 66215	**Date:** _____ **Time:** _____ **Presenter:** _____

Agency Name:_____ Contact Person:_____

Address:_____ Phone:_____

City/St/Zip:_____ Email: _____

Participant Name (Print)	**ST**	**License Number Required for RNs and LPNs**	**Participant Signature**	**Contact Hours Awarded**
			APRN☐/RN☐/LPN☐	hrs
Address:				
			APRN☐/RN☐/LPN☐	hrs
Address:				
			APRN☐/RN☐/LPN☐	hrs
Address:				
			APRN☐/RN☐/LPN☐	hrs
Address:				
			APRN☐/RN☐/LPN☐	hrs
Address:				
Address is required to receive completion certificate for contact hours.				

Late arrival/ early departure policy: Participants must attend the entire presentation to receive credit. No partial credit will be given.

NURSE

Accredo Health, Incorporated, is approved as a provider of continuing education by the Kansas State Board of Nursing. Program Coordinator: Maureen McCullough, RN, MSN. This course offering is approved for 1.5 contact hours applicable for APRN, RN, and LPN for relicensure. Kansas State Board of Nursing Provider Number: LT0223-0538.

Continuing Education Review

Review instructions

Thank you for assisting with the Continuing Education review/approval process. The accreditation boards Accredo Health, Inc. CE is accredited have standards we must meet. I have included details to direct you to important details.

Documents for this presentation are in SharePoint: http://sharepoint.express-scripts.com/sites/CEUArchive/CE%20Review%20for%20Approval/Forms/AllItems.aspx?RootFolder=%2Fsites%2FCEUArchive%2FCE%20Review%20for%20Approval%2F%28443%29%20MG&FolderCTID=0x012000C1A6127ECEB7894891432D3A0E4D32E5&View=%7BB2D99447%2DFC2C%2D4B3B%2D8DBE%2D1B6D59ADAA3B%7D&InitialTabId=Ribbon%2EDocument&VisibilityContext=WSSTabPersistence#InplviewHashb2d99447-fc2c-4b3b-8dbe-1b6d59adaa3b=FolderCTID%3D0x012000C1A6127ECEB7894891432D3A0E4D32E5-InitialTabId%3DRibbon%252EDocument-VisibilityContext%3DWSSTabPersistence-RootFolder%3D%252Fsites%252FCEUArchive%252FCE%2520Review%2520for%2520Approval%252F%2528443%2529%2520MG-SortField%3DModified-SortDir%3DAsc.

Each document is listed on the review sheet below with the matching number. The box before the document title is checked for your convenience. The check means the document is ok as is.

- Place your pointer on the document and left click. Select "OK" to open the document and review.
- If the document is ok as is, you don't have to do anything.
- If you find an error, or something you think needs to be revised, uncheck the box, list the document number in the table at the bottom of this form, describe the error and the recommended revision under "edit suggestion."

Example:

DOCUMENT #	EDIT SUGGESTION	EDIT	CORRECTION DATE	EDIT MADE BY
REVIEW FORM	change my title to director of clinical resources-nursing	CORRECTED	2/27	L TURNER

Please complete your review by Wednesday, September 14th. Contact me if you have any questions.

Laura Turner, CE Administrator.

CONTINUING EDUCATION COURSE OFFERING

ACCREDO HEALTH, INCORPORATED

Continuing Education Approval

Course Offering Title: (443) Myasthenia Gravis CE Series

REVIEWER INFORMATION:

Quality assurance review

Name: Laura Turner

Title: Continuing Education Administrator

Address: 11411 Strang Line

City: Lenexa

State: KS

Zip: 66215

Phone: 913-708-0223

Email: laura.turner@accredohealth.com

Clinical review

Name: Adam Portik

Title: Senior Clinical Advisor

Address:

City:

State:

Zip:

Phone:

Email:

CE Committee Review

Name: Maureen McCullough

Address: PO Box 2011 - 45 US Hwy 46 East, Site 609

City: Pine Brook

State: New Jersey

Zip: 07058

Phone: 862-200-1206

Email:Maureen.mccullough@accredohealth.com

The Quality Assurance review consists of the following:

- Inclusion of all required course offering documents
- Documents meet Continuing Education guidelines
- Terminology meets Continuing Education guidelines
- Course Offering meets definition of Continuing Education

The function of the Clinical Review is:

- Accuracy of pathophysiology of disease
- Accuracy of terminology
- Accuracy of drug information

The function of the Committee is:

To assess the need for Continuing Education course offerings by:

- A new product or disease state serviced by Accredo Health, Inc.
- A formal needs assessment based on areas identified by the CE Advisory Committee, Continuous Quality Improvement Committee, or Management as high-risk, high-volume, high-cost, or problem prone.
- A biannual formal needs assessment utilizing a formal survey questionnaire.
- Formal recommendations from the Continuous Quality Improvement Committee.
- Informal suggestions from professionals requesting education in a specified area.
- A member of the Committee will perform the final evaluation of the proposed course offering, assuring the offering meets the needs of the company. Approval requires the signature of one committee member.

Faculty	Discipline	Title	Disclosure signature date
Adam Portik	PharmD	Senior Clinical Advisor	12/20/2021
Jennifer Johnson	RN, BSN, CRNI	Senior Clinical Program Advisor	12/21/2021
Laura Turner	BS, RN	Continuing Education Administrator	12/27/2021
Adam Portik	PharmD	Senior Clinical Advisor	12/20/2021
Maureen McCullough	MSN, RN, CRNI	Director of Clinical Resources, Nursing / Continuing Education Program Coordinator	1/3/2022
Erica Harris	Non-clinical	Continuing Education Specialist	11/18/2021

The following must be reviewed for accuracy and completeness:

Developer / Presenter / Reviewer Documents:

☒ 1.0 Financial Agreement and Presenter Approval (if appropriate) – on file where dates noted

- ☒ 1.0A Course Developer
  - ☒ - Jennifer Johnson - Dev Content Validity Attestation – 09/10/2022
- ☒ 1.0B Course Reviewers / Approvers – See above
  - ☒ - QA Reviewer – Laura Turner
  - ☒ - Adam Portik – Clinical Review_Valid Content Attestation – 9/9/2022
  - ☒ - CE Committee – Maureen McCullough
  - ☒ - Erica Harris – Administrative support

Course Offering Documents:

☒ 2.0 CE Needs assessment and learning needs / Summary of Planning

☒ 3.0 Education Design | Documentation Format (EDDF) / 4.0 Bibliography

- ☒ * Objectives
- ☒ * Content
- ☒ * Time Frame
- ☒ * Presenter requirements
- ☒ * Teaching strategies

☒ 4.0 Bibliography

- ☒ References
- ☒ Product Reference Resources

Presentation Documents:

CONTINUING EDUCATION COURSE OFFERING

ACCREDO HEALTH, INCORPORATED

☒ 5.0 CE Program Description (Brochure)

- ☒ Course Title
- ☒ ACPE Universal Activity Number (UAN) - 0386-0000-22-015-L01-P
- ☒ Appropriate target audience designation ('P' for pharmacist or 'T' for pharmacy technician) – last letter of UAN – Pharmacist only
- ☒ Amount of CPE credit in contact hours per discipline
- ☒ Faculty (names, degree, title/position)
- ☒ Fee – AHI does not charge a fee for its presentations
- ☒ Registration process – space provided for contact information
- ☒ Summary of Planning / Intended outcome / Major Activity objective / Activity overview
- ☒ Target audience
- ☒ Learning objectives
- ☒ Schedule / agenda
- ☒ Full description of all requirements established for successful completion of the CPE activity and subsequent awarding of credit
- ☒ Assessment method
- ☒ Statement of credit information
- ☒ Official ACPE logo with statement: "Accredo Health, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education."
- ☒ Acknowledgement of any organization(s) providing financial support for any component of the educational activity – AHI disclosure policy
- ☒ Faculty disclosure(s)

☒ 6.0 PPT Presentation

☒ 7.0 Posttest/Answer Key

- ☒ 7A Posttest
- ☒ 7B Answer Key with rationale

☒ 8.0 Attendance Roster

- ☒ 8A * RPh Attendance Roster
- ☒ 8B * RN Attendance Roster

☒ 9.0 Evaluation

- ☒ 9A * Objectives_Eval
- ☒ 9B * Survey Monkey Pretest_Reg_Posttest_Participant Info

☒ 10.0 ACPE Activity Description Form (ADF) – input into ACPE website.

QA REVIEW RECOMMENDATIONS:

DOCUMENT #	EDIT SUGGESTION	EDIT	CORRECTION DATE	EDIT MADE BY
	Outstanding for external presentation. Not required for CE Series presentation			
	None at this time			

CLINICAL REVIEW RECOMMENDATIONS: ADAM PORTIK

DOCUMENT #	EDIT SUGGESTION	EDIT	CORRECTION DATE	EDIT MADE BY
	None at this time			

CE COMMITTEE REVIEW RECOMMENDATIONS: MAUREEN MCCULLOUGH

DOCUMENT #	EDIT SUGGESTION	EDIT	CORRECTION DATE	EDIT MADE BY
	None at this time			

APPROVED:

QA Reviewer: *Laura Turner, RN* — *9 September 2022*
Signature — Date

Clinical Reviewer *Adam Portik, PharmD* — *9 September 2022*
Signature — Date

CE Committee Reviewer: *Maureen Mc Cullough, RN, MSN* *12 September 2022*
Signature — Date

Final Approval: *Laura Turner, RN* — *12 September 2022*
Signature — Date

Accredo Continuing Education
Content Validity Attestation

Course: (443) Myasthenia Gravis (MG)			
Agree	Disagree	N/A	Faculty Attestations
x			All recommendations involving clinical medicine related to my content will be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
x			All scientific research referred to, reported, or used in my content in support or justification of a patient care recommendation will conform to the generally accepted standards of experimental design, data collection and analysis. To help learners judge the quality of data provided, I will present the source and type of evidence (i.e. animal study, randomized controlled trial, meta-analysis, etc.)
x			Research findings and therapeutic recommendations in my content will be based on scientifically accurate, up-to-date information and be presented in a balanced, objective manner.
x			For any drug/product discussed, the data must be objectively selected and presented, both favorable and unfavorable information about the drug/product must be fairly presented, and I will include information about reasonable alternative treatment options. Where there is a suggestion of superiority of one drug/product over another, this suggestion need to be supported by evidence-based data.
x			If I am discussing specific healthcare products or services, I will use generic names to the extent possible. If I need to use trade names, I will use trade names from several companies when available, and not just trade names from a single company. My educational materials will not contain any advertising, unnecessary trade names or product group messages.
x			If I am discussing any drug/product use that is unlabeled or investigational, I will disclose that the use or indication in question is not currently approved by the FDA.

Date: 9/10/2022

Signature: Jennifer Johnson, RN, BSN, CRNI

Jennifer Johnson, RN, BSN, CRNI-typed by Jennifer Johnson

Guidance for Planners, Authors, and Faculty: Ensuring Clinical Content is Valid

As an important contributor to our accredited education, we would like to enlist your help to ensure educational content is fair and balanced, and that any clinical content supports safe, effective patient care. This includes:

- All recommendations for patient care in accredited continuing education must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in accredited education in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. It is the responsibility of accredited providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
- Content cannot be included in accredited education if it advocates for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

These expectations are drawn from Standard 1 of the ACPE Standards for Integrity and Independence in Accredited Continuing Education.

Consider using the following best practices when presenting clinical content in accredited CE:

- Clearly describe the level of evidence on which the presentation is based and provide enough information about date (study dates, design, etc.) to enable learners to assess research validity.
- Ensure that, if there is a range of evidence, that the credible sources cited present a balanced view of the evidence.
- If clinical recommendations will be made, include balanced information on all available therapeutic options.
- Address any potential risks or adverse effects that could be caused with any clinical recommendations.

Note for clinical reviewer One strategy to ensure the clinical content validity of accredited continuing education is to allow external (peer) review by persons with appropriate clinical expertise and no relevant financial relationships with ineligible companies, defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products use by or on patients. The questions below direct reviewers to share feedback about each of the requirements that comprise Standards for Integrity and Independence Standard 1.
Course: (443) Myasthenia Gravis (MG)
Please answer the following questions regarding the clinical content of the education.

To check box yes or no, double click on the appropriate box to open "Check box form field options" window. Default value is "not checked." Select "Checked" then "OK."	
Are the recommendations for patient care based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options? [Standards for Integrity and Independence 1.1]	☒ Yes ☐ No
Comments:	
Does all scientific research referred to, reported, or used in this educational activity in support or justification of a patient care recommendation conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation? [Standards for Integrity and Independence 1.2]	☒ Yes ☐ No
Comments:	
Are new and evolving topics for which there is a lower (or absent) evidence base, clearly identified as such within the education and individual presentations? [Standards for Integrity and Independence 1.3]	☒ Yes ☐ No
Comments:	
Does the educational activity avoid advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning? [Standards for Integrity and Independence 1.3]	☒ Yes ☐ No
Comments:	
Does the activity exclude any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients? [Standards for Integrity and Independence 1.4]	☒ Yes ☐ No
Comments:	

Signature: *Adam Portik, Pharm. D.*

Date: 9/9/2022

Number:	Revision:	Effective Date:
AHI SOP CE 4	**9**	**06/03/2005**

Title: **Independent Learning Contact Hour Determination via Pilot Test**

Department: **Continuing Education**

Program: **General**

accredo®

Purpose

The purpose of the Pilot Test for Independent Learning Contact Hour Determination procedure is to provide a standardized process for determination of contact hours for courses that are not given by a presenter.

Scope

This procedure is applicable to Accredo Health, Inc. Continuing Education (AHI CE). It should be referenced by all individuals responsible and/or involved in AHI CE course approval from development through pilot test approval.

Definitions

AHI – Accredo Health, Inc.

CE – Continuing Education

Home study and other mediated activities - printed, recorded or computer assisted instructional activities that do not provide for direct interaction between faculty and participants.

Independent learning - a self-paced learning activity undertaken by the participant in an unstructured setting under the guidance of, and monitored by, an approved provider. This term may include self-study programs, distance learning, and authorship.

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

Contact hours for home study or independent learning will be determined by performing a pilot test using 3-5 participants representing the intended target audience for whom the activity was developed.

Pilot Test Development and Completion Process

Step	Action
1	Develop activity following AHI SOP CE 1: Continuing Education Process up to approval process.
2	Quality Assurance and Clinical reviewers will review and approve information and format prior to pilot test.
3	CE Administrator will create pilot test instructions explaining the intent of the process, the pilot test requirements (tracking time required to complete course and passing post test, CE – nonCE split), and form to document the following: • Participant name • Participant state and license number (license number required for nurses only) • Completion date • Completion time • Test result
4	Pilot test must be completed by clinicians for whom the course will be approved. Example: a home study activity for nursing CE will be pilot tested by nurses. Completion time must be a minimum of:

	• 15 minutes for pharmacist, pharmacy technician activities • 60 minutes for activities approved for nurses • 60 minutes for activities approved for case managers.
5	Following initial pilot test, results are reviewed to determine activity completion time meets continuing education contact hour minimum requirements. In addition, comments or feedback are evaluated. Identified items are returned to course developer to address and revise.
6	Once revisions are made, proceed with 2nd. pilot test. If additional revisions to content are required, additional pilot tests will be performed so results are determined from final format.
7	Upon completion of pilot test, determine the average completion time only using results of those successfully passing the posttest.
8	Create a pilot test results synopsis including participants' names, license, discipline, completion time, test score, and average time to complete the activity. Include this and pilot test documentation with the other course documents on file for the life of the course offering.
9	Review evaluation comments and determine if any changes are required to course material prior to approval review.
10	Complete course approval process (See AHI SOP CE 1: Continuing Education Process .
11	Upon approval, issue certificates to pilot test participants who successfully passed posttest.

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- AHI SOP CE 1: Continuing Education Process

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	06/03/2005	Original	Lisa Havens
1	01/30/2006		Laura Turner
2	04/28/2008		Laura Turner
3	10/27/2009		Laura Turner
4	10/13/2014		Laura Turner
5	09/29/2015	Header/footer. Clinical reviewer terminology.	Laura Turner
6	09/23/2016	Corrected effective date; added AHI reference	Laura Turner
7	10/30/2017	Revised minimum course time requirements per discipline	Laura Turner
8	11/14/2018	Corrected address in footer.	Laura Turner

		Revised SOP 1 title. Added Quality Assurance to step 2 review. Changed minimum completion time for nurse and case manager activities to 60 minutes. Revised post test to posttest.	
9	02/08/2023	No change	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Bette Murrell	Continuing Education Specialist	11/18/2009
Karin Everett	Clinical Coordinator	12/02/2009
Erica Harris	Continuing Education Specialist	10/13/2014
Laura Turner	Continuing Education Administrator	10/13/2014
Erica Harris	Continuing Education Specialist	10/12/2015
Erica Harris	Continuing Education Specialist	09/27/2016
Erica Harris	Continuing Education Specialist	10/31/2017
Erica Harris	Continuing Education Specialist	11/15/2018
Erica Harris	Continuing Education Specialist	02/08/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Mary Ann Anderson	Director of Manufacturer Services	01/31/2011
Maureen McCullough	Director of Clinical Resources - Nursing	10/13/2014
Maureen McCullough	Director of Clinical Resources – Nursing	12/07/2015
Maureen McCullough	Director of Clinical Resources - Nursing	12/29/2016
Maureen McCullough	Director of Clinical Resources - Nursing	11/06/2017
Maureen McCullough	Director of Clinical Resources - Nursing	11/15/2018
Maureen McCullough	Director of Clinical Resources - Nursing	02/03/2023

Number:	Revision:	Effective Date:	
AHI SOP CE 43	**1**	**12/11/2017**	
Title: **AHI CE via WebEx**			
Department: **Continuing Education**			
Program: **General**			

Purpose

To provide a standardized process to present AHI CE via WebEx.

Scope

This procedure is applicable to AHI CE. All individuals who will be scheduling, presenting, and editing for live and self-study AHI CE should reference it.

Definitions

ACPE – Accreditation Council for Pharmacy Education

AHI – Accredo Health, Inc.

CE – Continuing Education

CEA – Continuing Education Administrator

CES – Continuing Education Specialist

CPE – Continuing Pharmacy Education

RN – Registered nurse

RPh – Registered Pharmacist

PharmD – Doctor of Pharmacy

Procedure

It is your responsibility to ensure that you understand this procedure before performing the following tasks. Contact the document author if you have any questions about this procedure.

All CPE credit must be reported in CPE Monitor continuing pharmacy education tracking service within 60 days of the presentation date.

1.1 Presenter instruction

Step	Action
1.	Presenter, topic and presentation date determined by CE Series committee.
2.	Continuing education specialist determines if presenter is approved to present topic. If not, CES initiates presenter approval – see SOP 2 [43a]
3.	CEA provides presenter with instructions, templates and examples: [SOP 1] [43b] • Faculty Guidance checklist link (found in Survey Monkey) • Current PPT template including the CE disclosure slides, instructions for each discipline, objective slide, knowledge check slide pair, and reference slides. • Needs assessment template • Objectives • Bibliography • Minimum 10 question pre- / posttest answer key with rationale (multiple choice, matching, and true / false)

	• 3-5 knowledge checks with correct answer marked
4.	CEA and presenter review CE Series Document checklist and determine due dates. Dates added to form and the CEA and the presenter keep a copy. [CE Series Doc Checklist] [43c]

1.2 CEA Document Development, review, and approval

Step	Action
1	CEA develops the following documents per SOP #1: [43d] • Registration instruction announcement
2	CEA develops the following using presenter-developed content: • Summary of planning • Education document / Documentation format • Bibliography • Save the Date announcement • CE Program Description Brochure • CE Program Pretest and Registration • Pretest / registration, posttest / evaluation / participant information / 2nd attempt posttest (in Survey Monkey) • Pretest / posttest • Pretest / posttest answer key with rationale • Knowledge checks • Attendance rosters (RPh and RN)
3	ACPE UAN and activity type created per SOP 11 [43e]
4	Course and presentation date entered in ACPE Provider Web tool; course information submitted to ACPE, per SOP 12 [43f]
5	Review and approval performed per SOP 1. [43g]

1.3 WebEx Schedule Training Session (See WebEx Teaching Tool) [43h]

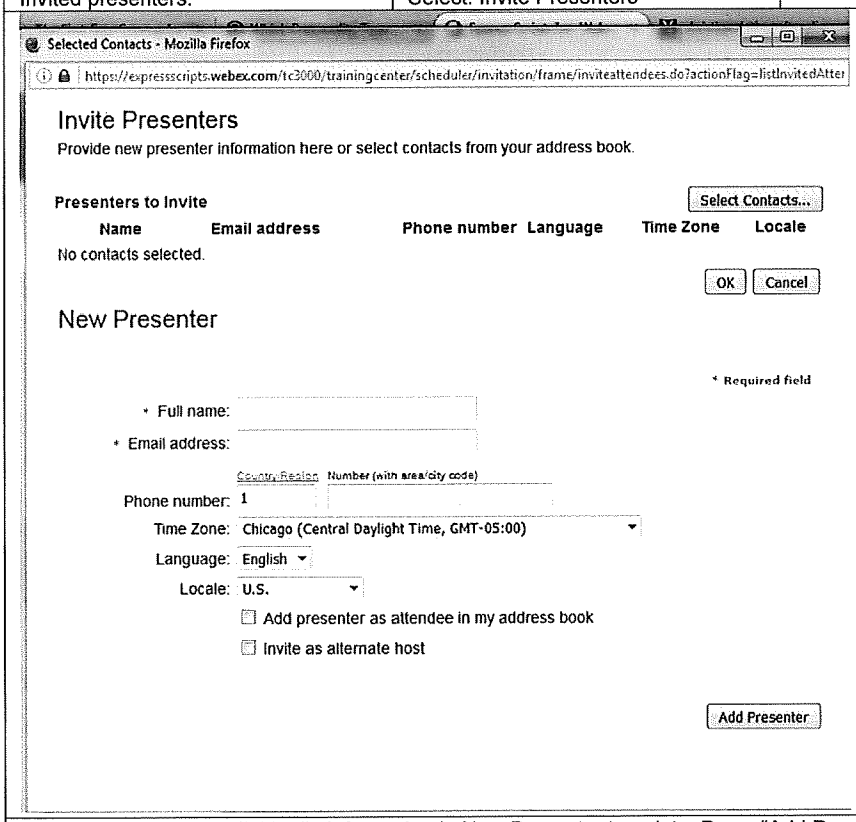
Step	Action
1	Select "Training Center." Enter information requested

Topic:	Insert presentation title	
Set session password:	ahice	
	This training session is: ☒ Listed on public calendar ☐ Listed for signed in users ☐ This session will have over 500 attendees ☐ Automatically delete session after it ends - uncheck ☒ Send a copy of the attendee invitation to me	Check appropriate boxes. Make sure automatically delete session is unchecked if you want to keep recording for future use.

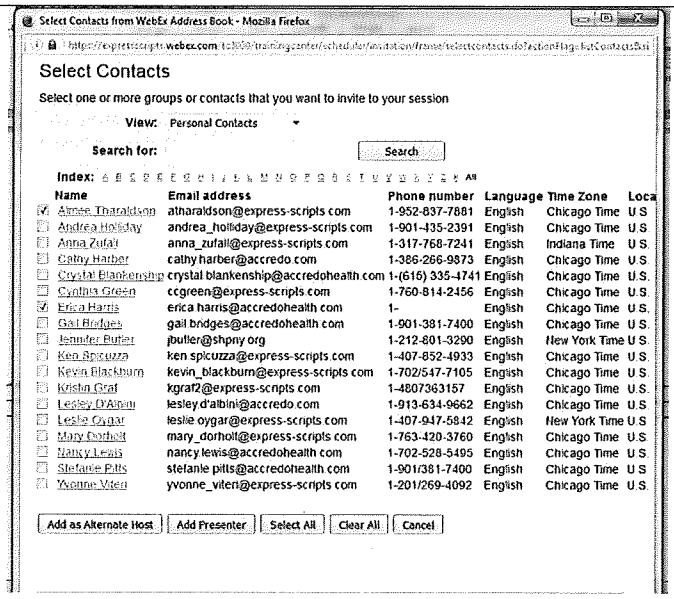
2.	Audio Conference Settings	
Select conference type:	Select WebEx Audio	
	☒ Display toll-free number (Toll number is always displayed) ☐ Display global call-in numbers ☒ Mute attendees upon entry	Mute attendees if you are recording session.
Entry and exit tone:	Select "No Tone"	

3.	Date and Time	
Starting time:	Month / Date / Year Hour / Minute/ am /pm	Add info to fields.
Time zone:	Select appropriate time zone ☐ Attendees can join ___ minutes before the start time (auto-populate to 5)	Check request to present to see what time zone used, and ensure the time is correct for your time zone.
Occurrence:	☒ Single- session class ☐ Recurring single-session class (attendees register for one session) ☐ Multiple-session course (attendee register for entire sequence) ☐ Schedule irregular sessions (each session may be edited separately later)	Select appropriate category.
Estimated duration:	Hours / minutes	Add info to fields

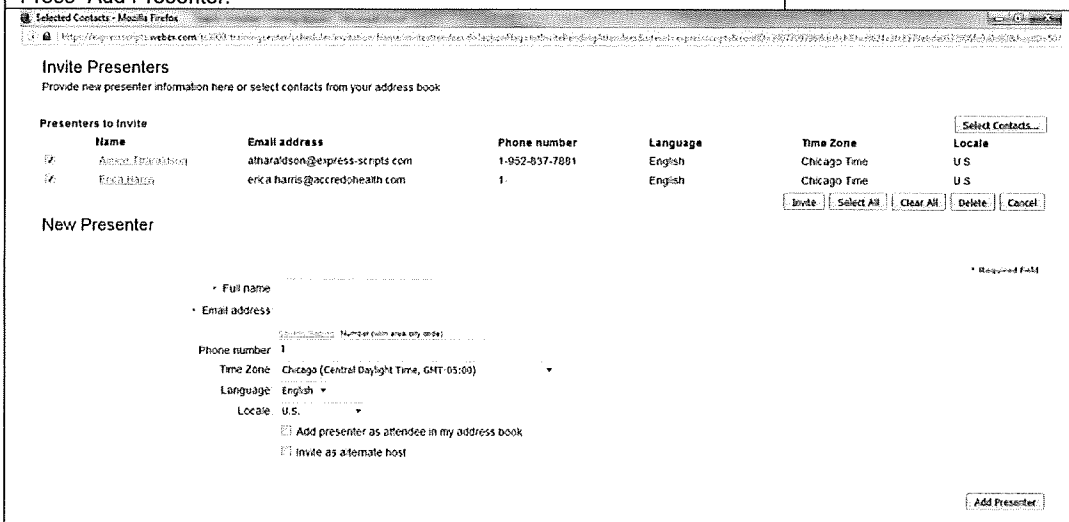
4.	Registration		
	Attendees		
	Invited attendees:		I do not use this. Attendees register in Survey Monkey. CES creates an Outlook Meeting with invitation information, attaches PPT handout, and adds registrants to meeting.
5.	Presenters		
	Invited presenters:	Select: Invite Presenters	



New Presenter: Add individual's information in New Presenter template. Press "Add Presenter."

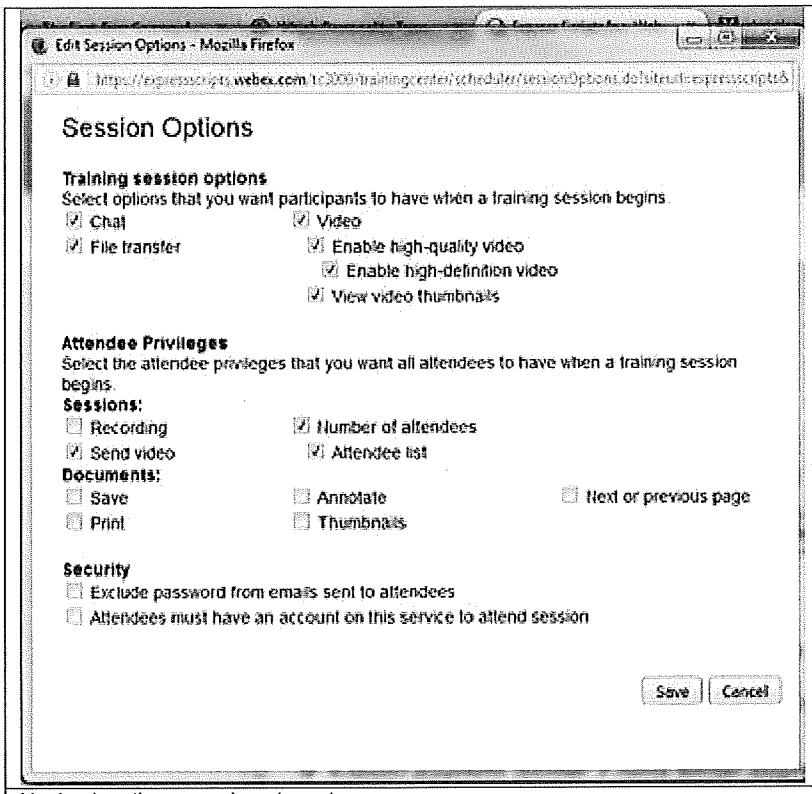


Previously entered presenter: Under "Invite Presenters," press "Select Contacts." Individuals will be listed. Check the box before the name of those you want to invite. Press "Add Presenter."	



Selected names will appear on under "Invite Presenters" on previous page. Check box before names. Press "Invite." An invitation will be sent with meeting information that may be added to Outlook Calendar.	

6.	Session Options Available features:



Uncheck options you do not want:

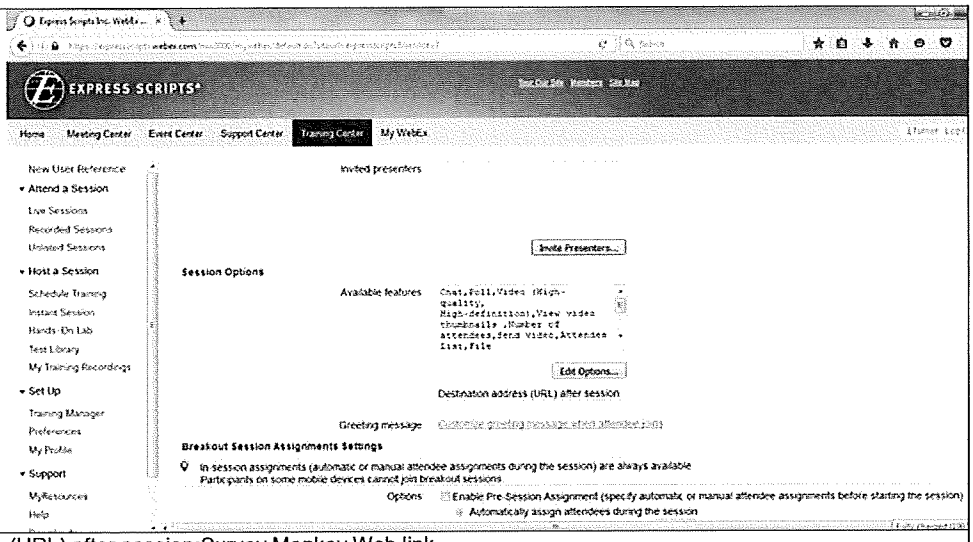
- File transfer
- Video
- Send video

Check:

- Chat
- Number of attendees
- Recording
- Attendee list

Select "Save."

7.



Destination address (URL) after session:Survey Monkey Web link

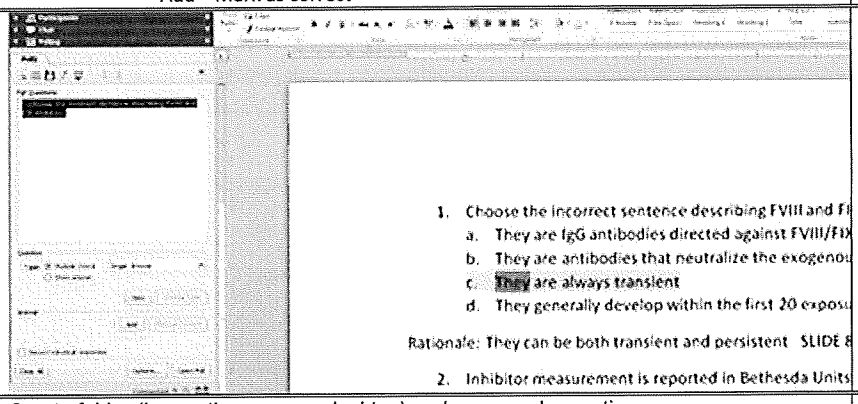
8.

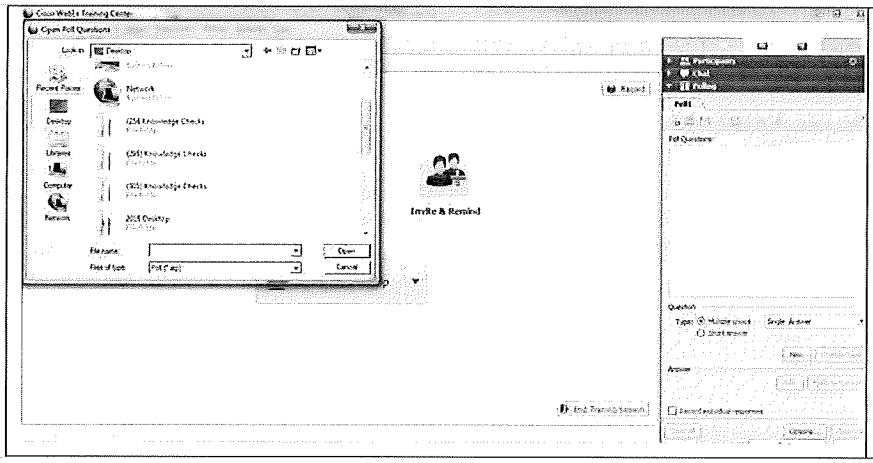
Greeting message:

	Customize greeting message when audience joins. Welcome to Accredo Specialty CE presentation. We are recording this presentation. All phones are muted. Please send questions to Host via chat. The presenter will address them at the end of the presentation. Check box "Display this message when attendees join the session."	
9.	. Breakout Session Assignments Settings, etc. These do not apply at this time	
10.		
	Select: Schedule / Start Session / Cancel	Schedule.
	Ok / Add to my Calendar / Edit	Select: Add to my calendar. You will receive the option to add session to your Outlook Calendar.
11.		Will also receive 2 emails: one for the host, and one that you may forward to attendees. If everything is correct, accept to add to calendar. If incorrect, close and select "edit." Revise and accept meeting Close window.
	**** You can forward this email invitation to attendees **** Hello , Laura Turner invites you to participate as an attendee in the following online training session:	Forward to CE Specialist.

	Topic: test Host: Laura Turner Date: Friday, October 14, 2016 Time: 2:00 pm, Central Daylight Time (Chicago, GMT-05:00) Session number: 927 074 427 Session password: ahice	
	CE Specialist will create Meeting in Outlook with the email information (above). As people register in Survey Monkey, CES will add them to the meeting to provide access information and presentation handout.	

1.4 Knowledge Checks

Step	Action	
	To Create Polling Questions	
1.	1. Select Polling Window 2. Select "New" Poll Questions: Question Types: Multiple choice Single answer Short answer New Answer Add Mark as correct	Select Polling Window (Blue tab heading) Select "New" – first icon
2.		Copy and paste question to box under poll questions. Add response options. Select "Mark Correct" for correct response. A red check mark will appear before this response.
3	Create folder (I save them on my desktop) and save each question.	
4	Accessing poll questions	

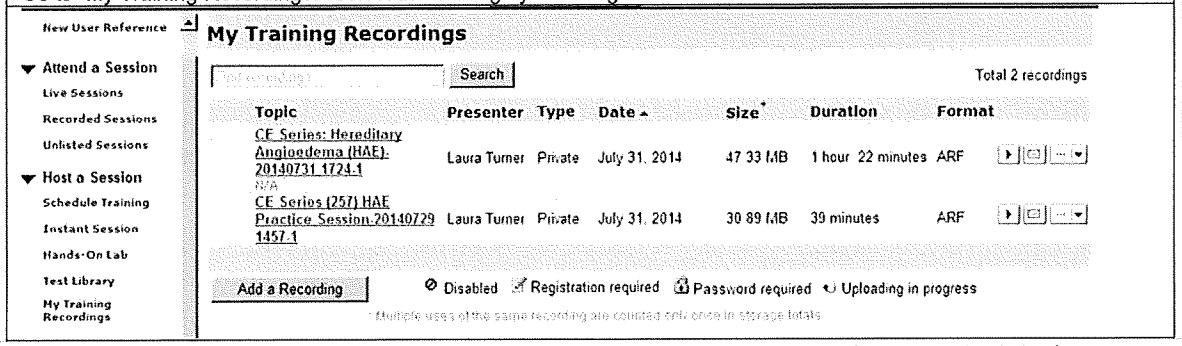
		On presentation day, choose "New." Choose "Open." Find folder poll questions are saved. Choose the correct poll question. They are named "poll1.atp,""poll2.atp," etc. Question will appear in the poll window. Select "save." Repeat for each poll question.

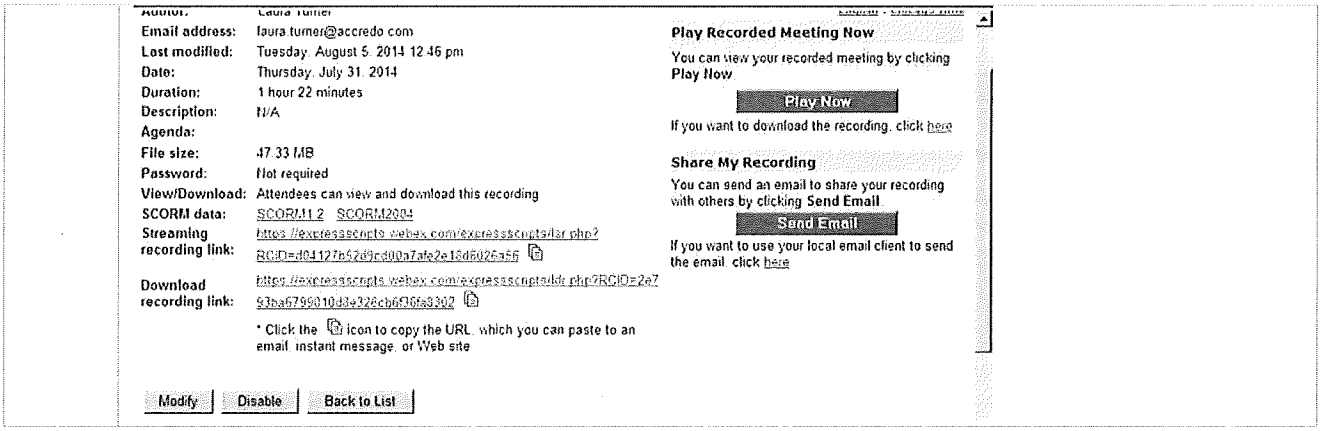
1.5 Starting Training Session

Step	Action	
1.	Session Day To start the session: 1. Go to https://expressscripts.webex.com/expressscripts/k2/j.php?MTID=t0d2e2f33866504257219e3858a2fe9ae. 2. Log in to your account. 3. Click "Start Now". 4. Follow the instructions that appear on your screen.	Start now. If knowledge checks have not been created, do so now.
2.	Audio conference information To receive a call back, provide your phone number when you join the training session, or call the number below and enter the access code. Call-in toll-free number (US/Canada):1-877-668-4490 Call-in toll number (US/Canada):1-408-792-6300 Show toll-free dialing restrictions: https://www.webex.com/pdf/tollfree_restrictions.pdf Access code: 927 074 427	Select "I will call in." When presenter had WebEx call her, we experienced multiple audio interruptions.

3.	Giving presenter control Participant window: When presenter arrives, change role to presenter: • Share his/her screen • Advance slides • Open knowledge checks
4	CES Assists participants unable to access WebEx, have not received handout, etc.
5	Host: • Monitors "Chat" box • Starts "Record" • Explains CE requirements (posttest, evaluation, participant information, etc.)

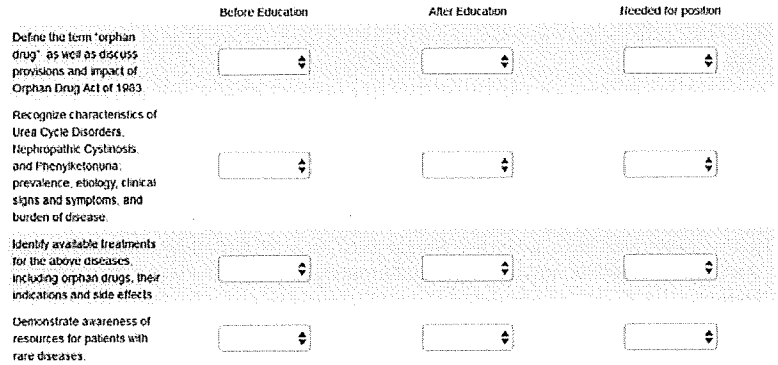
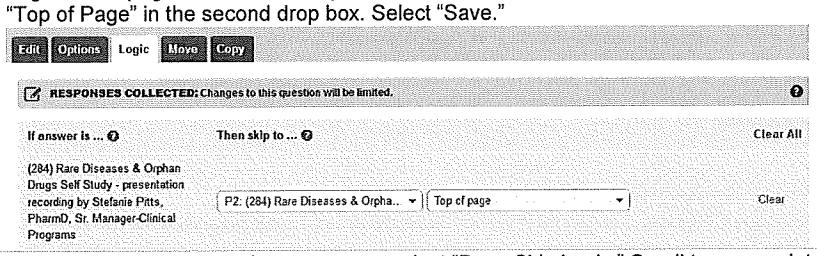
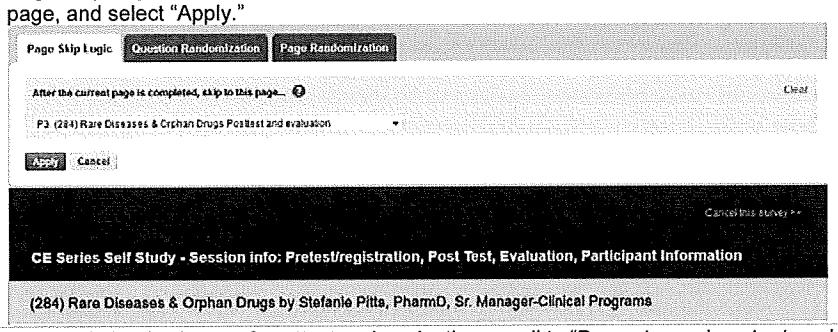
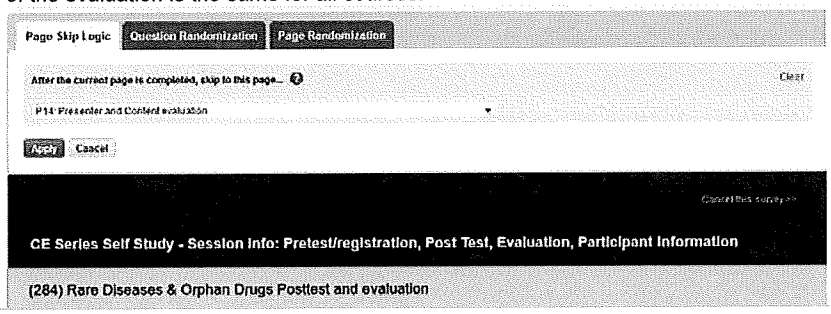
1.6 Edit WebEx Recorded Session for Self-study format

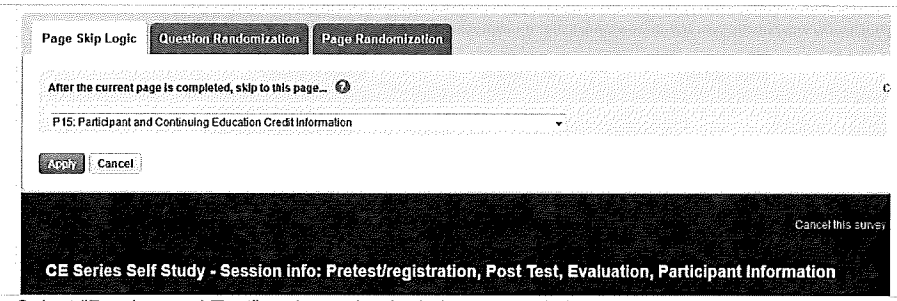
Step	Action
1.	Go to "My Training Recordings." Select the training by selecting the link. 
2.	Takes you to: **Recording Information: CE Series: Hereditary Angioedema (HAE)-20140731 1724-1 (see screen shot below)** 1. Select Streaming-recording link. 2. Listen to audio to determine start and stop times. 3. Go back to previous screen and select "Modify." Will take you to "Edit Recording." Note: You may only edit the beginning and end of the recording. It is not possible to edit other parts of the recording. 4. Under "Recording File," a. unclick "Panel Display Options" b. Select "Partial Playback" and enter Start and End times c. Select "Save" d. Listen to audio by selecting Streaming-recording link to make sure it starts and ends where desired. e. If ok, select icon following the link to make a copy of the link.



1.7 Creating Pretest / Registration, Posttest / Evaluation / Participant Information, and 2nd Attempt Posttest

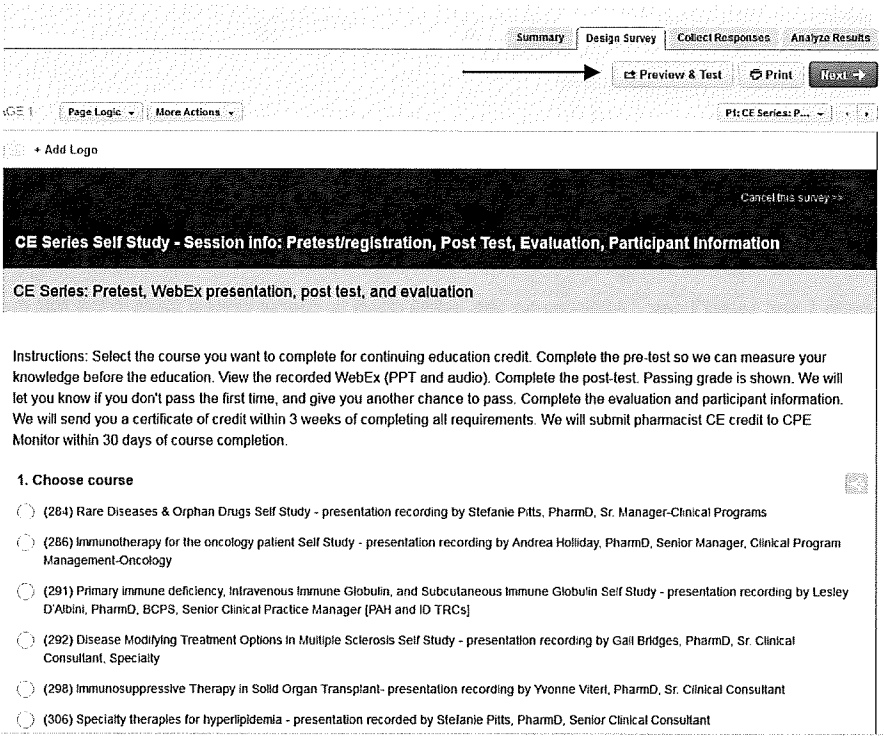
Step	Action
1.	Access "CE Series: Pretest, WebEx presentation, posttest, and evaluation" in Survey Monkey
2.	Select "Design Survey"
3.	Under "1. Choose course" select "edit." Add course ID and course title. Select "Save."
4.	Scroll to the last pretest before the one being added. Under "More actions" select "Copy Page." Edit to appropriate test questions, including "I don't know."
5.	Under Options, select "Require an Answer to this question."
6.	After final question, add "What is your discipline?" Add RPh, RN, Other with text box.
7.	List presentation title Presentation WebEx recording: Select link below to view presentation (left click actual link)> Note: It may take a few moments to open. Add link below. (Link is from WebEx) **15. Rare Diseases and Orphan Drugs Presentation WebEx recording: Select link below to view presentation (left click actual link). Note: It may take a few moments to open.** https://urldefense.proofpoint.com/v2/url?u=https-3A__expressscripts.webex.com_expressscripts_lsr.php-3FRCID-3D9d2040c111cbe56db7db3bcac1796b0d&d=BQMGaQ&c=TRM22a2q2ENZDxdZ_Nz-0IFGs_bogxlwig_LbUWFZX0&r=Ln0B8Nw_Lf7z7VQ9Q0s1DYDqRfl7nyJL08XB5b9w6UI&m=mTY1_HHJmeCF86qag58lOI_yo1jkxE22IKzp5iSlrIvw&s=Yq0bsOrUrPIT1AgbRjMxk4k5N2G9SDWSX3QUgyIXIMI&e=
8	Copy pretest page. Edit name to "Posttest and evaluation." Remove option "I don't know."
9	Copy evaluation questions from another course. Revise objectives.

	29. Please rate your level of expertise for each objective before and after the education, and what is required for your position  Explain how education could be improved to better meet any objective(s) not met. **30. Identify anything not covered in the presentation you need to care for your patients:**
10	Logic: Go to page 1 and select"Logic." After course title, scroll down to course pretest page in the first drop box. Select "Top of Page" in the second drop box. Select "Save." 
11	Page Skip Logic: At top of pretest page, select "Page Skip Logic." Scroll to appropriate course post test and evaluation page, and select "Apply." 
12	Page Skip Logic: At top of posttest and evaluation, scroll to "Presenter and content evaluation" and select "Apply." This part of the evaluation is the same for all courses. 
13	Page Skip Logic: Presenter and content evaluation is followed by "Participant and Continuing Education Credit information, the final page of the survey.



14

Select "Preview and Test" to determine logic is correct. Select most recently added course, and complete pretest, check WebEx link, complete posttest, evaluation, and participant information. Correct any errors, non-working logic, etc. Ask someone else to trial also.



15

Add course title to CE series recorded presentations Instructions document under section headed, "The following courses are available in Survey Monkey."

	CONTINUING EDUCATION COURSE OFFERING ACCREDO HEALTH, INCORPORATED CE Series Recorded Presentations The CE Series WebEx recordings are available in LMS and in Survey Monkey If you were not able to attend the live presentation, the recorded presentations are now available for continuing education credit The following courses are available in LMS (in HR Expressway): • **CE Series – (259) Hereditary Angioedema Self Study** • **CE Series – (260) HIV in the United States: An updated perspective Self Study** • **CE Series – (265) Growth Hormone Deficiency (GHD) Self Study** • **CE Series – (278) Specialty Pharmaceuticals in Development Self Study** ***Enter "CE Series" into Search to locate all courses. Follow instructions given in LMS.** The following courses are available in Survey Monkey • **(284) Rare Diseases & Orphan Drugs Self Study** • **(286) Immunotherapy for the oncology patient Self Study** • **(291) Primary immune deficiency, Intravenous Immune Globulin, and Subcutaneous Immune Globulin Self Study** • **(292) Disease Modifying Treatment Options in Multiple Sclerosis Self Study** • **(298) Immunosuppressive Therapy in Solid Organ Transplant Self-study** ***Select:** https://www.surveymonkey.com/r/CESeriesSelfStudy 1. Select the presentation 2. Complete the pretest, view the recording, complete the post-test, evaluation, and participant information. Upon completion of all requirements in LMS or Survey Monkey, nurses will receive a continuing education certificate by mail within 3 weeks. Pharmacist continuing education credit will be reported to CPE Monitor within 60 days of the presentation date. A statement of credit will be issued upon request. For questions or assistance, contact: • Erica Harris at Erica.harris@accredohealth.com or (877)239-7156 extension 254420, or • Laura Turner at laura.turner@accredohealth.com or (877)2397156 extension 254419
16	Add answer key answers and minimum passing score to "Master Self-study scores" Excel spreadsheet located CE/CE Series Survey Monkey/ Participant Reports/ Master self -study scores [43i]
17	PDF the answer key and add it to CE/CE Series Survey Monkey/ Participant Reports/ answer keys
18	After participant completes self-study, CES scores pre- and posttest, and records scores on Master Self-study Scores spreadsheet CE/CE Series Survey Monkey/ Participant Reports/ participant results. CE credit given if participant passed posttest

Process Flow

The following Process Flows are to be used in conjunction with this SOP:

- Not applicable

Reference Documents

Individuals using this procedure should become familiar with the following documents:

- SOP CE 1: Continuing Education Course Development and Approval
- SOP CE 16: Post Presentation Process
- WebEx Schedule Training Session Teaching Tool

Document History

Document Location

This is an on-line document. Refer to the author if you are in any doubt about the accuracy of this document.

Revision History

Revision Number	Revision Date	Summary of Changes	Author
0	12/11/2017	Original	Laura Turner
1	01/30/2006	Changed pre-test and post-test to pretest and posttest	Laura Turner

Subject Matter Expert (SME) Reviewers

This document was reviewed/edited by following SMEs:

Name	Title	Date Reviewed
Erica Harris	Continuing Education Specialist	12/13/2017
Erica Harris	Continuing Education Specialist	02/06/2023

Approvals

This document requires following approvals:

Name	Title	Date Approved
Maureen McCullough	Director of Clinical Resources - Nursing	12/06/2017

Maureen McCullough	Director of Clinical Resources - Nursing	02/06/2023

CONTINUING EDUCATION COURSE OFFERING

ACCREDO HEALTH, INCORPORATED

Title: (443) Myasthenia Gravis (MG)

ACPE 1.25 RPh contact hours	KSBN 1.5 RN contact hours	CCMC 1.25 CM contact hours	Activity length: 75 minutes
UAN: 0386-0000-22-011-L01-P	Release date: 9/22/2022	Planned expiration date: 9/22/2025	CE Approved: 9/12/2022

Learning objectives

- Review Myasthenia Gravis (MG) symptoms, clinical presentation and pathophysiology
- Review MG diagnostic process
- Discuss MG interventions: pharmacotherapy, non-drug and surgical

Agenda

- Myasthenia Gravis Overview
- Treatment and Management
- Pharmacotherapy Intervention
- Non-drug Intervention
- Surgical Intervention
- Barriers to Care
- Patient and Caregiver Experience
- Questions
- Posttest
- Evaluation

Major Activity Objective

The program will provide the attendees with an overview of myasthenia gravis, its complications, and therapy strategies. Discussion includes the variables influencing results, the treatment, and management of side effects appropriately.

Needs assessment:

Gaps between Current and Desired State:

- Attendees may not be familiar with the details and types of MG, the recommended treatment, or its complex clinical management. This provides the most recent guidelines for treating MG, a comprehensive overview of drug therapy, and discusses the different treatment options available specific to the various types of MG.

Benefit of Desired State:

- Attendees will be more conversant in identification, classification and clinical course of MG and the appropriate management of this disorder. They will be able to incorporate the information learned into external conversations as well as our own product and materials development.

Intended outcome

Clinicians who attend this presentation and successfully complete requirements will be more conversant in myasthenia gravis, currently available agents, indication, drug profile elements, clinical efficacy and current guidelines.

Activity overview:

This live activity consists of a75-minute presentation.

Target Audience:

This continuing professional education learning activity is designed for pharmacists and nurses who may encounter patients diagnosed with myasthenia gravis; clinicians who counsel patients on their drug therapy, answer questions, or make pharmacotherapy recommendations on behalf of these patients to treating physicians.

Continuing Education Information and Requirements per discipline:

This continuing education activity is approved for pharmacists and nurses.

- Nurses must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their license number(s) and signature, to receive course credit.
- Pharmacists must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their NABP e-profile ID and date of birth (MMDD), to receive course credit.

Continuing Education Information:

The continuing education activity number, requirement, and credit for this knowledge-based activity in included with the continuing education activity description.

Registered Pharmacists (RPh)

Accredo Health, Incorporated is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. UAN: 0386-0000-22-5L01-P. Release date: 9/22/2022

Activity type: Knowledge Contact hours: 1.25

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Advance Practice Registered Nurses (APRNs), Registered Nurses (RNs), & Licensed Practical Nurses (LPNs)

Accredo Health, Incorporated is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for 1.5 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number LT0223-0538.

Assessment Method:
Participants will complete the posttest. The participant must pass the posttest with a score of 70% or greater. He/she may attempt the test a 2nd time to receive course credit. Participants will be given a copy of the answer key for future reference.

Faculty
- Developer(s)
  - Jennifer Johnson, RN, BSN, CRNI, Senior Clinical Program Advisor
- Continuing Education Reviewers
  - Laura Turner, RN, Continuing Education Administrator
  - Adam Portik, PharmD, Senior Clinical Advisor
  - Maureen McCullough, MSN, RN, CRNI, Director of Clinical Resources, Nursing / Continuing Education Program Coordinator

Disclosure Declaration
Accredo Health Group, Incorporated, and its subsidiaries dispense medications and provide services discussed in this presentation. Every effort has been made to include all approved treatment options currently used for the treatment of this disease state; to present each therapy equally, objectively, and without bias; and to avoid promotion of one therapy over another.
No commercial support was received for this activity. No compensation was received for planning, development, approval, or presentation of this activity.
All persons considered to plan, develop, or review/approve content of an education activity must disclose all relevant financial relationships (RFRs) with any ineligible company(ies).* If any RFRs were disclosed, steps will be taken to mitigate the relationship. Disclosure and mitigation will be kept on file, and will be disclosed to the participants.

*Ineligible company: One whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

There is no commercial support for this course offering.
Accredo Health, Incorporated develops continuing education presentations for pharmacists, nurses, and case managers that provide an in-depth presentation with fair, full disclosure, and equitable balance. Topics and learning objectives will not be promotional or appear to be intended for the purpose of endorsing a specific commercial drug or a specific commercial service. All educational programs and associated materials will be free from promotional influence and/or content. Written agreements will be used in the event of external support. Any relevant relationship between funding organization(s) and program faculty will be disclosed. Accredo will avoid promotional activities or materials as an integral part of the program or program materials, or in any manner that interferes with or interrupts the educational activity. Disclosure will be made of limitations on information including but not limited to:

- Data that represents ongoing research
- Interim analysis
- Preliminary data
- Unsupported opinion
- Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.
- Off label use

Relevant financial disclosure
No persons in control of content had relevant financial relationships.

Participant information
Participant names and contact information are retained by the continuing education department and only shared with appropriate accreditation boards for the purpose of providing continuing education credit.

There is no fee for this activity

Registration process:
Registration instructions including a link to Survey Monkey are sent via email to participant distribution list. Participants complete a pretest and provide identification (name, email). Registrants are sent access information to WebEx for the presentation day, along with the presentation handout.

Statements of Credit:
Continuing education credit for pharmacists is submitted to CPE Monitor within 60 days of presentation date.

CE Certificate / Verification of Completion
Nurses will receive a CE certificate by mail within 3 weeks.

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Myasthenia Gravis (MG)

Clinical Education Course

accredo®

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  - Data that represents ongoing research
  - Interim analysis
  - Preliminary data
  - Unsupported opinion
  - Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research
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- All persons considered to plan, develop, or review/approve content of an education activity must disclose all relevant financial relationships (RFRs) with any ineligible company(ies).* If any RFRs were disclosed, steps will be taken to mitigate the relationship. Disclosure and mitigation will be kept on file, and will be disclosed to the participants.

*Ineligible company: One whose primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients.

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Resources

- Myasthenia Gravis Foundation. http://www.myasthenia.org/
- The National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pmc/
- The National Institute of Neurological Disorders and Stroke. https://www.ninds.nih.gov/Disorders
- National Organization for Rare Disorders. https://rarediseases.org/
- Orphanet. https://www.orpha.net

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Continuing Education Development Tools

Session Planning Worksheet: Practice Gaps and Learning Needs

(443) Myasthenia Gravis

Use this template to reflect on practice gaps and learning needs for your educational activity.

1. Identify recent work-related situation(s) that you think require additional knowledge/skills to better manage similar situations in the future.
Why this topic? Why our pharmacists and nurses?

The Myasthenia Gravis Foundation of America publishes evidence-based guidelines on the treatment and management of Myasthenia Gravis (MG). There are additional guidelines by the American Academy of Neurology (AAN) regarding use of thymectomy in MG patients. Many health care providers may not be aware there are now several therapies with FDA indication for generalized MG (gMG) with anti-acetylcholine receptor (AchR) antibodies, or be aware that many formally recommended therapies for MG are off-label. The guidelines summarize the evidence and makes recommendations regarding treating patients with Myasthenia Gravis using FDA approved, off-label, non-pharmacotherapeutic and surgical interventions.

2. List areas of improvement that your department, organization, health-system, and/or community have identified that you think require additional knowledge/skills to optimize the delivery of care and patient health.

A comprehensive management strategy that incorporates the patient, payer, and healthcare provider can result in better outcomes and help prevent complications.

3. *Identify recent research, expert opinion, national guidelines, regulations, or other data that may require additional knowledge/skills to better manage the work-related situations or improvement areas listed above in 1 and 2. (Use Needs Assessment Justification template)*

This program will provide information about MG and how we can best manage symptoms, level of disability and disease. References include Myasthenia Gravis Foundation of America (MGFA), AAN, additional literature, and additional peer-reviewed scientific journal articles. These are the evidence based treatment recommendations neurologists follow to make treatment decision for their patients.

4. *List any specific gaps in knowledge/ skills based upon your reflections (above, 1-3) and the anticipated benefit from addressing them.*

Gaps between Current and Desired State	Benefit of Desired State
The attendees may not be familiar with the details and types of MG, the recommended treatment, or its complex clinical management. This provides the most recent guidelines for treating MG, a comprehensive overview of drug therapy, and discusses the different treatment options available specific to the various types of MG.	Attendees will be more conversant in identification, classification and clinical course of MG and the appropriate management of this disorder. They will be able to incorporate the information learned into external conversations as well as our own product and materials development.

Continuing Education Development Tools

5. *Describe the target audience that will benefit from the education activity.*

Healthcare providers who interact, or may interact with clients with MG.

6. *Summarize how the education activity will fill the above gaps listed in 4.*

The program will provide the attendees with an overview of neuromuscular disorders, its complications, and therapy strategies. Discussion includes the variables influencing results, the treatment, and appropriate management of side effects.

Needs Assessment Justification Template

Basis of Need	Name of expert, guideline, research, survey, etc.	What the expert / guideline / research says that supports the need (include approximate date) *use additional space if needed
Expert Opinion	Referenced in guidelines	
National Guidelines	Myasthenia Gravis Foundation of America. Narayanaswami P, Sanders D, Wolfe G, et al. International Consensus Guidance for Management of Myasthenia Gravis. 2020 Update. Neurology Jan 2021, 96 (3) 114-122; https://n.neurology.org/content/96/3/114..	Guidelines regarding appropriate use of recommended therapies for the different types/severity levels of MG including pharmacotherapy, non-pharmacotherapy intervention and surgical intervention (thymectomy).
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	American Academy of Neurology. Gronseth GS, Barohn R, Narayanaswami P. Practice advisory: Thymectomy for myasthenia gravis (practice parameter update): Report of the Guideline Development, Dissemination, and Implementation Subcommittee of the American	Recommendations regarding appropriate therapeutic thymectomy with/without thymoma.

	Academy of Neurology. Neurology. 2020 Apr 21;94(16):705-709. doi: 10.1212/WNL.0000000000009294. Epub 2020 Mar 25. PMID: 32213645.	
Government / Regulatory Requirement	The Food and Drug Administration. https://www.fda.gov/ForPatients/Other/OffLabel/default.htm. The Food and Drug Administration. https://www.fda.gov/BiologicsBloodVaccines/BloodBloodProducts/ApprovedProducts/LicensedProductsBLAs/FractionatedPlasmaProducts/ucm133691.htm.	
Research Findings	Sheikh S, Alvi U, Soliven B and Rezania K. Drugs That Induce or Cause Deterioration of Myasthenia Gravis: An Update. J. Clin. Med. 2021, 10, 1537. https://doi.org/10.3390/Jcm10071537. file:///U:/CE%20presentations/ICC%20TRC/Neuro%20Ig/References/Myasthenia%20Gravis%20(MG)/2021-Sheikh-Drugs%20than%20induce%20or%20cause%20deterioration%20of%20MG.pdf.. Wolfe GI, Kaminski HJ, Aban IB, et al. MGTX Study Group. Randomized Trial of Thymectomy in Myasthenia Gravis. N Engl J Med. 2016 Aug 11;375(6):511-22. doi: 10.1056/NEJMoa1602489. Erratum in: N Engl J Med. 2017 May 25;376(21):2097. [Dosage error in article text]. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5189669/..	
Peer-reviewed Literature	• Ha JC, Richman DP. Myasthenia gravis and related disorders: Pathophysiology and molecular pathogenesis. *Biochim Biophys Acta.* Apr 2015;1852(4): 651-7. • Lomen-Hoerth Catherine, Messing Robert O, "Chapter 7. Nervous System Disorders" (Chapter). McPhee, SJ, Hammer, GD: Pathophysiology of Disease: An Introduction to Clinical Medicine, 6e: http://www.accesspharmacy.com/content.aspx?aID=5368376..	*Some of the references listed are >5years old. The disease states covered are rare; there is little available literature regarding this topic.

	• Dresser L, Wlodarski R, Rezania K, Soliven B. Myasthenia Gravis: Epidemiology, Pathophysiology and Clinical Manifestations. J Clin Med. 2021 May 21;10(11):2235. doi: 10.3390/jcm10112235. PMID: 34064035; PMCID: PMC8196750. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8196750/.. • StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.; 2022 Jan-. Myasthenia Gravis. Last Update: December 15, 2021. Accessed 7.12.2022. • Howard, J.F., Jr. (2018), Myasthenia gravis: the role of complement at the neuromuscular junction. Ann. N.Y. Acad. Sci., 1412: 113-128. https://doi.org/10.1111/nyas.13522.. • Alcantara, M., Sarpong, E., Barnett, C., Katzberg, H. and Bril, V. (2021), Chronic immunoglobulin maintenance therapy in myasthenia gravis. Eur J Neurol, 28: 639-646. https://doi.org/10.1111/ene.14547.. **Purchased PDF.** • Constantine Farmakidis MD | Mazen M. Dimachkie MD | Mamatha Pasnoor MD | Richard J. Barohn MD. Immunosuppressive and immunomodulatory therapies for neuromuscular diseases. Part I: Traditional agents. Muscle & Nerve. 2020;61:5–16. **Purchased PDF.** • Burakgazi AZ. Immunoglobulin Treatment in Neuromuscular Medicine. J Clin Neuromuscul Dis. 2019 Jun;20(4):182-193. doi: 10.1097/CND.0000000000000235. **Purchased PDF.** • Chen, Y., Wang, C., Xu, F., Ming, F., & Zhang, H. (2019). Efficacy and tolerability of intravenous immunoglobulin and subcutaneous immunoglobulin in neurologic diseases. *Clinical Therapeutics*, *41*(10), 2112-2136. **Purchased PDF.** • Dalakas, M.C. Update on Intravenous Immunoglobulin in Neurology: Modulating Neuro-autoimmunity, Evolving Factors on Efficacy and Dosing and Challenges on	

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	Stopping Chronic IVIg Therapy. *Neurotherapeutics* **18,** 2397–2418 (2021). https://doi.org/10.1007/s13311-021-01108-4.. https://link.springer.com/article/10.1007/s13311-021-01108-4#citeas.. • Sheikh S, Alvi U, Soliven B and Rezania K. Drugs That Induce or Cause Deterioration of Myasthenia Gravis: An Update. J. Clin. Med. 2021, 10, 1537. https://doi.org/10.3390/Jcm10071537. file:///U:/CE%20presentations/ICC%20TRC/Neuro%20Ig/References/Myasthenia%20Gravis%20(MG)/2021-Sheikh-Drugs%20than%20induce%20or%20cause%20detioration%20of%20MG.pdf.. • Lazaridis K, Tzartos SJ. Autoantibody Specificities in Myasthenia Gravis; Implications for Improved Diagnostics and Therapeutics. Front Immunol. 2020 Feb 14;11:212. doi: 10.3389/fimmu.2020.00212. PMID: 32117321; PMCID: PMC7033452.	
Surveys		
Other (Describe)	Study and literature reviews: • Thomsen JLS, Andersen H. Outcome Measures in Clinical Trials of Patients With Myasthenia Gravis. Front Neurol. 2020 Dec 23;11:596382. doi: 10.3389/fneur.2020.596382. PMID: 33424747; PMCID: PMC7793650. National Foundations: • Myasthenia Gravis Foundation of America. https://nationalhealthcouncil.org/member/myasthenia-gravis-foundation-of-america/.. • Muscular Dystrophy Association. o 161 N. Clark o Suite 3550	

	○ Chicago, IL 60601 USA ○ Phone: (520) 529-2000 ○ Toll-free: (800) 572-1717 ○ Email: ResourceCenter@mdausa.org ○ Website: http://www.mda.org/. • Autoimmune Association. ○ 19176 Hall Road, Suite 130 ○ Clinton Township, MI 48038 USA ○ Phone: (586) 776-3900 ○ Toll-free: (888) 852-3456 ○ Email: hello@autoimmune.org. ○ Website: https://autoimmune.org. • Patient experiences: Myasthenia Gravis Foundation of America. The MG Experience. https://myasthenia.org/MG-Community/The-MG-Experience.. Government sponsored organizations: • The National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pmc/. • GARD (Genetic and Rare Disease information center) https://rarediseases.info.nih.gov/diseases/7122/myasthenia-gravis. • The National Institute of Neurological Disorders and Stroke. https://www.ninds.nih.gov/Disorders. • National Organization for Rare Disorders. https://rarediseases.org/. • Orphanet. https://www.orpha.net.	

Education Design | Documentation Format

Title: (443) Myasthenia Gravis (MG) (CE Series)			
CRP approved: N/A		Activity Type: Knowledge	CE approved: 09/12/2022
Presentation time is **1 hour 15 minutes**			
Contact hours: ACPE: 1.25 RPh		KSBN: 1.5 RN	CCMC: N/A
ACPE UAN 0386-0000-22-015-L01-P		Release date: 09/22/2022	Planned Exp date: 09/22/2025
Presenter: Only a properly licensed Express Scripts clinician may provide Program content to non-Express Scripts Healthcare Professionals. For sake of clarity, sales or marketing personnel, including clinicians who report through a sales or marketing organization, may not determine, write, fund, or deliver program content. Experienced RN or RPh presenter meeting company presenter policy. RN or RPH with 2 years experience with bleeding disorders.			
Faculty	Discipline	Title	Disclosure signature date
Adam Portik	PharmD	Senior Clinical Advisor	12/20/2021
Jennifer Johnson	RN, BSN, CRNI	Senior Clinical Program Advisor	12/21/2021
Laura Turner	BS, RN	Continuing Education Administrator	12/27/2021
Adam Portik	PharmD	Senior Clinical Advisor	12/20/2021
Maureen McCullough	MSN, RN, CRNI	Director of Clinical Resources, Nursing / Continuing Education Program Coordinator	1/3/2022
Erica Harris	Non-clinical	Continuing Education Specialist	11/18/2021

Content (Topics)

Objectives:

- Review Myasthenia Gravis (MG) symptoms, clinical presentation and pathophysiology
- Review MG diagnostic process
- Discuss MG interventions: pharmacotherapy, non-drug and surgical

Agenda

- Myasthenia Gravis Overview
- Treatment and Management
- Pharmacotherapy Intervention
- Non-drug Intervention
- Surgical Intervention
- Barriers to Care
- Patient and Caregiver Experience
- Questions
- Posttest
- Evaluation

Knowledge Checks
Knowledge Check #1

Myasthenic crisis is a serious, life-threatening, rapid worsening of MG and potential airway compromise from ventilatory or bulbar dysfunction.

True or False?

A. True
B. False

Rationale: A. True. It is defined as "Worsening of myasthenic weakness requiring intubation or noninvasive ventilation to avoid intubation, except when these measures are employed during routine postoperative management."

Knowledge Check #2

Most people with Myasthenia Gravis (MG) have which type of antibodies present at the neuromuscular junction?
40% correction daily for 2 days, then 20% correct daily for 5 days

A. Anti-MuSK antibodies
B. FcRn antibodies
C. Anti-Lrp-4 antibodies
D. Anti-AChR antibodies

Rationale: D. Anti-AchR antibodies. These antibodies are identifiable in ~85% of gMG patients.

Knowledge Check #3

Which of the following pharmacotherapies does not have an FDA indication (approval) for MG?

A. Ultomiris® (ravulizumab)
B. Rituxan® (rituximab)
C. Mestinon® (pyridostigmine)
D. Vyvgart® (efgartigimod)

Rationale: B. Soliris, Ultomirs, Vyvgart and Pyridostigmine have an FDA indication for MG. Corticosteroids, immunosuppressants, Rituxan and immunoglobulin do not have an FDA indication for MG, although they are recommended for use and included in management guidelines.

Teaching Strategies	• PowerPoint Presentation • Handout • Lecture • Pre-test and/or Posttest Answer review (required for RPhs)
Content (Topics)	Outline Accredo Disclosure Policy Accredo Disclosure Declaration Faculty Disclosure Course Requirements per discipline Objectives

References

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Resources

- Myasthenia Gravis Foundation. http://www.myasthenia.org/
- The National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/pmc/
- The National Institute of Neurological Disorders and Stroke. https://www.ninds.nih.gov/Disorders

- National Organization for Rare Disorders. https://rarediseases.org/
- Orphanet. https://www.orpha.net

ADAM PORTIK, PHARM.D.

Phone: (724) 493-7166

Adam.Portik@AccredoHealth.com

adamportik@gmail.com

318 Samuel Drive

Cranberry Township, PA 16066

EDUCATION

PharmD

University of Duquesne, Mylan School of Pharmacy — May 2010

LICENSE

RP-445395

Pennsylvania State Board of Pharmacy — Expires 9/30/2022

PH-236368

Massachusetts State Board of Pharmacy — Expires 12/31/2022

PD-14718

Arkansas State Board of Pharmacy — Expires 12/31/2023

PROFESSIONAL EXPERIENCE

Accredo, Inc. Virtual — March 2022 to Current

Senior Clinical Advisor, Specialty Clinical programs for the Advanced Pulmonary Conditions Therapeutic Resource Center and Immune and Complex Conditions Therapeutic Resource Center

- Pharmacotherapy subject matter expert for specialty medications assigned to the Advanced Pulmonary Conditions (APC) TRC
  - Infused, Inhaled, and Oral Prostacyclins
  - Endothelin Receptor Antagonists
  - Phosphodiesterase type 5 inhibitors and sGC stimulators
  - IPF pharmacotherapy
- Pharmacotherapy subject matter expert for specialty medications assigned to the Immune and Complex Conditions (ICC) TRC
  - Infused Immune Globulin (intravenous and subcutaneous)

    - Infused Alpha-1 Antitrypsin therapies
    - Infused and oral Lysosomal Storage Disorder therapies
    - Infused Myasthenia Gravis therapies
    - Duopa for Parkinson's Disease
- Complete clinical education training on APC and ICC TRC medications and disease states across multiple clinical and non-clinical groups to ensure understanding of new drug launches and new therapy indications
- Meet with Pharma and Payer groups to provide clinical expertise on products supported with the Advanced Pulmonary Conditions TRC as well as introduce the companies' clinical value props
- Report to Therapeutic Assessment Committee annually and ad hoc to provide detail around clinical program updates, new therapeutic options, and different programs the Advanced Pulmonary Conditions and Immune and Complex TRCs offer
- Construct and approve continuing education courses for our operational clinical pharmacists in the APC TRC and ICC TRC
- Attend Quarterly Business Review meetings with external pharma clients with the goal of collaborating on programs that best serve the PAH patient population and various other disease states covered under the APC TRC and ICC TRC.

Accredo, Inc. Virtual 2020 to March 2022

Senior Clinical Advisor, Specialty Clinical programs for Pulmonary Arterial Hypertension and Idiopathic Pulmonary Fibrosis

- Pharmacotherapy subject matter expert for specialty medications assigned to the Advanced Pulmonary Conditions (APC) TRC
    - Infused, Inhaled, and Oral Prostacyclins
    - Endothelin Receptor Antagonists
    - Phosphodiesterase type 5 inhibitors and sGC stimulators
    - IPF pharmacotherapy
- Complete clinical education training on PAH and ILD across multiple clinical and non-clinical groups to ensure understanding of new drug launches and new therapy indications
- Meet with Pharma and Payer groups to provide clinical expertise on products supported with the Advanced Pulmonary Conditions TRC as well as introduce the companies' clinical value props
- Report to Therapeutic Assessment Committee annually and ad hoc to provide detail around clinical program updates, new therapeutic options, and different programs the Advanced Pulmonary Conditions TRC offers
- Construct and approve continuing education courses for our operational clinical pharmacists in the APC TRC
- Attend Quarterly Business Review meetings with external pharma clients with the goal of collaborating on programs that best serve the PAH patient population

Accredo, Inc., Virtual 2019 to 2020

Senior Clinical Advisor, Clinical Product Reporting

- Provided analysis for all Therapeutic Resource Centers at Accredo

- Ensured clinical education across all TRCs was tracked with emphasis of meeting internal clinical education goals
- Analyzed quarterly Cigna Board of Director metrics for Clinical Engagement across all Accredo TRCs
- Conducted quarterly and ad hoc Blood Disorder audits for over 60 payer groups to ensure company goals met in relation to precision dispensing and treatment summary reports
- Collaborated with 3rd. party analytics company to provide in-depth clinical data in Hemophilia, Multiple Sclerosis, Pulmonary Hypertension, and Immune deficiencies areas

Accredo, Inc., Warrendale, PA 2015 to 2019

Pulmonary Arterial Hypertension – Operations Supervisor

- Management of 16 regional pharmacists across the United States
- Focused on process improvement initiatives to streamline solutions for physicians, payers, pharma, and patients.
- Met virtually and in-person with prescribers across the country to collaborate on best practices to ensure optimal patient benefit
- Involved in over 5 Kaizen events with multi-functional teams and work streams to evolve current practice internally into future state solutions

Accredo, Inc., Warrendale, PA 2011 to 2015

Clinical Pharmacist – Pulmonary Arterial Hypertension TRC

- Perform initial clinical assessment and reassessments of patients receiving specialty medications for the management of Pulmonary Arterial Hypertension
    - Drug utilization review
    - Pharmacy care planning
- Dispensing specialty pharmaceuticals for Pulmonary Arterial Hypertension across all 50 states
- Collaborated with key opinion leaders and prescribers across the country for onboarding of patients taking any PAH medication

PUBLICATIONS

Conference Abstracts/Posters

D'Albini LD, Portik A, Bloor C. Converting from Brand to Generic Treprostinil (Intravenous): Aggregate Cohort Data from One Specialty Pharmacy. Pulmonary Hypertension Professional Network Symposium. Sept 2019; Washington D.C.

Portik A, Benninger J, Bonkosky A, Vitangeli, M. WellBeing Watch℠: A Dedicated Focus on Whole-person Health for Patients Diagnosed with Pulmonary Arterial Hypertension. Pulmonary Hypertension Professional Network Symposium. Sept 2021; Virtual.

Portik A, D'Albini LD, Julian DS, Bloor C, Mager D. Impact of a Specialty Pharmacy-Prepared Infused Prostacyclin Admixture Program on Central Venous Catheter Infections in Patients with Pulmonary Arterial Hypertension. American Thoracic Society. May 2022; San Francisco.

REFERENCES

Available on request

Jennifer Johnson
3019 Cloverdale Dr.
League City, TX 77573
Phone: 913.271.6652
Email: Jennifer.Johnson2@Accredohealth.com

Qualifications:

- Registered Nurse with 21 yrs. clinical experience; 14 yrs. specialty infusion experience
- Strong leadership ability and interpersonal skills
- Passion and drive to meet challenges for numerous stakeholders
- Completely autonomous and equally adept in groups
- Experience presenting/developing/ implementing education for health care providers, patients and community members
- Positive and creative problem resolution
- Experienced partner and resource for referral sources, patients and sales team

Education: Bachelor of Science in Nursing, 2001
MidAmerica Nazarene University, Olathe, Kansas

Experience:

Accredo August 2008-Present
Current position-Sr. Advisor, Pharmacy Clinical Consulting-Clinical educator
Previous position-Nurse Manager for 16 Registered Nurses

- Presentations/Training/Educational support for clinicians and community members- Pulmonary Hypertension, Bleeding Disorders, Primary Immune Deficiency, Neuromuscular diseases, Hereditary Angioedema and other chronic diagnoses. Assist with staff competency, ongoing basis.
- Clinical Sales Support-Visit physicians in conjunction with Account Executives (AE) as clinical resource.
- Contact with referral sources as need in coordination of clinical training.
- Attendance at national conferences related to stay abreast of new research or consensus regarding disease states covered.
- Clinical resource for AEs, PH centers.
- Analyze and identify needs of advanced therapy therapeutic resource centers (TRC) for annual pharmacist education to meet URAC guidelines in collaboration with clinical product pharmacists.

Craig Homecare September 2006-August, 2012
Private Duty Pediatric Nursing

- Total care and management of complex pediatric patients requiring technology to sustain life.
- Central catheter care, infusion therapy, enteral and wound management

Kid-Screen, LLC March 2004-September, 2007
Contract Case Manager for Kansas Medicaid

- Medical Case Management for technology dependent and medically fragile children up to age 21yrs.

- Collaboration with all professionals for each child's health care team
- Coordination of cost effective approach to meeting needs of the client.
- Implementation of state and federal mandated regulations in conjunction with each child's care.

Johnson County Govt. September 2001-March, 2004

- Coordination of Pediatric well child clinics for visiting physicians
- Autonomous completion of well child exams/STD testing for adolescent clients
- Clinician-OB/well woman clinics
- Clinician-WIC clinic
- Clinician-STD/birth control clinic.

Licensure/Certification:

- Kansas RN
- Texas RN
- CRNI
- Current CEUs for all licensure/certifications

2012-KU Nursing Heart of Healthcare Award Recipient

(443) Myasthenia Gravis (MG)

Name: _____ **Date:** _____
Organization: _____ **City/State:** _____

Discipline: ☐**RN** ☐**LPN** ☐**RPh** ☐**CM** ☐**Other** _____

COURSE OFFERING OBJECTIVES AND EVALUATION

Please rate your level of expertise for each objective before and after the education, and what is required for your position	Before Education	After Education	Required for Position
Review Myasthenia Gravis (MG) symptoms, clinical presentation and pathophysiology	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Review MG diagnostic process	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Discuss MG interventions: pharmacotherapy, non-drug and surgical	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert

Explain how education could be improved to better meet any objective(s) not met: _____

_____

Identify anything not covered in the presentation you need to care for your patients: _____

_____

Please evaluate	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The presenter was knowledgeable and effective					
The presenter was responsive to participant questions					
The education material was useful					
The teaching and learning methods were effective					
The activity was presented objectively and was free from commercial bias					
The education contained opportunities for active learning					
The posttest accurately measured what I learned from the information presented					
The content learned from this activity will impact my practice					
The activity promotes improvement in healthcare					
I would recommend this activity to others					

Please elaborate if bias perceived: _____

_____

_____

This activity will assist in the improvement of my: (Check all that apply)

☐ Competence

☐ Performance

☐ Patient outcomes

I plan to make the following changes to my practice; (Check all that apply)

☐ Modify treatment plans

☐ Incorporate different diagnostic strategies into patient evaluation

☐ Use alternative communication methodologies with patients and families

☐ None; the activity validated current practice

Other (please specify): _____

_____

_____

What is your level of commitment to making changed stated above?

☐ Very committed

☐ Somewhat committed

☐ Not very committed

☐ Do not expect to change practice

What are the barriers you face in your current practice setting that may impact patient outcomes? (Check all that apply)

☐ Lack of evidenced-based guidelines

☐ Lack of applicability of guidelines to my current practice/patients

☐ Lack of time

☐ Organizational/Institutional

☐ Insurance/Financial

☐ Patient adherence/compliance

☐ Treatment-related adverse events

Other (please specify): _____

_____

_____

What did you like most about the presentation? _____

_____

_____

What did you like least about the presentation? _____

_____

_____

Suggestions for future presentations: _____

_____

_____

Comments: _____

_____

_____

Title: (448) Age-related Macular Degeneration and Diabetic Macular Edema Overview and Treatment

ACPE 1.0 RPh contact hours	KSBN 1.2 RN contact hours	CCMC N/A	Activity length: 60 minutes
UAN: 0386-0000-22-019-L01-P	Release date: 12/6/2022	Planned expiration date: 912/6/2025	CE Approved: 9/12/2022

Learning objectives

1. Recall characteristics of age-related macular degeneration (AMD) and diabetic macular edema (DME): prevalence, etiology, genetics, detection, clinical manifestations, and assessment
2. Discuss guideline recommendations for treatment standards
3. Identify specialty medications used to treat AMD and DME including: risks and benefits of these therapies, patient selection, adverse effects and appropriate monitoring
4. Debate financial considerations and effect on treatment options
5. Recall the AMD and DME medication pipeline

Agenda

- Age-related Macular Degeneration (AMD) Overview
- Diabetic Macular Edema (DME) Overview
- Therapeutic Treatment Options
- Treatment Pipeline
- References
- Product References (Accessed October 26, 2022)
- Questions
- Posttest
- Evaluation

Major Activity Objective

The program will provide review of AMD/DME disease states, currently available agents, indication, drug profile elements, clinical efficacy and current guidelines as well as upcoming potential pipeline agents.

Needs assessment:

Gaps between Current and Desired State:

- New therapies with new, unfamiliar mechanisms of action.
- Increasing numbers of available agents for the treatment of AMD/DME leading to confusion on the best initial treatment option
- Updated guidelines for treatment of AMD/DME patients

Benefit of Desired State:

- Become familiar with newly approved agents.
- Gain understanding of currently available agents and their optimal utilization.
- Understand how pipeline product approvals could change the treatment landscape
- Become familiar with various practice guidelines

Intended outcome

Pharmacists and nurses who do or may encounter this patient population will gain up- to -date knowledge on disease basics, currently available agents, their appropriate use, anticipated efficacy and known safety concerns.

Activity overview:

This live activity consists of a 60-minute presentation.

Target Audience:

This continuing professional education learning activity is designed for pharmacists and nurses who may encounter patients diagnosed with AMD and DME; clinicians who counsel patients on their drug therapy, answer questions, or make pharmacotherapy recommendations on behalf of these patients to treating physicians.

Continuing Education Information and Requirements per discipline:

This continuing education activity is approved for pharmacists and nurses.

- Nurses must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their license number(s) and signature, to receive course credit.
- Pharmacists must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their NABP e-profile ID and date of birth (MMDD), to receive course credit.

Continuing Education Information:

The continuing education activity number, requirement, and credit for this application-based activity in included with the continuing education activity description.

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Registered Pharmacists (RPh)

Accredo Health, Incorporated is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. UAN: 0386-0000-22-019-L01-P. Release date: 12/6/2022

Activity type: Knowledge Contact hours: 1.0

Advance Practice Registered Nurses (APRNs), Registered Nurses (RNs), & Licensed Practical Nurses (LPNs)

Accredo Health, Incorporated 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 APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number LT0223-0538.

Assessment Method:
Participants will complete the posttest. The participant must pass the posttest with a score of 70% or greater. He/she may attempt the test a 2nd time to receive course credit. Participants will be given a copy of the answer key for future reference.

Faculty

- Developer(s) / Presenter
  - Eric Fairbrother, PharmD, Sr. Clinical Advisor, Specialty Clinical Programs (Developer / Presenter)
  - Barbara Hockaday, RN, Clinical Specialist (Developer)
  -
- Continuing Education Reviewers
  - Laura Turner, RN, Continuing Education Administrator
  - Gail Bridges, PharmD, Director, Specialty Clinical Product
  - Maureen McCullough, MSN, RN, CRNI, Director of Clinical Resources, Nursing / Continuing Education Program Coordinator

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- Interim analysis
- Preliminary data
- Unsupported opinion
- Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.
- Off label use

Relevant financial disclosure
No persons in control of content had relevant financial relationships.

Participant information
Participant names and contact information are retained by the continuing education department and only shared with appropriate accreditation boards for the purpose of providing continuing education credit.

There is no fee for this activity

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Registration process:
Registration instructions including a link to Survey Monkey are sent via email to participant distribution list. Participants complete a pretest and provide identification (name, email). Registrants are sent access information to WebEx for the presentation day, along with the presentation handout.

Statements of Credit:
Continuing education credit for pharmacists is submitted to CPE Monitor within 60 days of presentation date.

CE Certificate / Verification of Completion
Nurses will receive a CE certificate by mail within 3 weeks. Other participants will be receive a certificate of participation by mail within 3 weeks.

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Age-related Macular Degeneration and Diabetic Macular Edema: Overview and Treatment Options

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  - Preliminary data
  - Unsupported opinion
  - Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research
  - Off-label use

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- No commercial support was received for this activity. No compensation was received for planning, development, approval, or presentation of this activity.
- All persons considered to plan, develop, or review/approve content of an education activity must disclose all relevant financial relationships (RFRs) with any ineligible company(ies).* If any RFRs were disclosed, steps will be taken to mitigate the relationship. Disclosure and mitigation will be kept on file, and will be disclosed to the participants.

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Treatments at a Glance

Anti-VEGFs	Indications	Administration frequency	Formulation	Route
Aflibercept (Eylea®)	AMD DME	Every 4 weeks x 3 months then every 4-12 weeks	Single dose pre-filled syringe or vial	Intravitreal
brolucizumab-dbll (Beovu®)	AMD DME	Every 4 weeks x 3 months then every 8-12 weeks	Single dose pre-filled syringe or vial	Intravitreal
ranibizumab (Susvimo™)	AMD	Every 6 months	Single dose vial	Ocular implant
ranibizumab (Lucentis®)	AMD DME	Every 4 weeks x 3-4 months then every 4-12 weeks	Single dose pre-filled syringe or vial	Intravitreal
ranibizumab-nuna (Byooviz™	AMD DME	Every 4 weeks x 3-4 months then every 4-12 weeks	Single dose vial	Intravitreal
ranizumab-eqrn (Cimerli™)	AMD DME	Every 4 weeks x 3-4 months then every 4-12 weeks	Single dose vial	Intravitreal
faricimab-svoa (Vabysmo®)	AMD	Every 4 weeks x 4 months then every 4-12 weeks	Single dose vial	Intravitreal

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Treatments at a Glance

Photo-enhancer	Indications	Administration frequency	Formulation	Route
Verteporfin (Visudyne®)	AMD	Every 12 weeks	Single dose vial	Intravenous

Steroids	Indications	Administration frequency	Formulation	Route
fluocinolone acetonide (Iluvien®)	DME*	Every 36 months*	Implant	Intravitreal
fluocinolone acetonide (Retisert®)	DME*	*	Implant	Intravitreal
Dexamethasone (Ozurdex®)	DME*	*	Implant	Intravitreal
triamcinolone acetonide (Triesence®)	DME*	*	Single dose vial	Intravitreal
triamcinolone acetonide (Xipere®)	DME*	*	Single dose vial	Suprachoroidal

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CONTINUING EDUCATION COURSE OFFERING

ACCREDO HEALTH, INCORPORATED

(448) Age-related Macular Degeneration and Diabetic Macular Edema: Overview and Treatment Options 2022

SUMMARY OF PLANNING

Needs assessment

1. Identify recent work-related situation(s) that you think require additional knowledge/skills to better manage similar situations in the future.

Age-related macular degeneration and diabetic macular edema are two of the lesser known disease states treated within specialty pharmacy. New therapy approvals and labeling updates have occurred within the space in the past few years. A richer variety in therapeutic options has created a question of therapy choice. Understanding appropriate therapy selection and the risks and benefits of these options is crucial to an informed understanding of the AMD/DME treatment landscape.

2. List areas of improvement that your department, organization, health-system, and/or community have identified that you think require additional knowledge/skills to optimize the delivery of care and patient health.

Overall disease knowledge and treatment considerations for AMD and DME and understanding the risks and benefits of each treatment option.

3. Identify recent research, expert opinion, national guidelines, regulations, or other data that may require additional knowledge/skills to better manage the work-related situations or improvement areas listed above in 1 and 2. (Use Needs Assessment Justification template)

American Society of Retinal Specialist / American Academy of Ophthalmology / International Diabetes Federation/British Journal of Ophthalmology published guidelines.
Study results from Age-related Eye Disease Study(AREDS) / AREDS2

4. List any specific gaps in knowledge/ skills based upon your reflections (above, 1-3) and the anticipated benefit from addressing them.

Gaps between Current and Desired State	Benefit of Desired State
• *New therapies with new, unfamiliar mechanisms of action.* • *Increasing numbers of available agents for the treatment of AMD/DME leading to confusion on the best initial treatment option* • *Updated guidelines for treatment of AMD/DME patients*	• *Become familiar with newly approved agents.* • *Gain understanding of currently available agents and their optimal utilization.* • *Understand how pipeline product approvals could change the treatment landscape* • *Become familiar with various practice guidelines*

5. Describe the target audience that will benefit from the education activity.

Pharmacists and nurses who do or may encounter this patient population will gain up- to -date knowledge on disease basics, currently available agents, their appropriate use, anticipated efficacy and known safety concerns.

6. Summarize how the education activity will fill the above gaps listed in 4.

Will provide review of AMD/DME disease states, currently available agents, indication, drug profile elements, clinical efficacy and current guidelines as well as upcoming potential pipeline agents.

Basis of Need	Name of expert, guideline, research, survey, etc.	What the expert / guideline / research says that supports the need (include approximate date) *use additional space if needed
Expert Opinion	• AAO/ASRS	• Supports the use of anti VEGF therapy as first line treatment (2022).
National Guidelines	1. American Academy of Ophthalmology®. (.https://www.aao.org/.) 2. American Society of Retina Specialist (.https://www.asrs.org/.) 1. International Diabetes Federation (.https://www.idf.org/e-library/guidelines/161-dme-clinical-practice-recommendations.html.) 1. British journal ophthalmology (.https://bjo.bmj.com/.)	• 1&2) Establish consensus guidelines published in 2017 to refine and standardize the approach for diagnosing MS 3-5) Update and complement AAN guidelines in regard to more detailed therapy selection, switching, and stopping considerations in MS 6) establish clear diagnostic criteria that distinguish NMOSD (including MOG and antibody- disease from other neuro-immune disorders, like MS)
Government / Regulatory Requirement	FDA	New product labeling/ REMS & ETASU requirements
Research Findings	• Phase III study findings from FDA approved therapies	• Provides contrasting characteristics of available agents based on annualized relapse, no evidence of disease activity and slowing progression of disability.
Peer-reviewed Literature	• AREDS / AREDS 2 research group (.https://www.aaojournal.org/article/S0161-6420(19)32091-3/pdf). • Griocanti-Auregan A, Garcia-Layana A, Peto T, et al. Drivers of and Barriers to Adherence to Neovascular Age-Related Macular Degeneration and Diabetic Macular Edema Treatment Management Plans: A Multinational Qualitative Study. *Patient Prefer Adherence.* 2022;16;587-604. doi: .10.2147/PPA.S347713.. Published March 3, 2022. Accessed October 26, 2022. •	• One of the first and only studies to look at natural disease history and progression of AMD and examine supplements treatment effect (1992-2006) • Provides treatment considerations/dynamics that influence pipeline product development
Surveys		
Other (Describe)		

Target audience
This continuing professional education activity is designed for pharmacists, nurses, and case managers who may encounter patients diagnosed with MS; clinicians who counsel patients on their drug therapy, answer questions, or make pharmacotherapy recommendations on behalf of these patients to treating physicians.

Summary of Planning
Gaps between Current and Desired State: Attendees are not familiar with new therapies with new, unfamiliar mechanisms of action. There are increasing numbers of available agents for MS treatment leading to confusion and complexity in regimen selection.

Benefit of Desired State: Attendees will become familiar with newly approved agents. They will gain understanding of currently available agents and their optimal utilization.

Intended outcome
Pharmacists and nurses will gain up- to -date knowledge on disease basics, currently available agents for MS disease modification, their appropriate use, anticipated efficacy and known safety concerns.
Clinicians who attend this presentation and successfully complete requirements will be more conversant in multiple sclerosis disease state, currently available agents, indication, drug profile elements, clinical efficacy and current guidelines. They will be able to incorporate the information learned into external conversations as well as our own product and materials development.

Objectives

Upon completion of this educational activity, the participant should be able to:

1. Recall characteristics of age-related macular degeneration (AMD) and diabetic macular edema (DME): prevalence, etiology, genetics, detection, clinical manifestations, and assessment
2. Discuss guideline recommendations for treatment standards
3. Identify specialty medications used to treat AMD and DME including: risks and benefits of these therapies, patient selection, adverse effects and appropriate monitoring
4. Debate financial considerations and effect on treatment options
5. Recall the AMD and DME medication pipeline

Title: (448) Age-related Macular Degeneration and Diabetic Macular Edema Overview and Treatment

ACPE 1.0 RPh contact hours	KSBN 1.2 RN contact hours	CCMC N/A	Activity length: 60 minutes
UAN: 0386-0000-22-020-L01-P	Release date: 12/6/2022	Planned expiration date: 12/6/2025	CE Approved: 11/28/2022

Learning objectives

1. Recall characteristics of age-related macular degeneration (AMD) and diabetic macular edema (DME): prevalence, etiology, genetics, detection, clinical manifestations, and assessment
2. Discuss guideline recommendations for treatment standards
3. Identify specialty medications used to treat AMD and DME including: risks and benefits of these therapies, patient selection, adverse effects and appropriate monitoring
4. Debate financial considerations and effect on treatment options
5. Recall the AMD and DME medication pipeline

Agenda

- Age-related Macular Degeneration (AMD) Overview
- Diabetic Macular Edema (DME) Overview
- Therapeutic Treatment Options
- Treatment Pipeline
- References
- Product References (Accessed October 26, 2022)
- Questions
- Posttest
- Evaluation

Major Activity Objective

The program will provide review of AMD/DME disease states, currently available agents, indication, drug profile elements, clinical efficacy and current guidelines as well as upcoming potential pipeline agents.

Needs assessment:

Gaps between Current and Desired State:

- New therapies with new, unfamiliar mechanisms of action.
- Increasing numbers of available agents for the treatment of AMD/DME leading to confusion on the best initial treatment option
- Updated guidelines for treatment of AMD/DME patients

Benefit of Desired State:

- Become familiar with newly approved agents.
- Gain understanding of currently available agents and their optimal utilization.
- Understand how pipeline product approvals could change the treatment landscape
- Become familiar with various practice guidelines

Intended outcome

Pharmacists and nurses who do or may encounter this patient population will gain up- to -date knowledge on disease basics, currently available agents, their appropriate use, anticipated efficacy and known safety concerns.

Activity overview:

This live activity consists of a 60-minute WebEx presentation.

Target Audience:

This continuing professional education learning activity is designed for pharmacists and nurses who may encounter patients diagnosed with AMD and DME; clinicians who counsel patients on their drug therapy, answer questions, or make pharmacotherapy recommendations on behalf of these patients to treating physicians.

Continuing Education Information and Requirements per discipline:

This continuing education activity is approved for pharmacists and nurses.

- Nurses must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their license number(s) and signature, to receive course credit.
- Pharmacists must complete a pretest, pass a posttest, complete an evaluation and attendance roster, including their NABP e-profile ID and date of birth (MMDD), to receive course credit.

Continuing Education Information:

The continuing education activity number, requirement, and credit for this application-based activity in included with the continuing education activity description.

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Registered Pharmacists (RPh)

Accredo Health, Incorporated is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. UAN: 0386-0000-22-020-L01-P. Release date: 12/6/2022

Activity type: Application Contact hours: 1.0

Advance Practice Registered Nurses (APRNs), Registered Nurses (RNs), & Licensed Practical Nurses (LPNs)

Accredo Health, Incorporated 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 APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number LT0223-0538.

Assessment Method:
Participants will complete the posttest. The participant must pass the posttest with a score of 70% or greater. He/she may attempt the test a 2nd time to receive course credit. Participants will be given a copy of the answer key for future reference.

Faculty

- Developer(s) / Presenter
  - Eric Fairbrother, PharmD, Sr. Clinical Advisor, Specialty Clinical Programs (Developer / Presenter)
  - Barbara Hockaday, RN, Clinical Specialist (Developer)
  -
- Continuing Education Reviewers
  - Laura Turner, RN, Continuing Education Administrator
  - Gail Bridges, PharmD, Director, Specialty Clinical Product
  - Maureen McCullough, MSN, RN, CRNI, Director of Clinical Resources, Nursing / Continuing Education Program Coordinator

Disclosure Declaration
Accredo Health Group, Incorporated, and its subsidiaries dispense medications and provide services discussed in this presentation. Every effort has been made to include all approved treatment options currently used for the treatment of this disease state; to present each therapy equally, objectively, and without bias; and to avoid promotion of one therapy over another.
No commercial support was received for this activity. No compensation was received for planning, development, approval, or presentation of this activity.
All persons considered to plan, develop, or review/approve content of an education activity must disclose all relevant financial relationships (RFRs) with any ineligible company(ies).* If any RFRs were disclosed, steps will be taken to mitigate the relationship. Disclosure and mitigation will be kept on file, and will be disclosed to the participants.

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- Interim analysis
- Preliminary data
- Unsupported opinion
- Opinions or approaches to care that, while supported by some research studies, do not represent the only opinion or approach to care supported by research.
- Off label use

Relevant financial disclosure
No persons in control of content had relevant financial relationships.

Participant information
Participant names and contact information are retained by the continuing education department and only shared with appropriate accreditation boards for the purpose of providing continuing education credit.

There is no fee for this activity

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Registration process:
Registration instructions including a link to Survey Monkey are sent via email to participant distribution list. Participants complete a pretest and provide identification (name, email). Registrants are sent access information to WebEx for the presentation day, along with the presentation handout.

Statements of Credit:
Continuing education credit for pharmacists is submitted to CPE Monitor within 60 days of presentation date.

CE Certificate / Verification of Completion
Nurses will receive a CE certificate by mail within 3 weeks. Other participants will be receive a certificate of participation by mail within 3 weeks.

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Education Design | Documentation Format

Title: (448) Age-related Macular Degeneration and Diabetic Macular Edema: Overview and Treatment Options CE Series			
CRP approved: 11/28/2022		Activity Type: Application	CE approved: 11/28/2022
Presentation time is **1 hour**			
Contact hours: ACPE: 1.0 RPh		KSBN: 1.2 RN	CCMC: N/A
ACPE UAN 0386-0000-22-020-L01-P		Release date: 12/6/2022	Planned Exp date: 12/6/2025
Presenter: Only a properly licensed Express Scripts clinician may provide Program content to non-Express Scripts Healthcare Professionals. For sake of clarity, sales or marketing personnel, including clinicians who report through a sales or marketing organization, may not determine, write, fund, or deliver program content. Experienced RN or RPh presenter meeting company presenter policy. RN or RPH with 2 years experience with opthalmic disorders.			
Faculty	Discipline	Title	Disclosure signature date
Eric Fairbrother	PharmD	Sr. Clinical Advisor, Specialty Clinical Programs	12/20/2021
Barbara Hockaday	RN	Clinical Specialist	12/21/2021
Laura Turner	BS, RN	Continuing Education Administrator	12/27/2021
Gail Bridges	PharmD	Director, Specialty Clinical Product	12/20/2021
Maureen McCullough	MSN, RN, CRNI	Director of Clinical Resources, Nursing / Continuing Education Program Coordinator	1/3/2022
Erica Harris	Non-clinical	Continuing Education Specialist	11/18/2021
Doug Lang	RPh	Managing Director – Direct Care Compliance	1/3/2022
Greg Gamble	RPh	Director Specialty Operations Front End	1/20/2022
Amanda Prince	PharmD	Sr. Pharmacy Manager, Pharmacy Practice	12/20/2021
Cara Bast	PharmD	Director of Pharmacy Practice	12/21/2021
Mary Dorholt	PharmD	Sr. Director & Clinical Practice Lead, Specialty	12/20/2021
Mary Jane Wiseman	MSN, RN	Sr. Director, Clinical Infusion Patient Care Services	1/3/2022
Jeanne Serra	RN, BSN, JD	Associate Senior Counsel, Regulatory Law	1/4/2022
Alma Merabet	Trademark Paralegal	Sr, Legal Assistant	12/20/2021
Susan Goen		Marketing Communications Advisor	6/28//2022
Wendy Anton		Privacy Compliance Manager	1/3/2022
Jennifer Rodriguez		Executive Assistant Pharm Strategy and Contracting	1/3/2022

Content (Topics)

Objectives:

- Recall characteristics of age-related macular degeneration (AMD) and diabetic macular edema (DME): prevalence, etiology, genetics, detection, clinical manifestations, and assessment
- Discuss guideline recommendations for treatment standards
- Identify specialty medications used to treat AMD and DME including: risks and benefits of these therapies, patient selection, adverse effects and appropriate monitoring
- Debate financial considerations and effect on treatment options
- Recall the AMD and DME medication pipeline

Agenda

- Age-related Macular Degeneration (AMD) Overview
- Diabetic Macular Edema (DME) Overview
- Therapeutic Treatment Options
- Treatment Pipeline
- References
- Product References (Accessed October 26, 2022)
- Questions
- Posttest
- Evaluation

Knowledge Checks

Knowledge Check #1

Which of the following factors has been associated as an increased risk of AMD?

Which of the following factors has been associated to be an increased risk of AMD?

a. Never smoker
b. Hypotension
c. Family history of AMD
d. Low body weight

Rationale: C - Increased risk for AMD includes 55 years and older, family history, Caucasian, smoker, cardiovascular disease, hypertension, high cholesterol, and obesity.

Knowledge Check #2

Which of the following descriptions is true?

a. Retinal thickening and hard exudates are present in the posterior pole and > than 10,000 µm outside the central macular subfield in mild DME.
b. Retinal thickening and hard exudates are present within the central subfield of the macula but do not involve the center in moderate DME.
c. Eating excess sugar causes increased swelling in the retina.

d. DME is a complication of diabetic neuropathy.

Rationale: B - Retinal thickening and hard exudates are present within the central subfield of the macula and but do not involve the center. Mild is >1,000 µm outside the central macular subfield. Excess fluid causes swelling in the retina. DME is a complication of diabetic retinopathy.

Knowledge Check #3

Based on current available anti-vegf therapy, what is the least amount of times to come in-office for treatment per year?

a. 12 in-office treatments
b. 8 in-office treatments
c. 2 in-office treatments
d. 1 in-office treatments

Rationale: C – Treatments vary from every 6 months to every 4 weeks.

Teaching Strategies	• PowerPoint Presentation • Handout • Lecture • Pre-test and/or Posttest Answer review (required for RPhs)
Content (Topics)	Outline Accredo Disclosure Policy Accredo Disclosure Declaration Faculty Disclosure Course Requirements per discipline Objectives

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ERIC A. FAIRBROTHER

10895 Olivia Court, Indianapolis, IN 46234
(317) 430-3531-cell
eafairbrother@express-scripts.com

EDUCATION

Doctor of Pharmacy Degree — May 2011
Butler University — Indianapolis, IN

LICENSING AND CERTIFICATIONS

Indiana Pharmacist — Expires 06/24

- License number: 26024045A

PROFESSIONAL EXPERIENCE

Senior Clinical Advisor — April 2018-present
Accredo (Express Scripts/Cigna) — Whitestown, IN

- Design and monitor all clinical content/programs for Cystic Fibrosis/Transplant/Asthma & Allergy/Select Specialty Conditions TRCs (Therapeutic Resource Centers)
- Support and collaborate with Payer/Product/Pharma account management teams in education/clinical knowledge/programs to drive access/value
- Develop and present internal as well as external presentations demonstrating the value of our clinical programs both from a financial and outcomes-based perspective
- Work in partnership cross-functionally on enterprise wide initiatives
- Initiate research strategies and present published work to demonstrate clinical expertise to external audiences
- Research and advise on pipeline therapies and present summary/data to internal stakeholders

Lead Pharmacist — September 2016-April 2018
Accredo (Express Scripts) — Indianapolis, IN

- Train and develop all new employees/Update all operational processes
- Facilitate and run weekly team huddles/ Assign RPH tasks based on team WIP daily
- New therapy Program Manager (implementation and continual process improvement)
- Created and supervised the Cystic Fibrosis Concierge Program

Staff Pharmacist — August 2014-September 2016
Accredo (Express Scripts) — Indianapolis, IN

- Rx verification and DUR review
- Developed end of day process to reduce shipment failures
- Developed and trained end users in a new Rx processing system

Pharmacy Manager — June 2012-August 2014
CVS/pharmacy — Columbus,IN;Indianapolis, IN; North Vernon, IN;Saint Petersburg, FL

- Responsible for business operations including managing staff hours, increasing script count and profit, and reconciling inventory activity
- Manage a staff of up to 15 technicians and in charge of hiring/termination process
- 7 years of prior experience at CVS in a intern/staff pharmacist setting

COMMUNITY SERVICE AND LEADERSHIP ACTIVITIES

Volunteer Wrestling Coach — August 2012-present

- Avon High School

INSPIRE Leadership Program — February 2022-present

References Available Upon Request

BARBARA HOCKADAY, RN

Ocean Isle Beach, NC 28469 336.687.3863
www.linkedin.com/in/barbarahockaday bobbiehock@gmail.com

HEALTHCARE / CLINICAL LIAISON

Clinical Training | Continuous Improvement

Experienced nurse with expertise in specialty pharmacy education and operations. Successful in achieving operational and business goals. Exceptional customer service skills and disciplined in completion of work responsibilities, problem solver and issue resolution. Registered Nurse in the State of North Carolina.

Clinical product development | Cross-Functional Team Leadership | Specialty Pharmacy | Performance Improvement | Business Development | Performance Management | Mentoring | Process Redesign

PROFESSIONAL EXPERIENCE

ACCREDO HEALTH, INC., Greensboro, NC

Acquired by Medco in 2005 and by Express Scripts in 2012

Sr. Advisor, Pharmacy Clinical Consulting-Clinical educator **2017 to present**

Member of clinical product team responsible for development and implementation of clinical products related to chronic and rare diseases. Scope includes products for internal and external clinicians, and other stakeholders as needed (account management and customer service, for example), reporting for clinical product team, development and revision of clinical documentation in therapy management

- Provide clinical training in various formats including continuing education, disease and treatment overview to clinicians and / or account executives, new hire orientation for account managers for example– either live or virtually.
- Identify and implement annual clinical training for pharmacy therapeutic resource centers to meet education and accreditation requirements
- Collaborate with CE department for CE accreditation of new and existing training modules, process improvement, and compliance to meet standards
- Partner with stakeholders to provide clinical education with new products or refresher in content needs

Regional Pharmacy Director **2012 to 2017**

Selected to lead operations and prescription fulfillment through 5 branches in the southeastern US. Managed 20+ employees. Scope included "back end" fulfillment, regulatory compliance, quality improvement activities, and location operations. Partnered with physician and Pharma sales and met directly with physicians, referral sources, and providers as clinical resource or operations support.

- Led organizational realignment to a centralized model and establishment of regional pharmacy operations, creating savings through alignment and standardization.
- Collaborated with IT, Pharmacy, Billing, Legal, Compliance, and project managers, migrating medical records to electronic format and creating new SOPs for records management.
- Initiated and led project for IT system enhancements which provided 'proof of delivery,' satisfying payers, ensuring reimbursement, and preventing losses.

General Manager **2009 to 2012**

Directed specialty pharmacy branch with 47+ employees. Managed operational, pharmacy, nursing, regulatory, and financial activities.

- Teamed with physician and Pharma sales providing clinical and operations support for retention and new business, increasing branch revenue in therapies distributed for Chronic and Coag division.
- Received Medco's President's Award 2010 for leading integration of Accredo Health, Hemophilia Health Services, and Critical Care Systems to function as 1 business unit with 1 management and operational team.
- Awarded National Hemophilia Branch of the Year 2010 for outstanding sales and retention.

- Met or exceeded corporate quality improvement standards, resulting in successful accreditation with The Joint Commission (TJC) and URAC.

Branch Manager **2007 to 2009**

Promoted to manage operations in local branch with 25+employees. Oversaw Pharmacy, Nursing, and Customer Service, supporting physician and Pharma sales and clearance / reimbursement activities.

- Streamlined branch processes and communication between all departments improving communication and morale among staff and increasing patient and referral source satisfaction results.
- Led quality improvement program with process improvements, achieving TJC accreditation and met compliance audits.
- Awarded A.C.E. Award for excellence in customer service 10/07.
- Served as Continuing Education Unit (CEU) presenter for IG and Alpha I presentations to referral staff and insurance case managers.

Nurse Manager **2003 to 2007**

Managed approximately 20 field RNs. Ensured all staff maintained current credentials, completed in-services and updated training / cross-training. Assisted with intake for new referrals, obtained complete and concise nursing orders from MD office, and staffed patients for ordered infusion therapies. Contributed in marketing of infusion therapies and directed clinical rounds with referring physicians.

- Met or exceeded Performance Improvement Audits by establishing process improvements, resulting in improvement in Nursing delivery of care, documentation, and plan of treatment orders.
- Met criteria for successful Joint Commission survey, achieving accreditation.
- Approved CEU presenter for Alpha I Antitrypsin Deficiencies and IVIG, contributing to staff development.

Per Diem RN **1998 to 2003**

- Performed duties related to pharmacy fulfillment, pharmacy assessments, and medication compounding.
- Conducted referral intake, infusion visits, and nursing visit billing.

EDUCATION

- **Nursing Degree Diploma**, Presbyterian Hospital School of Nursing, Charlotte, NC (3 year program)

PROFESSIONAL DEVELOPMENT

- Introduction to Business, Guilford Technical Community College, Greensboro, NC
- Certified Registered Nurse Infusion (Expired), Intravenous Nurse Society, Self-Study/Exam
- Chemotherapy Course, Wake Forest Baptist Hematology / Oncology, Winston-Salem, NC
- The Practical Coach, Accredo Health, Greensboro, NC
- How to Become a More Effective Supervisor, Accredo Health, Greensboro, NC
- The Manager Experience, Accredo Health, Memphis, TN
- Director Development, Express Scripts, St Louis, MO

LICENSES

- Registered Nurse, State of North Carolina, #085936

TECHNICAL SKILLS

- PowerPoint, Excel, Word, Outlook, Oracle, ADP Payroll, and SharePoint

(448) Age-related Macular Degeneration and Diabetic Macular Edema: Overview and Treatment Options (CE Series)

Name: _____ **Date:** _____
Organization: _____ **City/State:** _____

Discipline: ☐**RN** ☐**LPN** ☐**RPh** ☐**CM** ☐**Other** _____

COURSE OFFERING OBJECTIVES AND EVALUATION

Please rate your level of expertise for each objective before and after the education, and what is required for your position	Before Education	After Education	Required for Position
Recall characteristics of age-related macular degeneration (AMD) and diabetic macular edema (DME): prevalence, etiology, genetics, detection, clinical manifestations, and assessment	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Discuss guideline recommendations for treatment standards	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Identify specialty medications used to treat AMD and DME including: risks and benefits of these therapies, patient selection, adverse effects and appropriate monitoring	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Debate financial considerations and effect on treatment options	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert
Recall the AMD and DME medication pipeline	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert	☐Novice ☐Intermediate ☐Expert

Explain how education could be improved to better meet any objective(s) not met:_____

_____

Identify anything not covered in the presentation you need to care for your patients: _____

_____

Please evaluate	Strongly Agree	Agree	Disagree	Strongly Disagree	N/A
The presenter was knowledgeable and effective					
The presenter was responsive to participant questions					
The education material was useful					
The teaching and learning methods were effective					
The activity was presented objectively and was free from commercial bias					
The education contained opportunities for active learning					
The posttest accurately measured what I learned from the information presented					
The content learned from this activity will impact my practice					
The activity promotes improvement in healthcare					
I would recommend this activity to others					

Please elaborate if bias perceived: _____

_____

_____

This activity will assist in the improvement of my: (Check all that apply)

☐ Competence

☐ Performance

☐ Patient outcomes

I plan to make the following changes to my practice; (Check all that apply)

☐ Modify treatment plans

☐ Incorporate different diagnostic strategies into patient evaluation

☐ Use alternative communication methodologies with patients and families

☐ None; the activity validated current practice

Other (please specify): _____

_____

_____

What is your level of commitment to making changed stated above?

☐ Very committed

☐ Somewhat committed

☐ Not very committed

☐ Do not expect to change practice

What are the barriers you face in your current practice setting that may impact patient outcomes? (Check all that apply)

☐ Lack of evidenced-based guidelines

☐ Lack of applicability of guidelines to my current practice/patients

☐ Lack of time

☐ Organizational/Institutional

☐ Insurance/Financial

☐ Patient adherence/compliance

☐ Treatment-related adverse events

Other (please specify): _____

_____

_____

What did you like most about the presentation? _____

_____

_____

What did you like least about the presentation? _____

_____

_____

Suggestions for future presentations: _____

_____

_____

Comments: _____

_____

_____

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

Name of Provider: Republic County Hospital

Name of Program Coordinator: Rebecca Brown, MSN, RN

Date Received: 1/26/23

Date to CNE Committee: March 20233

_____ **Approved**

_____ **Not Approved:** _____

Date Notified: _____

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	X	
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	Rebecca Brown, MSN, RN	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• 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: _____"	X	
• 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	X	

responsible for the providership or required policies and procedures within 30 days		
For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• 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	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
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		Not addressed
Documentation of Attendance		
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	
Certificate of Attendance/CE Transcript		
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	
• The name and license number of the participant	X	
Recordkeeping & Storage		
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	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1 Burn Care**	**#2 Pediatric Pain Management**

• 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

12/2018

2/3/23 Application reviewed and approval checklist completed by Carol Moreland, MSN, RN

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radio ~ Renewal
Providername ~ Republic County Hospital
providernum ~ LT0057-0338
legalbody ~ Great Plains of Republic County Inc.
address ~ 2420 G Street
adress2 ~ Belleville, KS 66935
telephone ~ 7855272254
email ~ rbrown@rphospital.org
coordinator ~ Rebecca Brown, MSN, RN
date ~ 01-24-2023
planningce ~ Republic County Hospital has a CNE advisory committee comprised of the CNE coordinator (who is also CNO), the Director of Nursing, ISB Manager, the Director of Risk Management and Quality Improvement. We strive to recognize the desired and felt needs of our nursing staff and the nurses within our community & surrounding areas. Annually, a needs assessment is obtained from the nursing staff and the CNE committee meets to review the findings and plan courses for the upcoming year. Additionally, the committee compares needs to responses issued by nurses attending CNE programs, issues/events which have occurred within the facility and/or processes which are changing and evolving with nursing practice. Programs may be selected per the request of a departmental supervisor, community resource, physician or by administration to enhance professional growth within the organization and surrounding community. As such, the continuing nursing education learning experiences do build upon the educational and experiential bases of the registered professional and licensed practical nurse for the enhancement of practice, education, administration, and research or theory development to the end of improving the health of the public. Republic County Hospital strives to provide quality programming presented, whenever possible, by nurse educators.
feeassessment ~ Republic County Hospital believes that our primary audience is RNs and LPNs whom are members of our staff. Therefore, courses which are offered at RCH are provided at no cost to our staff members. Non-employee fees for educational offerings are derived at

through an estimated cost appraisal for each offering. However, generally a fee of $6.oo per hour shall be charged for a course offering. The source of financial support for the program shall be considered and planning shall be done accordingly. Grants and company contributions shall be utilized whenever possible. Cancellations may occur and unless otherwise stated in program advertising, a full refund shall be given. Refund fees may be established dependent upon course cost/expenses and ability to fill vacancies, but shall be clearly stated in program advertising. Insufficient fund checks have not been an issue for the RCH education department. Being a small community, insufficient fund issuers would be contacted and given the opportunity to make right by submitting the correct fee. If at that point fees are still not paid the hospital Chief Financial Officer shall handle the matter per Republic County Hospital general policy.

advertisement ~ Program marketing is done via brochures/announcements. The brochure/ announcement is mailed, e-mailed and posted a minimum of one month prior to any CNE offering to area medical facilities and nurses within the RCH data base. The information shall include name of provider; title and objectives; CNE hours offered with the KSBN approval statement and provider information; place, date & time of program; cost; pre-registration information and target audience. Additionally information on the Republic County Hospital web page provides contact information for the CNE coordinator as well as a general statement regarding CNE: Republic County Hospital is an approved provider of continuing nursing education by the Kansas State Board of Nursing and as such offers courses for Continued Nursing Education (CNE). We also work closely with Cloud County Community College and the Northwest Kansas Area Health Education Center to provide for all our nursing education needs as well as the needs of other members of our healthcare team including physical and occupational therapy, respiratory therapy, and radiology.

approvalprocess ~ At Republic County Hospital the education coordinator utilizes a planning work sheet to verify and review all information for each class. Information on the work sheet includes: summary of planning; behavioral objectives review and that they are appropriate for CNE meeting KSA 65-1117; review of instructor credentials; instructor vitae is on file; review of bibliography for relevancy and that it is up to date; and that development and review of evaluation form including achievement of the objectives and the expertise of the presenter.

contacthours ~ Contact hours will be approved based on 50 minutes for one contact hour. Participants are expected to be on time and remain until the end of the offering, when certificates are distributed. CNE contact hours will be reduced for participants arriving late for the offering or leaving early from the offering, and it shall be noted accordingly on the sign in roster. Occasionally a special offering may be developed that will consist of two or more sections with each section independent of the other (serial). In this case partial credit would be

considered dependent upon the content and the time in attendance. Partial credit will not be offered for less than one credit hour (50 minutes); increments over one hour will be offered in half hour increments. Independent study credit is based on the time required to complete the offering as documented by the provider's pilot test result or if credit had previously been determined for the independent study by another state board or national accrediting agency, it shall be noted as such on the pilot study form. A successful posttest or return demonstration shall be completed and documented.
Each faculty member presenting a program for the first time may be given double credit (2:1) for each hour of presentation. The certificate issued will state plainly that this is a first time offering of that material, and the presenter's name with double time will be placed on the roster. Instructors for TNCC, ACLS, NRP and other courses with established standardized curriculum will not receive instructor credit.
Certificate as well as the course roster shall indicate that instructor credit is being awarded. A nurse may earn up to fifty percent (50%) of the required CNE credits in this manner.

verifycompletion ~ The roster of attendance shall be computer generated and will contain the name, address and license number for the participants and shall be signed by the participant upon attendance to the program with verification of their credentials and information. Nurse names are typed-alphabetically by first name, as names are listed as on the nursing license, nurse category (RN / LPN), and hours of CNE to earned. The roster shall also list the title of the program, date of the program, the names of instructor(s) and their credentials, such as RN, BSN, MSN, PhD, etc. The name of hospital offering the program as well as the name of the provider, Republic County Hospital with the Republic County Hospital Provider number, LT 0057-0338.
recordkeeping ~ All information listed below shall be maintained in a yearly file with a summation index in the Office of the Education Director. The records to be included are: Planning information/correspondence; copy of the brochure; program agenda; signed roster; instructor vitae; program objectives; bibliography; program evaluations – summarized; handouts (if applicable); and pilot time testing results for independent study.
Attendance and corresponding program information shall be entered into the computer log, so that an individual nurse's attendance history may be printed. At the conclusion of each program, an evaluation log shall be completed for review by the CNE coordinator and for later review by the CNE Advisory Committee.
All records are to be maintained in the education office files. The offices shall be locked at the conclusion of each workday. Computers are password protected. Records, for a minimum of 2 years, shall be maintained in the education director / CNE coordinators office. After that, all records shall be boxed and labeled and moved to the Republic County Hospital locked record storage area for a period of up to 20 years.

noticeofchange ~ Republic County Hospital has a policy in place that outlines the overall responsibilities of the continuing nursing education coordinator. Said policy addresses that the KSBN shall be notified in writing within 30 days of said action should a different coordinator need appointed. Additionally, policy addresses that the coordinator shall be a registered nurse with a valid Kansas nursing license, who is educationally prepared and has experience in education.
programevaluation ~ A total program evaluation tool is utilized and completed each year with a review by the CNE advisory committee. The total program evaluation has proven useful in monitoring for changes, needs and improvements to the CNE program here at RCH.
Submission date ~ 01-24-2023 17:33:33
Form ID ~ 1672730

Rebecca Brown, MSN, RN

2041 I St., Belleville, KS 66935 • 785-766-3657 • rabrown64@gmail.com

EXPERIENCE

1984 – Present	**Republic County Hospital**	**Belleville, KS**
2021 – Present	Chief Nursing Officer	
2017 – 2021	Director of Surgical Services and Staff Education	
2010 – 2017	Co - Risk Manager, Director of Surgical Services and Staff Education	
1997 – 2010	Risk Manager and Staff Education	
1989 – 1997	Director of Surgical Services	
1985 – 1989	Registered Nurse: Surgery and Acute Nursing	
1984 – 1985	Nursing Assistant	
2009 – 2016	**Cloud County Community College**	**Concordia, KS**
Community Education Instructor		
March 2008 – Oct. 2008	**Stormont Vail Health Care**	**Topeka, KS**
Emergency Department Staff Nurse		
Dec. 2001 – April 2008	**Salina Regional Health Center**	**Salina, KS**
Emergency Department Staff Nurse		

EDUCATION

2003 **Fort Hays State University** **Hays, KS**

Master of Science in Nursing Administration

Thesis: Working Conditions and Staff Nurse Retention in Rural Healthcare Organizations

1996 **Fort Hays State University** **Hays, KS**

Bachelor of Science in Nursing

1985 **Asbury Hospital School of Nursing** **Salina, KS**

Diploma in Nursing

RECOGNITIONS/CERTIFICATIONS/MEMBERSHIPS

- Registered Nurse by Kansas State Board of Nursing
- Past Member Kansas State Board of Nursing Continuing Nurse Education Committee member
- Past Member North Central Kansas Regional Trauma Council Executive Committee - Secretary
- Leora B. Stroup Award for outstanding clinical performance, community involvement & academic achievement – Fort Hays State University - 2003
- Sigma Theta Tau International Honor Society, Fort Hays State University - April 2002
- Graduated with Honors Fort Hays State 1996 & 2003
- Member Kansas Healthcare Education Council
- Trauma Nurse Core Course Instructor
- ACLS Certified
- NRP Certified
- American Heart Association BLS Instructor & Site Coordinator
- Member Kansas Organization of Nursing Leaders

COURSE DEVELOPMENT AND PRESENTATIONS

- Principles of Triage During a Mass Casualty Incident
- Trauma Nurse Core Course
- Advanced Cardiac Life Support
- Bullying: Not in Our Nursing Profession
- Documentation in the Real World
- Trust: How does it impact you and your patients?
- Ethics in Healthcare
- Trauma Assessment and Care in the Critical Golden Hour
- Medications and Interactions
- Assessment and Care of Trauma Patients
- Risk Management 101
- Staff Nurse Retention

REPUBLIC COUNTY HOSPITAL

Planning Procedures / Process for Offering Approval

PURPOSE: In order to meet the required regulations of continuing education programs mandated by the Kansas State Board of Nursing, the following procedure should be followed.

HOSPITAL EDUCATION COORDINATOR:

1.The Republic County Hospital Education Coordinator shall be responsible for developing a continuing education program planning procedure which is utilized in planning a continuing nursing education program.

A. Course Description

1. Course Title - The title should be short, if possible, no more than six key words. It should identify the subject matter.

2. Behavioral Objectives - Objectives should not be numerous enough to provide an outline but should be sufficient to provide direction. Behavioral objectives must be measurable.

3. Course Outline or Agenda - The course outline should adequately describe the course content. It should include specific time frames for each speaker, breaks, and lunch.

4. Format - i.e. lecture, conference, seminar, etc.

5. Bibliography - To include current nursing articles and books. Use of reference articles published within the last five years and/or books published within the last ten years are acceptable.

6. Budget - The source of financial support for the program shall be considered and planning shall be done accordingly. Grants and company contributions (i.e. pharmaceutical speaker's bureaus) shall be utilized whenever possible.

7. Evaluation Plan - The plan or method which measures behavior to be achieved as specified by the objectives. Must include a measurement of objectives, whether they were met or not.

8. Intended Audience - Including any necessary prerequisites (i.e. RN, LPN, BLS verification).

9. Justification - For the presentation of this course, (i.e. needs of community, institution or of the attendees).

B. Faculty - A curriculum vitae is needed for each instructor. The vitae should include educational experience appropriate to the offering.

C. Facility - Description for this presentation.

D. Other Information - To include date, location, CNE hours to be awarded.

E. Pre-program – Advertise, accept applications for attendance, prepare the roster including the instructor's credentials, prepare handouts and arrange for any equipment needs.

F. Day of Program - Participants to sign the roster on admission to the program, confirming that names, license #'s, and addresses are correct.

G. Certificates - Certificates of attendance are prepared and distributed at the completion of the program, as per policy.

H. Evaluations - Summarize evaluations and review for comment and needed recommendations/changes, send a copy to the instructor and retain a copy for the program file.

Nursing Education Needs

POLICY:
Republic County Hospital shall recognize the desired and felt needs of our nursing staff and the nurses within our community & surrounding areas, in the scheduling of CNE programs. This will encourage professional growth and provide a mechanism to address issues of interest as well as current health care trends within our community.

PROCEDURE:

- A needs assessment survey shall be administered to the nursing staff one time per year, in March or April, in conjunction with the hospital's required inservices.
- Nurses attending CNE programs are surveyed for their felt or desired learning needs.
- It is our desire to recognize the adult learners' needs and desires and to provide a mechanism through which they can relate them.
- The survey shall be prepared in a manner that will allow recognition of current trends and will acknowledge personal preferences.
- Survey results shall be tabulated and then reviewed by the Continuing Nursing Education Advisory Committee. Program planning will be done using information gained from this survey.
- Programs may also be selected per the request of a departmental supervisor, community resource, physician, or administration to enhance professional growth within the organization and surrounding community.

Program Fees & Cancellation Policy

POLICY: Republic County Hospital intends to provide nursing education at reasonable fees so as not to deter attendance. We recognize that due to unforeseen circumstances, it is sometimes necessary to cancel offerings. It is the intent of this policy to provide a method of covering expenses and recovering fees that will be fair to participants and to the Republic County Hospital.

Republic County Hospital shall:

- encourage pre-registration
- inform participants of the policy prior to the offering
- provide a guideline so that all registrants will be treated in an equal manner

Procedure:

1. Refund of fees may be established dependent upon course cost/expenses and ability to fill vacancies, but shall be clearly stated in program advertising
   - Unless stated differently in the program announcement, a registrant may cancel and receive a full refund.
2. Full refund will be given if it is necessary for the Republic County Hospital to cancel the offering.
3. All refunds will be issued by mail.
4. Attendance fees shall be calculated from program expenses including instructor fees, travel expense, and upon the expected # of attendees. Generally, a fee of $6.00 per credit hour shall be charged.
   - This amount may be more or less depending upon the calculated expenses of providing the program.
   - Republic County Hospital staff shall not be charged an attendance fee as this is an employee benefit.
5. In the event that the RCH Education department receives an insufficient fund check the issuer shall be contacted and given the opportunity to make good on the payment. If correction does not occur the matter will be turned over to the RCH CFO for collection of debt per hospital policies.

PROGRAM MARKETING

Policy

Adequate publicity is necessary to inform potential participants that an offering is being presented in the area. Marketing an offering should increase awareness and attendance. The marketing is the responsibility of the nurse coordinator of the CE programs. Republic County Hospital shall utilize brochures/announcements as our primary method of marketing due to cost expenditures.

Brochures and Announcements

Brochures and/or announcements are mailed and/or e-mailed by the Republic County Hospital Education department a minimum of one month prior to any CNE offering to area medical facilities and nurses within the RCH data base. E-mail distribution will be utilized whenever possible to decrease cost expenditures.

The following information shall be provided:

Name of Provider
Title & Objectives
CNE hours offered with KSBN approval statement & provider
Place, date & time of program
Cost
Pre—registration information, target audience

Media Releases

The purpose of media releases is to enable the potential audience to determine if the offering is in a topic area that will meet their requirements. The news media release will contain the information necessary for the potential participant to determine if this program is suited for them, as title, length of offering, speaker, time and place of the offering, and any other pertinent information will be included. The media releases will also serve to remind participants of offerings being presented.

Procedure

Two to four weeks prior to the presentation of an offering, news releases may be prepared by the education department. If the decision to utilize such releases is made they shall be distributed to area newspapers and radio stations at a minimum, two weeks prior to the presentation.

World Wide Web

Program listings may be placed on the Republic County Hospital web page. Information on how to contact the CNE coordinator via e-mail and phone shall be included in this site.

ADMINISTRATION:PROVIDERSHIP COORDINATOR

The coordinator of the continuing nursing education long term providership is responsible for the administrative details of the continuing education program. The coordinator:

- plans and implements educational offerings based on recommendation of the advisory committee, assessment of learning needs, and/or recommendation of the Director of Nursing, Administration, Quality Improvement, or Risk Management.
- with the help of the advisory committee, assures that objectives are met and that the content of the presentation is relevant to the audience.

- The coordinator shall be a registered nurse who has a valid Kansas nursing license, is educationally prepared and has experience in education.

- If for any reason Republic County Hospital has the need to appoint a different CNE coordinator, the KSBN shall be notified in writing within 30 days of said action.

The educational assistant shall have experience with various office machines and possess other secretarial skills, such as typing, filing and telephone skills. The assistant shall:

- be knowledgeable in the record maintenance and regulations governing CNE course attendance
- shall assist with licensure verification
- assist with maintenance CNE program records
- assist with the coordination of program offerings including registration
- assist with CNE program publicity.

CONTINUING EDUCATION OFFERING PROCESS

Assessment

The assessment is an important means for obtaining participant input. It can identify areas of need and/or interest. The assessment should give nurses an opportunity to have input into offering selection. The assessment is often a result of evaluations on previous offerings. It may be the recommendation of the advisory committee members, State or Federal recommendations, departmental or administrative staff, or from the educational director following current trends in nursing practice. Additional assessments are completed annually, providing nurses the opportunity to specify specific needs or interests.

Planning

This phase of the process results in a list of topics that will meet the needs and interests of nurses. Well-planned offerings should ultimately lead to improved delivery of health care. Planning should result in offerings that are relevant to the needs of participants and reflect the current trends and research in nursing. The coordinator has the final decision in determining that a topic is appropriate for nurses; however consultation with members of the CNE committee is conducted. The coordinator is also responsible for scheduling, faculty selection, and approval of the objectives, determining that the content meets the objectives, travel arrangements and any other identified program needs. A CNE planning worksheet shall be utilized to assure that all phases of planning are completed.

Implementation

Implementation is the actual presentation of the offering. The implementation should present the offering as advertised. It should also give the participants a valuable learning experience that will enhance their professional practice. The educational director or designee will be responsible for ordering refreshments, distributing written material to participants, setting up equipment, typing certificates of attendance and distributing them, and any other tasks necessary for the successful completion of the offering. The coordinator and/or her assistant shall observe to assure that all attendees sign upon arrival at the program and remain in attendance.

Evaluation

Evaluations are an integral part of each offering. They assist in the ever-continuing effort to maintain quality. The evaluation should provide an opportunity for participants to voice an opinion and offer constructive criticism about all phases of the offering. The evaluation gives the director an overall view of how the education offering met participants' needs, and is one means of providing the presenter with an appraisal of their presentation.

The procedure for the evaluation is as follows:

1. An evaluation form is distributed to each participant at the beginning of the offering
2. It will include the listed objectives in question form that can be answered with "yes", "no", " N/A" or Likert scale
3. Participants are encouraged to thoughtfully complete the form
4. Evaluations are collected at the offerings completion
5. A summary is made of the evaluations and a copy is mailed to the presenter with one copy of the summary being kept in the offering file

CNE Planning Worksheet

Program Date:

Program Name:

Planning Committee:

Learning Needs Assessment: **(class requested or need demonstrated by)**

Target Audience: (RN's; LPN's; Etc.)

Learning Objectives:

Program Logistics:
Speaker(s):

Instructor Credentials:

Vitae on File:

Bibliography relevant and up to date:

Agenda:

Evaluation Form Developed including: Yes / No
a. Achievement of the objectives
b. Expertise of the presenter

Form Completed by:

FACULTY SELECTION

It is the policy of Republic County Hospital to select the most qualified persons as faculty for continuing education offerings. It is also desirable to develop inexperienced speakers into qualified presenters. This policy is developed to help select the most qualified faculty available to serve as presenter for the offering. It is also the intent of the hospital that suggestions for faculty selection as stated by the KSBN are considered.

Procedure

1. Once a topic has been selected, a search is begun to identify a qualified speaker.
2. If the coordinator does not have first-hand knowledge of a speaker, other sources are contacted. Networking may include Task Force members, other providers, or other outside professional contacts of the coordinator.
3. Experienced faculty are encouraged to invite inexperienced, but otherwise qualified, speakers to participate in the presentation.
4. Faculty will meet at least two of the criteria as suggested by the KSBN:
    A. Educational experience appropriate to the offering
    B. Teaching experience of similar content to the offering
    C. Clinical experience appropriate to the offering
5. Other factors will be considered such as ability to relate to an audience, ability to speak interestingly, appearance, and past evaluations.
6. Non—nursing faculty may be used if the content area is one in which a qualified nurse is not available, or in conjunction with nursing faculty.

Continuing Education Credit and Certificates

Offering Credit:
Educational offerings are usually developed so that partial credit is not possible and attendance is necessary at the entire offering. Contact hours will be approved based on 50 minutes for one contact hour. Participants are expected to be on time and remain until the end of the offering, when certificates are distributed. CNE contact hours will be reduced for participants arriving late for the offering or leaving early from the offering. Occasionally a special offering may be developed that will consist of two or more sections with each section independent of the other (serial). In this case partial credit would be considered dependent upon the content and the time in attendance.

Partial Credit:
Partial credit will not be offered for less than one credit hour (50 minutes); increments over one hour will be offered in half hour increments. Independent study credit is based on the time required to complete the offering as documented by the provider's pilot test result or if credit had previously been determined for the independent study by another state board or national accrediting agency it shall be noted as such on the pilot study form.

Instructor Credit:
Each faculty member presenting a program for the first time may be given double credit **(2:1)** for each hour of presentation. The certificate issued will state plainly, that this is a first time offering of that material, and the presenter's name with double time will be placed on the roster. Instructors for TNCC, ACLS, NRP and other courses with established standardized curriculum will not receive instructor credit.

Certificates:

At the completion of each offering, a certificate of attendance will be given to the participants. The certificate will be completely filled out before it is distributed. The name on the certificate will be typed exactly as it is on the nursing license. Any corrections or changes made on the certificate must be made by the coordinator and initialed. The certificate of attendance is unique to Republic County Hospital. It is designed so that it can be easily read and xeroxed by machine.

The certificate of attendance shall contain the following:

- provider's name, address, and provider number
- title of the course and instructor
- dates of attendance
- number of contact hours awarded
- name of the person responsible for the providership
- name and license number of the participant
- if independent study, it shall be clearly noted
- if instructor credit, it shall be clearly noted

Duplicate Certificate:

If a duplicate certificate must be issued to a participant due to an error on the part of Republic County Hospital, there is no charge. If a participant requests a duplicate certificate because of loss or error on the participant's part, a fee of $5.00 may be charged. If a duplicate is issued for any reason, the word "**duplicate**" will be prominently added to the certificate.

INSTRUCTOR CREDIT

Policy: To provide CNE credit to a program instructor the first time that a course is developed and presented and to do so in accordance to the KSBN.

Procedure:

A nurse who prepares and presents a course for an approved offering may be given credit for the portion of the offering for the first time presented.

The minimum length of the presentation shall be one hour with two contact hours awarded.

Instructor credit is issued at a 2:1 ratio.

Arrangements for the instructor credit shall be made with the CNE coordinator in advance of the program presentation.

Republic County Hospital awards the instructor a certificate showing the credits earned

Certificate as well as the course roster shall indicate that instructor credit is being awarded.

A nurse may earn up to fifty percent (50%) of the required CNE credits in this manner.

Instructor credit shall not be issued for courses such as ACLS, NPR, TNCC, etc. with standardized prepared curriculum.

Independent Study

Republic County Hospital recognizes that Independent Study may be an appropriate alternate for earned CNE credit. Independent study may be used up to the required 30 hours in a two year period. The following are the guidelines for independent study at Republic County Hospital (RCH):

Self-instructional or independent study shall be defined as an organized study under the guidance of the RCH CNE coordinator.

Designated credit will be determined by the CNE coordinator, as appropriate for the offering.

- Credit may be determined by pilot testing
  - Total all time required for completion and divide by number of testers following policy on credit for fractions of hours
- Credit may be determined by previous credit approval by a National Accreditation agency or a state board of nursing

The study is designed by the CNE coordinator and the learner jointly. The program may include such things as research, professional papers, and authorship. In-service education and on-the-job training shall not be eligible for CNE credit.

Methods of evaluation shall be identified and may include pre and post testing, demonstrations, and/or written reports.

A certificate of completion shall be issued by the provider listing the number of contact hours granted for the independent study, and clearly stating that such contact hours were earned in independent study.

There shall be a minimum fee of $6.00 shall be charged for each independent study, however some programs may be charged at a fee of $6.00 per hour. This fee shall be clearly stated on program flier. RCH staff may obtain independent study at no charge if approved by their supervisor.

ROSTERS

PURPOSE: To assure that rosters of CNE programs contain appropriate information and comply with KSBN regulations.

Republic County Hospital shall begin registration a minimum of 15 minutes prior to the start of a program and shall utilize a roster that contains the information recommended by the Kansas State Board of Nursing. This roster is produced in Microsoft Access with a program designed by the RCH coordinator. The finalized roster shall be maintained in our office files for a minimum of 2 years. Contents of the standardized roster are:

A. Rosters shall be computer generated.

B. The hospital educational coordinator or her assistant shall have participants sign the original roster at registration time as designated for the program. The original shall be maintained in the CNE file. Registrants shall sign their names. Check marks or initials are not acceptable. The name, license #, and address will be verified at the time of registration.

C. Nurse names are typed--alphabetically by first name, as names are listed as on the nursing license, current address (even if different than on license), nurse category (RN / LPN), and hours of CNE earned. If no number is available for the license number column; give the reason (i.e. new graduate, new Kansas applicant, or relicensure applicants). If a nurse does not have a current license in Kansas, does not know the license number when previously licensed in Kansas, and is

currently getting CNE hours for reinstatement, then the person's social security number may be used on the roster instead of the license number. The social security number should not be substituted if the person has a current license. List out-of-state nurses with the abbreviation for their state and their license number.

D. Walk-in registrants may be added to the roster, if the class is not full.

E. List names of nursing instructors and their credentials, such as RN, BSN, MSN, PhD, etc. Persons who serve as panelists, consultants and conference leaders are not listed as instructors on the roster sheet.

F. Name of hospital offering the program as well as the name of the provider, Republic County Hospital.

G. Title of the program.

H. Republic County Hospital Provider number, LT 0057-0338.

REPUBLIC COUNTY HOSPITAL

2420 G STREET

BELLEVILLE, KANSAS 66935

Certificate of Attendance

This is to certify that

Teresa Tester

License Number: 00-00000-000

Attended:

Sample for KSBN

on

Friday, January 20, 2023

Instructed by: Tester Teacher, RN, MSN

This course approved for 3 **Contact Hours**

Republic County Hospital is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. Contacts hours are applicable for RN and LPN relicensure KSBN Provider # LT 0057-0338

Rebecca Brown, MSN, RN
Coordinator

REPUBLIC COUNTY HOSPITAL

2420 G STREET
BELLEVILLE, KANSAS 66935

Certificate of Attendance

This is to certify that

Teresa Tester

License Number: 00-00000-000

Attended:

Sample for KSBN - Independent Study

on

Friday, January 20, 2023

Instructed by: Rebecca Brown, RN, MSN (c) - Indep. Study

This course approved for 1 **Contact Hours**

Republic County Hospital is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. Contacts hours are applicable for RN and LPN relicensure KSBN Provider # LT 0057-0338

Rebecca Brown, MSN, RN
Coordinator

CNE Planning Worksheet

Program Date: October 10, 2022

Program Name: **Burn Class**

Planning Committee: Rebecca Brown, RN; Tracey Moore, Debbie Krohn, RN

Learning Needs Assessment: **Requested by Trauma Coordinator**

Target Audience: (RN's; LPN's; Etc.): RN's, LPN's

Learning Objectives: (reviewed & appropriate – note any changes required)

1. Identify the depth of the burn injury
2. Calculate % of burn injury
3. Identify signs of inhalation injury
4. Identify care for the different types of burn injury

Program Logistics:

Speaker(s): Eric Jensen, RN
Instructor Credentials: See vitae
Vitae on File: yes
Bibliography relevant and up to date: Yes

Agenda: Reviewed, no changes

Evaluation Form Developed including: **Yes**

a. Achievement of the objectives
b. Expertise of the presenter

Form Completed by: Rebecca Brown, MSN, RN

Burn Injury

October 10, 2022
10:00a to 2:00p
9:45a Registration

Republic County Hospital
Education Room
2420 G St
Belleville, KS 66935

Objectives:
Upon completing this presentation, the participant will be able to:

1. Identify the depth of the burn injury
2. Calculate % of burn injury
3. Identify signs of inhalation injury
4. Identify care for the different types of burn injury

Target Audience: RNs, LPNS

Fees: No charge to RCH employee
$25 for non-employees

Continuing Nurse Education (CNE) hours will be offered. Republic County Hospital as an approved provider of continuing education by the Kansas State Board of Nursing, presents this course offering for 3 contact hours applicable for RN/LPN relicensure. Kansas State Board of Nursing Provider #LT0057-0338.

Speaker: Eric Jensen, RN has 24 years of experience providing high quality care to patients with burn injuries through education, research and direct patient care. He has provided care to critical patients with 10 years experience in the burn outpatient unit, managing the long term care of patients. He is a member of the speaker bureau and has helped to educate the community, EMS, Nurses and Physician's about burn care and also received the Governor's Recognition Award for outstanding burn education throughout Nebraska in 2003.

Special Assistance: RCH wishes to take those steps required to ensure no individual with a disability is excluded, denied services, segregated, or otherwise treated differently than other individuals because of the absence of auxiliary aids and services identified in the Americans with Disabilities Act in order to attend this program. Please contact Rebecca Brown, RN at rbrown@rphospital.org if there are special accommodations or needs.

Registration: Required by October 3, 2022.

Please call Tracey at 785-527- 6075 or email tmoore@rphospital.org to register.

Burn Class

Objectives

Identify the depth of the burn injury

Calculate % of burn injury

Identify signs of inhalation injury

Identify care for the different types of burn injury

Agenda

10:00-11:00: Depth & percentage of injury

11:00-12:00: Signs of inhalation injury

12:00-1:00: Lunch

1:00 to 2:00: Case Studies

Eric Jensen

4400 Locust St Roca NE 68430 ▪ (402) 416-5697 ▪ eric.jensen@commonspirit.org

Summary of Qualifications

- With 24 years' experience I am continuing to provide high quality care to patients with burn injuries though education, research and direct patient care in the inpatient and outpatient setting
- As a nurse on the floor I have been a part of many admissions and critical patients care along with 10 years' experience in the burn outpatient managing the long term care of patients
- As part of the speaker bureau I have helped to educate the community, EMS, Nurses, and Physician's about burn care
- In 2003, received Governor Recognition Award for outstanding burn education throughout Nebraska
- Experienced public speaker, who has completed many educational sessions along with two at the ABA Burn Conference, Statewide EMS Conference, Case study for 3M and KCI

Education

Associate of Science- Nursing 01/15
Kaplan University, Lincoln, NE
- Overall GPA **3.68**
- Dean's List

Practical Nursing 06/04
Southeast Community College, Lincoln, NE

Professional Experience

CHI Health St. Elizabeth, Lincoln, NE
Regional Burn & Wound Center
Register Nurse 01/15-Current
- Direct patient care including Critical care of Burn or Wound Patients
- Charge Nurse duties on the Burn unit
- Community Outreach: Burn education to Hospitals, EMS, Nursing schools, and the Public

Director Burn Camp 01/12-Current
- Plan content for 7-18 year old children with burn Injuries
- Support Campers with emotional trauma from Burn injuries
- Promote camp to local fire departments and others interested in the Burn camp

Licensed Practical Nurse 01/04-01/15
- Directed patient care of patients with burns and wounds
- Assisted in the delivery of healthcare through patient assessments, interventions and monitoring
- Member of the Education council for the Burn Unit

Burn Technician 01/98-01/04
- Assisted with Burn and wound Dressing changes alongside the RN
- Cleaned and stocked the Burn treatment rooms
- Assisted with Burn admissions in the treatment rooms

Licensures & Certifications

Registered Nurse, RN# 79529, Nebraska Board of Nursing
ABLS, ACLS and PALS Certifications
Speakers Bureau since 2001

RCH 342

REPUBLIC COUNTY HOSPITAL
Continuing Nurse Education
Attendance Roster

PROVIDER NUMBER: lt 0057-0338

APPROVED PROVIDER: Republic County Hospital

AGENCY PRESENTING COURSE: Republic County Hospital

COURSE TITLE: Burn Injury

INSTRUCTOR(S): Eric Jensen, RN

COURSE DATE(S): 10/10/2022

Certificate Name	Signature	Address	License Number	RN/LPN	Hours
					3
					3
			14-61531-111	RN	3
			13-70371-012	RN	3
			13-142047-061	RN	3
			13-119383-032	RN	3
			13-85742-082	RN	3
			95737	RN	3
			13-154512-102	RN	3

RCH 342

PROVIDER NUMBER: *It 0057-0338*

APPROVED PROVIDER: *Republic County Hospital*

AGENCY PRESENTING COURSE: *Republic County Hospital*

COURSE TITLE: Burn Injury

INSTRUCTOR(S): Eric Jensen, RN

COURSE DATE(S): 10/10/2022

Certificate Name	*Signature*	*Address*	*License Number*	*RN/LPN*	*Hours*
			13-115510-051	RN	3
			13-136139-102	RN	3
			13-147285-042	RN	3
			13-112417-021	RN	3
			14-100629-032	RN	3
			13-53514-022	RN	3
			13-79399-091	RN	3
			13-111872-101	RN	3
			23-42954-122	LPN	3

REPUBLIC COUNTY HOSPITAL

2420 G STREET
BELLEVILLE, KANSAS 66935

Certificate of Attendance

This is to certify that

Sample for KSBN

License Number: 13-85742-082

Attended:

Burn Injury

on

Monday, October 10, 2022

Instructed by: Eric Jensen, RN

This course approved for 3 **Contact Hours**

Republic County Hospital is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. Contacts hours are applicable for RN and LPN relicensure KSBN Provider # LT 0057-0338

Rebecca Brown MSN RN

Rebecca Brown, MSN, RN
Coordinator

Republic County Hospital

Program: **Burn Injury**

DATE: October 10, 2022

Please check one: 11 RN 1 LPN ____EMT ____Other:_____

		Excellent	Good	Fair	Poor
Instructor	Eric Jensen, RN	12			
	Facility	11	1		
	Course handouts	11	1		
	Audio-visuals	12			

Please review the following objectives, then indicate your choice:

Identify the depth of the burn injury 12 Yes ___No

Calculate % of burn injury 12 Yes ___No

Identify signs of inhalation injury 12 Yes ___No

Identify care for the different types of burn injury 12 Yes ___No

Do you feel this class will be beneficial to your role in healthcare? 12 Yes ___No

COMMENTS:

Presenter did fantastic job
Very much enjoyed Eric's lecture
Great Refresher

Burn Injury

ABLS Provider Manual (2018). Pham, T., et al. American Burn Association

Rice, Jr, Phillip; Orgill, Dennis (September 23, 2022). Emergency care of moderate and severe thermal burns in adults. Retrieved online www.uptodate.com Retrieved online October 5, 2022

Lippincott, . *Lippincott Nursing Procedures*. Available from: Wolters Kluwer, (8th Edition). Wolters Kluwer Health, 2018

St. Elizabeth Burn Management Algorithm

888-877-BURN (2876) or 402-219-5078

CHI Health

Start Burn Patient
- Scene Safe
- Identify Trauma & Clear

S/S Inhalation
- Soot in airway
- Singed facial hair

Yes → **Intubation**
- Oxygenate PT

Yes → **Place ET Tube**
- Secure well
- Place largest tube possible

No → **Reassess Airway PRN**

No → **Circulatory Status**
- Obtain Vitals
- Start IV
- Monitor pulses

Determine TBSA greater than 20%
- Use Rule Palm/Rule of nine

Yes → **Start Fluid Resuscitation**

Pre Hospital	
Age/Years	Rate
0-5	125
6-13	250
≤ \14	500

Hospital Rates

Adult	2ml LR x kgx % TBSA
Children	3ml LR x kgx % TBSA
Infant	3ml LR x kgx % TBSA
	Plus DSLR at Maintenance Rate
Electrical	
All ages	4ml LR x kgx % TBSA
1/2 in first 8hrs	

Determine Transfer

Yes → Keep Pt Warm
Call for Transfer
Monitor Vitals
Treat Pain

No → Pain Management
Dressing Changes
Tetanus Status
Follow-up Care

Burn Start
- Identify any Trauma and treat first, d not pass trauma center prior to goin to burn center

Inhalation
- Upper airway: Blast hot air, damage above cord: Edema is emergency. S/S singed hair, strider or respiratory distress
- Lower airway: Enclosed space fire or prolonged extraction. S/S facial burns soot on face, carbonaceous sputum, hypoxia
- Tx: Early airway protection with Intubation may be needed 100% oxygenation with non-rebreather or once intubated to remove CO poisoning

Cardiac/Circulatory Status
- Heart rate is elevated normally in a burn patient EKG with electrical injuries
- Monitor for full thickness circumferential burns and evaluate extremity pulses

Determining TBSA
- Rule of Palm: The patients palm is equal to 1%
- Rule of Nine: Head/arms 9% Bil Legs, Chest, Back 18%
- Superficial burns do not count in TBSA

Fluid Resuscitation
- Use LR for fluid resuscitation if only have Normal saline switch to LR as soon as possible
- Formula calculated for 24hr estimates, give half the total volum in 1st 8 hrs. Remember to base on time of burn
- Place Foley 30-50 cc/hr UOP Adult

Transfer/Outpatient

Call 800-877-BURN (2876) for transfer or burn related questions. Keep patient warm, cover w/ clean dry sheet.

A Burn Physician is on-call 24hr a day to consult with you on the assessment and management of a burn patient.
We offer Telehealth, secure email or video link.

CNE/IV Therapy 199

CHI Health St. Elizabeth
Regional Burn & Wound Center
800-877-BURN (2876) or 402-219-5078

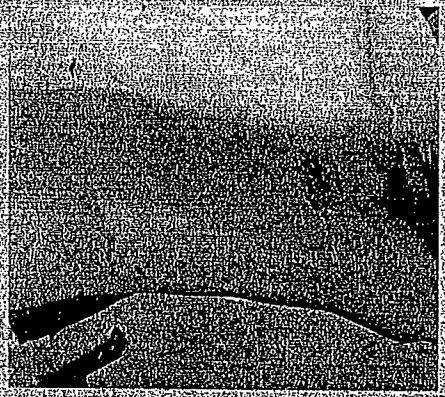
CHI Health

Outpatient Care Guidelines

Superficial burns

- **Does not count in TBSA**
- Heals in 7-10 days
- Pink red NO Blisters
- Manage pain and keep ointment on burns.
- Ointments: Bacitracin, Aloe, lotions

Partial thickness



- Blistering or sloughing skin present
- Areas pink, red, moist, and blanches to touch
- Heals 10-21 days
- Must wash soap and water and keep covered.
- Treatments: Bacitracin, silvadene, Xeroform

Full thickness

- Dry, tan, white, charred
- Does not blanch
- Burn may be insensate
- Will require Grafting
- Wash burn keep covered and apply ointment
- Ointments: Bacitracin Silvadene, or Silver dressing

Outpatient Care: Cooling small burn <5% with water is appropriate. Wash burns 2x a day remove loose skin or yellow drainage. Apply ointment (select from above) keep burns covered and schedule appropriate follow up.

Burn Transfers: Keep burns free from ointments and creams. Keep patients warm for transport.

ABA Burn Unit Referral Criteria

Not all referral criteria may require immediate admission. Discuss each case with the burn center.

1. Second degree burns greater than 10% total body surface area (TBSA)
2. Burns involving the face, hands, feet, genitalia, perineum, and major joints.
3. Electrical burns including lighting injury.
4. Third degree burns in any age group.
5. Chemical burns.
6. Inhalation injury.
7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery or affect mortality.
8. Any patient with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be treated initially in a trauma center until stable before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols.
9. Hospitals without qualified personnel or equipment for the care of children should transfer children with burns to a burn unit with these capabilities.
10. Burn injury in patients who will be requiring special social/emotional and/or long-term rehabilitative support, such as cases involving suspected child abuse, substance abuse, etc.

A Burn Physician is on-call 24hr a day to consult with you on the assessment and management of a burn patient.
We offer Telehealth, secure email or video link.

Scan QR Code for more burn information, education, and outpatient instructions.

Republic County Hospital

CNE Planning Work Sheet

Planning (include reason for class; selection of instructor; cost):

Surgery Director request for Independent Study

Behavioral objectives reviewed & appropriate: __X__ Yes;

_____No – Changes made: _____

_____

_____

Appropriate after changes: Yes _____

Instructor Credentials: _____RN; __X__Other: Independent study written by well credentialed author

Vitae on file: __X__

Bibliography relevant and up to date: __X__Yes;

_____No – Changes made: _____

_____

_____

Evaluation form developed including: __X____Yes

a. achievement of the objectives
b. expertise of the presenter

Sheet completed by R. Brown, RN

Republic County Hospital
Independent Study
Credit Approval

Date: 3-7-2022

Program Title: Ped Pain Management - 3-21-22 to 3-31-22

✓ Objectives reviewed and appropriate to nurse development

✓ Agenda/components of independent study appropriate to nurse development

Pre-approved for independent study by a National Accreditation Agency or another state board of nursing?

✓ Yes, for 1.4 hours CNE ANA Credentialing Center CA Board of Registered Nurses

___ No, see pilot study

Participants	Time Required	Objectives Met?	Evaluation Done	Total Time ÷ By # of Participants
	See Above accreditation		See Eval Summary	
	→ see Roster for post score			

✓ Roster Completed

✓ Reviewed program evaluations
Comments: _____

Yes Certificates Issued 3/31/22

CNE Coordinator Signature: [signature]

K:\Education\CNE Classess\Independent study\Independent study pilot test.doc

Pediatric Pain Management

Objectives:

1. Identify strategies for assessing pain in children.
2. Discuss nonpharmacologic pain interventions for children.
3. Describe pharmacologic pain interventions for children.

Instructor: This is an independent study course developed by American Journal of Nursing. Authors Sharon Wrona, CNP, PMGT-BD, CPNP, PMHS, AP-PMN, FAAN and Michelle Czarnecki, MSN, PMGT-BC, CPNP, AP-PMN. Rebecca Brown will oversee independent study completion.

Target Audience: RNs and LPNs

Location and Class Time:

Republic County Hospital
Belleville, KS 66935

You may schedule a time to complete this independent study from March 21, 2022 to March 31, 2022 by contacting the RCH Education Department.

Cost:

$6.00
No charge to Republic County Hospital staff

Contact Hours: 1.4 (previously approved by the ANA , California Board CEP17219) for 1.4 contact hours with a passing score of 80% or higher on the post exam).

Republic County Hospital as an approved provider of continuing education by the Kansas State Board of Nursing, presents this course offering for 1.4 contact hours for RN/LPN relicensure. Kansas State Board of Nursing Provider #LT0057-0338.

Registration/Contact: To register for the above class, please call Rebecca Brown at 785-527-6063. Course must be completed by 12 noon March 31st, 2022.

Republic County Hospital

Program: **"Pediatric Pain Management"**

DATE: March 21 – March 31, 2022

Please check one:

18 RN ____ LPN Other:_____

		Excellent	Good	Fair	Poor
Instructor	Independent Study	n/a	n/a	n/a	n/a
	Facility	14	4		
	Course handouts	14	4		
	Appropriateness of Course to your role	16	2		

Please review the following objectives, then indicate if the learning objectives were met or not:

1. Identify strategies for assessing pain in children.	18 Yes ___ No
2. Discuss nonpharmacologic pain interventions for children.	18 Yes ___ No
3. Describe pharmacologic pain interventions for children.	18 Yes ___ No

Do you feel this class will be beneficial to your role in healthcare? 18 Yes ___ No

COMMENTS:

Good information
Well written - easy to follow
Appreciate opportunity for Pediatric education

RCH339

REPUBLIC COUNTY HOSPITAL
Continuing Nurse Education
Attendance Roster

PROVIDER NUMBER: lt 0057-0338

APPROVED PROVIDER: Republic County Hospital

AGENCY PRESENTING COURSE: Republic County Hospital

COURSE TITLE: Pediatric Pain Management

INSTRUCTOR(S): Rebecca Brown, RN, MSN - Indep. Study

COURSE DATE(S): 3/31/2022

Post score 80% or ↑ to pass

License Number	RN/LPN	Hours	Post Score
13-68689-062	RN	1.4	91
14-61531-111	RN	1.4	100
13-70371-012	RN	1.4	100
13-142047-061	RN	1.4	82
13-119383-032	RN	1.4	100
13-152855-011	RN	1.4	100
13-153597-072	RN	1.4	100
13-111764-032	RN	1.4	100
13-155210	RN	1.4	100

RC#339

PROVIDER NUMBER: lt 0057-0338

APPROVED PROVIDER: Republic County Hospital

AGENCY PRESENTING COURSE: Republic County Hospital

COURSE TITLE: Pediatric Pain Management

INSTRUCTOR(S): Rebecca Brown, RN, MSN - Indep. Study

COURSE DATE(S): 3/31/2022

Post Score 80 or ↑ to pass

Certificate Name	*Signature*	*Address*	*License Number*	*RN/LPN*	*Hours*	Post Score %
			15-153985	RN	1.4	91
			13-115510-051	RN	1.4	100
			13-127148-062	RN	1.4	100
			13-147285-042	RN	1.4	82
			13-89491-061	RN	1.4	91
			13-53514-022	RN	1.4	100
			13-140359-072	RN	1.4	100
			13-79399-091	RN	1.4	100
			13-111872-101	RN	1.4	91

REPUBLIC COUNTY HOSPITAL

2420 G STREET

BELLEVILLE, KANSAS 66935

Certificate of Attendance

This is to certify that

Sangleson KSBN

License Number: 13-53514-022

Attended:

Pediatric Pain Management - Independent Study

on

Thursday, March 31, 2022

Instructed by: Rebecca Brown, RN, MSN - Indep. Study

This course approved for 1.4 **Contact Hours**

Republic County Hospital is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. Contacts hours are applicable for RN and LPN relicensure KSBN Provider # LT 0057-0338

Rebecca Brown MSN RN

Rebecca Brown, MSN, RN
Coordinator

Pediatric pain management

An individualized, multimodal, and interprofessional approach is key for success.

By Sharon Wrona, DNP, PMGT-BC, CPNP, PMHS, AP-PMN, FAAN, and Michelle L. Czarnecki, MSN, PMGT-BC, CPNP, AP-PMN

ACCORDING to the Healthcare Cost and Utilization Project, more than 5,000,000 children in the United States had a hospital stay in 2017. Many of them experienced some type of pain. Pain has an immense impact on the mind and body. In addition to the physical sensation of pain, effects include emotional suffering, pulmonary complications, decreased mobility, poor sleep, immune impairment, reduced quality of life, economic costs, and a potential for developing persistent (chronic) pain syndromes. Despite advances in care, many children continue to experience significant pain because of undertreatment and inadequate pain management after surgery. Sparing children the short- and long-term effects of pain requires early recognition and treatment.

Nurses are critical to pain prevention, recognition, and treatment in children. They're with patients more than any other healthcare professionals and have the opportunity to assess pain throughout their shift. When pain is diagnosed, the nurse can start planning which interventions are most appropriate for individual patients. After interventions are implemented, the nurse should reassess the patient's pain and response to treatment to evaluate intervention effectiveness.

Nurses have identified barriers (many out-

Choosing the right pain scale

Pain scales have been developed for various pediatric populations. Nurses should select scales that are valid, reliable, user friendly, and easy to incorporate into practice. No matter which scale is used, re-assessment after interventions is a necessary component of the pain management plan.

Neonates and infants

Premature infants, starting around 20 weeks gestation, can perceive and respond to pain. To conserve energy, they frequently show a less-robust physical response compared to full-term infants (for example, they are more likely to close their eyes instead of grimacing and often have lower oxygen saturation levels). This unique response requires a scale specific to premature infants.

- The Premature Infant Pain Profile (PIPP), although less commonly used now because it's valid only in premature infants ≤ 37 weeks gestation, is well equipped to measure pain in this patient population. The Neonatal Pain, Agitation and Sedation Scale (N-PASS) includes a sedation assessment so that only one scale is needed for infants 23 weeks gestation through 100 days of life. The N-PASS scores pain/agitation from 0 to 10 and sedation from -10 to 0.
- Scales appropriate for full-term and older infants include the Neonatal Infant Pain Scale, the FLACC (**F**ace, **L**egs, **A**ctivity, **C**ry, **C**onsolability) scale, Child Facial Coding System, CRIES (**C**rying, **R**equires increased oxygen administration, **I**ncreased vital signs, **E**xpression, **S**leeplessness) score, Children's Hospital of Eastern Ontario Pain Scale, Riley Infant Pain Scale, and Children and Infants Postoperative Pain Scale.

Toddlers

When possible, self-report scales are preferred over behavioral or observational scales in this patient population. When children communicate pain with words (usually by age 3 to 4 years), many can self-report using faces scales.

- Several self-report faces scales exist, each with varying levels of validity and reliability. These scales require the child to point to the face that best depicts their pain level. Examples include Faces Pain Scale-Revised (FPS-R) and Wong-Baker FACES pain rating scale. Nurses should use the same scale with a child rather than alternating between scales. The FPS-R has been used with smartphone technology with some success.

School age and adolescents

Many older children (8 years and older) can self-report pain by using a 0 to 10 scale.

- Numeric rating scales are easy to use and may be verbal (Verbal Numerical Rating Scale) or written (Visual Analogue Scale).

Children with cognitive developmental delays

These children are at increased risk for poor pain assessment and management. Although their pain response may be diminished, no studies have demonstrated a decrease in pain sensation. Voepel-Lewis found that when self-report isn't possible, facial cues are highly sensitive indicators of postprocedure and postoperative pain. Several scales exist, each with varying levels of reliability and validity.

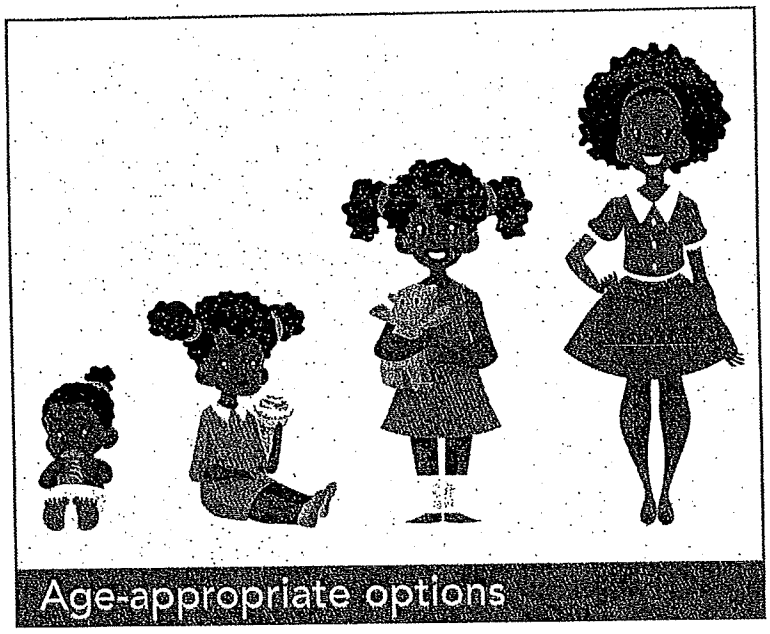
- The revised FLACC (r-FLACC) has been validated in children from age 4 to 19 years. Using the original FLACC scale as a base, additional indicators (such as head banging and breath holding) were added, along with space for parents to document any features unique to their child.
- Another helpful tool is the Individualized Numeric Rating Scale. Caregivers are asked to assign a number to typical pain behavior seen in their child. The scale must be periodically updated because pain signs may change as the child ages.

Intubated and mechanically ventilated children

Very few validated scales exist for this patient population.

- The COMFORT scale, which Van Dijk and colleagues demonstrated to be reliable and valid, is one of the more commonly used scales in this population. It uses six behavioral and two physiological metrics for a total score from 8 to 40.
- An American Society of Pain Management Nursing position statement recommends using self-report if possible, evaluating potential sources of pain, assessing patient behaviors, incorporating physiologic measures (keeping in mind that they may not be specific to pain), soliciting input from parents, and assuming pain is present if the child is undergoing a painful procedure or has known reasons for pain.

side of their control) to pediatric pain management. Czarnecki and colleagues' 2019 multisite study of barriers to pediatric pain management found commonalities across the United States. The most frequently identified barriers included inadequate provider orders, insufficient time to provide pain medication before a procedure, insufficient premedication orders before procedures, and low priority given to pain management by medical staff. Regardless of role or setting, nurses can be empowered to overcome these barriers and provide optimal pain management. For example, they can use the electronic health record to develop order sets that include analgesic options, reducing barriers to adequate and timely orders. At a system level, nurses can collaborate with interprofessional teams on quality improvement projects to remove barriers that are out of the nurse's control but within the area of other professionals' work. In the Czarnecki study, concerns about addiction, limitations in nurses' ability to assess pain, and a low priority given to pain by nursing staff were rated among the least frequently identified barriers.



Nonpharmacologic pain management interventions should be age-appropriate.

Infants

- Breastfeeding
- Oral sucrose
- Non-nutritive sucking
- Swaying (rocking the infant back and forth)
- Swaddling

Toddlers

- Bubbles, toys, books, or other objects for distraction
- Comfort holds (secure hugging by a parent or caregiver that helps the child feel safe and secure, decreases movement, and allows the parent to appropriately participate in the procedure)

School-age children

- Comfort holds during procedures
- Video games, toys, books, bubbles, and other objects for distraction

Adolescents

- Whenever possible, allow adolescents to use their independence, make choices, and apply coping skills they've previously acquired.
- Adolescents may want more privacy or social support from peers and others, compared to other age groups.
- They may prefer technology (phone or laptop) for distraction.

Assessment

Historically, pain intensity numbers were viewed as key to patient assessment, and pain was considered the 5th vital sign. Although this was interpreted as requiring a pain score along with other vital signs, a true pain assessment should capture more than just a number. It should describe the patient's pain experience, including its nature, impact, and context. Parental input can help differentiate pain from anxiety or other sources of distress in pediatric patients.

Pain intensity ratings are one piece of a pain assessment, but function is more important. Among adult patients, pain intensity ratings are being replaced with multidimensional pain assessments. For example, the Clinically Aligned Pain Assessment Tool guides the conversation between nurse and patient, focusing on general comfort, treatment effectiveness, whether pain is getting better or worse, activity level, and sleep quality. The tool can be adapted for use with children. Not all categories may apply to all pediatric patients, so the tool should be individualized and include parental input.

When used, pain intensity ratings should be gathered with developmentally appropriate, reliable, and validated tools. (See *Choosing the right pain scale.*)

Treating pain in children and adolescents

Pain management should take an individualized, multimodal (nonpharmacologic and pharmacologic), and interprofessional approach. The Pain Management Best Practices Inter-Agency Task Force identified gaps where multimodal, nonopioid treatment options were underused, especially in acute care settings. This report suggests the need for more guidelines, including a multimodal approach.

Nonpharmacologic approaches

Nonpharmacologic approaches to pain treatment should be tailored to the developmental level of the child and their individual needs. Treatment plans should be developed to effectively manage the child's pain with an overarching goal of improving function. Involving the patient and family in treatment planning is essential for developing realistic expectations and goals.

The Joint Commission standards encourage hospitals to provide nonpharmacologic pain treatment and monitor intervention outcomes. Frequently, acute pain, especially in the hospital, is treated with a combination of nonpharmacologic and pharmacologic options. In contrast, when working with children and adolescents with persistent pain, nonpharmacologic treatment options frequently are the mainstay of pain treatment.

Nonpharmacologic pain interventions can be categorized as behavioral, cognitive,

restorative, and complementary. A child life therapist can work with a child before a procedure or surgery to help facilitate therapeutic play and teach *behavioral* and *cognitive* techniques they can use throughout their lives to manage pain or uncomfortable situations. These techniques include deep breathing, self-coping skills, guided imagery, and virtual reality. In addition, music and reduced stimulation can create a soothing environment. (See *Age-appropriate options.*)

Restorative therapies, such as physical therapy, occupational therapy, and therapeutic recreation, can help restore a child to optimal function when they're experiencing acute pain. These therapies are essential for children with persistent pain.

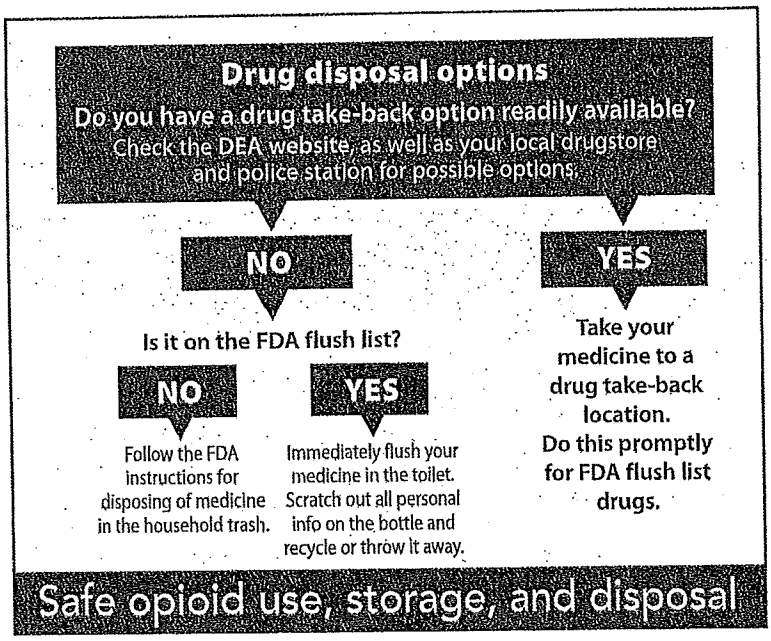
According to Brittner and colleagues, *complementary* and integrative health modalities, such as massage and acupuncture, are showing some promising effects when used as part of a multimodal approach to treat various types of pain in children. Their evidence supports the safe use of acupuncture in children, and findings suggest this type of integrative approach can be beneficial for improving infant colic, headaches, dysmenorrhea, and other types of pain.

For children of all ages, parental involvement to provide comfort and reassurance is beneficial to both the parent and the child. However, nurses must recognize when parent or caregiver stress and anxiety may be upsetting the child. When that's the case, nurses can help by providing open channels of communication, sharing information, and involving the parent in their child's care (bathing, comfort holds, distraction) when possible.

Pharmacologic approaches

A variety of medication classes can be used to treat pain in children. The medication selection should consider the nature (for example, physical or emotional, acute or persistent) and intensity of the pain, its characteristics (for example, sharp, dull), and duration.

Nonopioid analgesics. Nonopioid medications, such as acetaminophen (I.V., oral, or rectal) and nonsteroidal anti-inflammatory drugs (NSAIDs) can be used to treat most types of pain. NSAIDs are recommended for mild to moderate pain and as part of a multimodal treatment plan for severe pain when using



Safe opioid use, storage, and disposal

Reducing opioid misuse requires appropriate use for pain control as well as safety precautions in the home.

Appropriate opioid use

In a study by Miech and colleagues, a legitimate opioid prescription predicted future opioid misuse in 12th grade students who had little experience with illegal drug use and strongly disapproved of marijuana use. This increased risk of future opioid misuse must be considered when weighing the risks and benefits of prescribing these medications to children. Opioids are appropriately indicated and necessary in some cases, but if pain can be adequately treated without them, they shouldn't be prescribed. Nurses have a duty to discuss the risks and benefits of any treatment modality with patients and their families, and to inform providers of any identified risks.

Safe opioid storage and disposal

About 70% of the opioids misused by children are prescribed or obtained for free from a relative or friend. A study of U.S. Poison Control Centers by Allen and colleagues found that an average of 32 calls a day are received for unintentional opioid ingestion by children (more than 50% are age 5 years or younger).

When educating patients and families about opioid safety, nurses should include the following points:

- Secure medications in a locked location. Many retail pharmacies sell medication lockboxes.
- To ensure no medications are missing, keep a log of the number of opioids on hand and given to the child.
- Be on the lookout for opioid seekers, including family members, friends, neighbors, and even strangers, who might want to steal unused medications from the home.
- Transition from opioids to over-the-counter (OTC) pain medications when opioids are no longer needed. For many minor surgeries or injuries, OTC medications may be sufficient to manage pain.
- Unused medications can be disposed of in a medication drop box using a medication disposal bag, taken to a drug take-back program, or disposed of in household trash after mixing them with undesirable substances such as coffee grounds or cat litter. Nurses can direct families to visit the U.S. Food and Drug Administration website for more information fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm.

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stronger analgesics such as opioids. Even in the postoperative setting, scheduled acetaminophen and NSAIDs may provide enough analgesia for children to tolerate pain. When any medication (including over-the-counter [OTC] drugs) is administered to a child, doses must be determined based on weight and age. Some OTCs may be contraindicated for children with certain clinical issues, such as liver or kidney disease and bleeding disorders. Nurses should screen for contraindications and teach parents and caregivers how to use nonopioid analgesics appropriately to help manage their child's pain.

Adjuvant medications (such as tricyclic antidepressants) or anticonvulsants (such as gabapentin) can be used for persistent neuropathic pain. A study by Baxter and colleagues indicates that these medications can help reduce opioid use to treat postoperative pain in pediatric patients. Some pediatric organizations use low-dose ketamine or lidocaine infusions to help manage acute and neuropathic pain. Benzodiazepines can be used in the acute setting to treat muscle spasms; however, these medications can cause sedation and should be used with extreme caution when given in conjunction with opioids or other sedating medications. Medications such as baclofen or tizanidine, which cause less sedation, may be more appropriate for pediatric patients.

Regardless of administration route, nurses should closely monitor children receiving opioids for side effects and adverse reactions, including increased sedation, which may be the first sign of impending opioid-induced respiratory depression. Nurses should take immediate action to decrease or stop the opioid per provider orders.

Opioid analgesics. Opioids are reserved for managing severe pain. When prescribed for children, opioids are given orally or intravenously. The oral route is easy and inexpensive, and most short-acting opioids are available in a liquid or tablet form. Some oral opioids, such as hydrocodone, are available only as a combination medication (for example, hydrocodone with acetaminophen). When using combination medications that have acetaminophen, nurses must educate parents and caregivers about the maximum daily dose of acetaminophen for their child to prevent unintentional overdose. Nurses should explain to parents that some cold and flu OTC products contain acetaminophen.

I.V. opioids are used for children who can't tolerate oral formulations and may be administered as an infusion or an intermittent I.V. push as needed. I.V. opioids also can be given via a patient-controlled analgesia (PCA) pump, which allows patients to safely and effectively administer small amounts of opioid within a specified time period. Some pediatric organizations also use PCA pumps for authorized agent-controlled analgesia. This modality allows authorized and educated nurses and/or caregivers to activate the PCA button for children who can't do so themselves. A 2015 study by Czarnecki and colleagues showed this modality to be safe and effective, although it may not increase parent satisfaction.

Regardless of administration route, nurses should closely monitor children receiving opioids for side effects and adverse reactions, including increased sedation, which may be the first sign of impending opioid-induced respiratory depression. Nurses should take immediate action to decrease or stop the opioid per provider orders. Common opioid side effects include nausea, pruritus, drowsiness, and constipation. Managing side effects is key to patient comfort. If medications are needed to control side effects, the least sedating option should be used. (See *Safe opioid use, storage, and disposal.*)

Regional techniques. Regional anesthesia techniques—such as epidural catheters, spinal anesthesia, peripheral nerve catheters, paravertebral catheters, and blocks—can improve postoperative pain control in children and reduce opioid use. Many of these techniques, which are being more widely used in the pediatric population, use local anesthetics and other medications that work directly on the nerves to help block the pain. Local anesthetics are nonsedating and have fewer side effects than opioid medications.

Procedural pain control. Critically ill infants experience between seven and 17 painful procedures per day during neonatal intensive care unit stay. A variety of local and topical anesthetics can be used in conjunction with nonpharmacologic pain management

techniques to help comfort children during a procedure. Local anesthetic creams, patches, injections, or sprays should be offered to children before a painful procedure unless contraindicated. Involving parents or caregivers to help with comfort holds can help reduce stress and anxiety during a procedure.

Make a difference

Pain management in children continues to be suboptimal, but nurses can make a difference. Their individualized pain assessment using age-appropriate tools, administration of pharmacologic and nonpharmacologic pain treatments, optimal pain management advocacy, and patient and family education are key to relieving pediatric patients' pain and improving their quality of life. AN

Sharon Wrona is director of comprehensive pain and palliative care services at Nationwide Children's Hospital in Columbus, Ohio. Michelle Czarnecki is a pain management advanced practice nurse at Children's Hospital of Wisconsin Jane B. Pettit Pain and Headache Center in Milwaukee.

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Please mark the correct answer online.

1. A 16-year-old patient is receiving mechanical ventilation. Which tool would be most appropriate for assessing pain?

a. COMFORT scale
b. FLACC scale
c. Child Facial Coding System
d. Children and Infants Pain Scale

2. A 10-year-old child with cognitive developmental delays is admitted with possible appendicitis. Which tool would be most appropriate for assessing pain?

a. Riley Pain Score
b. CRIES Score
c. Children and Infants Pain Scale
d. Revised FLACC

3. At what week of gestation do infants typically begin to perceive and respond to pain?

a. 15
b. 20
c. 25
d. 30

4. A 2-year-old child needs a nasogastric tube to be placed. Which of the following would be an effective strategy for easing discomfort?

a. Allowing the child to play with a favorite doll
b. Administering oral sucrose
c. Swaddling the child before the procedure starts
d. Providing a complex video game

5. Swaying would be an appropriate nonpharmacologic pain management strategy for a child who is

a. 11 months old.
b. 42 months old.
c. 12 years old.
d. 16 years old.

6. An example of restorative therapy is

a. virtual reality.
b. acupuncture.
c. massage.
d. physical therapy.

7. An example of a cognitive technique to reduce pain is

a. physical therapy.
b. occupational therapy.
c. guided imagery.
d. deep massage.

8. Which of the following statements about the use of nonsteroidal anti-inflammatory drugs (NSAIDs) for relieving pain in children is correct?

a. NSAIDs can be used in children with bleeding disorders.
b. NSAID dosages should be standardized for all ages.
c. NSAIDs are recommended for mild to moderate pain.
d. NSAIDs should not be used in conjunction with opioids.

9. Which of the following statements about the use of benzodiazepines for relieving pain in children is correct?

a. They cause sedation.
b. They do not cause sedation.
c. They are contraindicated for muscle spasms.
d. They are best used in conjunction with opioids.

10. Which of the following statements about the use of opioids for relieving pain in children is correct?

a. A patient-controlled analgesia pump should not be used to administer I.V. opioids.
b. A patient-controlled analgesia pump can be safely used to administer I.V. opioids.
c. Opioids should only be administered I.V. in children.
d. Opioids should only be administered orally in children.

11. Instructions for the safe disposal of unused opioids include all of the following *except*

a. flush down the toilet or a sink drain.
b. mix with coffee grounds and then put in household trash.
c. return to a drug take-back program.
d. deposit in a medication drop box.

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VITAE

Sharon Wrona, CNP, PMGT-BD, CPNP, PMHS, AP-PMN, FAAN

Experience

Past President

American Society for Pain Management Nursing

Sep 2019 - Present2 years 7 months

President September 2017- September 2018

Nationwide Childrens Hospital

34 years 3 months

Administrative Program Director

Nationwide Childrens Hospital

Jul 2015 - Present6 years 9 months

Columbus, Ohio Area

Plans, develops, and implements the strategic plan for the Comprehensive Pain Service, while overseeing all aspects of administrative responsibilities and clinical care.

Nurse Practitioner Comprehensive Pain Services

Nationwide Childrens Hospital

Aug 2001 - Present20 years 8 months

Registered Nurse

Nationwide Childrens Hospital

Jan 1988 - Present34 years 3 months

Program Manager

Nationwide Childrens Hospital

1999 - 20012 years

Registered Nurse

The Ohio State University Wexner Medical Center

1990 - 19911 year

Columbus, Ohio Area

Registered Nurse BMT unit

Education

- **The Ohio State University**

The Ohio State University

Doctor of Nursing Practice Pediatric Nurse/Nursing, Psychiatric Nursing

2011 - 2015

Post Master's Certification Psychiatric Mental Health Nurse Practitioner

- **Wright State University**

Wright State University

Master's Degree Pediatric Nurse/Nursing Nurse Practitioner

2000 - 2003

- **Mount Carmel College**

Mount Carmel College

Bachelor's Degree Registered Nursing/Registered Nurse

1997 - 2000

Mount Carmel School of Nursing

Diploma in Nursing Registered Nursing/Registered Nurse
1984 - 1987

Licenses & Certifications

Certified Pediatric Primacy Care Mental Health Specialist

Issued Jan 2013

Board Certified Pain Management Nursing

American Nurses Credentialing Center

Issued Jan 2006

Certified Pediatric Nurse Practitioner

Issued Jan 2003

Honors & Awards

- **Mayday Pain Fellowship**

  Mayday Foundation

  Jun 2018

Organizations

- **American Academy of Nursing**

  Fellow Oct 2019 - Present

- **NAPNAP**

  2001 - Present

  National and Ohio member

- **Sigma Theta Tau**

2001 - Present

- **American Society for Pain Management Nursing**

  Immediate Past President -present

  2000 - Present

  President 2017-2018
  President Elect 2016-2017
  Treasurer 2012-2016 & 2019-2020
  Clinical Practice Committee, 2005 to 2007
  Program Planning Committee, 2009 to 2017
  - Co-Chair 2010 - 2012
  Procedural Pain/Needle stick Task force, 2009 to 2011
  Pediatric Epidural Module Task Force – 2013 - 2014

- **American Pain Society**

  2002 - Jun 2019

VITAE

Michelle Czarnecki, MSN, PMGT-BC, CPNP, AP-PMN

Michelle Czarnecki Rn Bc **Msn** Cpnp is an experienced registered nurse with a master's or doctoral degree and advanced clinical training. Nurse practitioners can work in many different specialties including primary care, pediatrics, cardiology, emergency, women's health, oncology or geriatrics.

Michelle Czarnecki is a Nurse Practitioner based out of Milwaukee, Wisconsin and her medical specialization is Nurse Practitioner - Pediatrics.She practices in Milwaukee and has been a nurse practitioner since 2008.

Republic County Hospital
Continuing Nurse Education
Total Program Evaluation

Area	Reviewed by	At least:	What to review	Date of Eval.	Results	Action Taken
Parent Organization: Administration & Mission	Advisory Committee	Annual	Review organizations Purpose Review Organizational Chart Review Policy & Procedures Update the above as necessary	July 2022 Jan. 2023	Reviewed purpose, organizational chart & policy & procedures.	None
Philosophy, goals & Objectives	Advisory Committee	Annual	Review philosophy statement Review goals & objectives	July 2022 Jan. 2023	Reviewed philosophy, goals, & objectives	None
Budget	CNE Coordinator	Annual	Plan budget Review past years budget Review Cost of programs	October 2021 & July 2022	Budget adequate. Fewer classes held r/t Covid outbreak leading to cancelations. Planning additional classes now starting fall 2022.	Replaced video system and large screen display.
Program Director / Coordinator	C.E.O.	Annual	Review & update job descript. Review title & License status	July 2022 Jan. 2023	Job description appropriate, coordinator maintains current Kansas nursing license.	None

Republic County Hospital
Continuing Nurse Education
Total Program Evaluation

Policy & Procedures	Advisory Committee	Annual	Examine & revise as necessary: Registration, Certificates, Cancellations Instructor Credit, Co-sponsorship, Attendance, Brochures, Refunds, Fees, All others	July 2022 Jan. 2023	Policies & procedures appropriate and followed.	None
Learning Needs Assessment	Advisory Committee	Annual	Target population Questionnaires/surveys, Frequency of programs Assess program evaluations	March 2022	Assessment completed and reviewed by CNE committee.	Burn class requested and delayed by Covid has been rescheduled. Stress Mitigation course planned. Diabetic, Stroke and Stemi education planned via KU. Independent study courses will be utilized to meet specific needs. Needs being met. Good evaluations.
Program Offerings	Advisory Committee	Annual	Compare offerings with needs assessment. Utilize recommendations of staff, supervisors & advisory committee to meet needs	March & July 2022	Needs met.	Offerings of year were limited related to COVID. Did utilize Zoom & independent study.

Republic County Hospital
Continuing Nurse Education
Total Program Evaluation

Individual Program files	CNE Coordinator	Annual	Brochure with objectives Handouts with bibliography Evaluation summary Roster	July 2022 Jan. 2023	Reviewed at conclusion of each program. No concerns.	None
Facilities	Advisory Committee	Annual	Facility layout/access. Availability of teaching tools (white board, projector, surround sound speaker system, large screen display, Microphone system, computer)	July 2022 Jan. 2023	Adequate	Recent upgrade in video display screen and speaker/phone system.
Record Keeping	Advisory Committee	Annual	List of offerings & date of presentation available Program files complete Records of CNE attendance for each nurse in facility.	July 2022 Jan. 2023	Upcoming offering flyers and calendars are posted and e-mailed to target audience. Program files are complete and attendance records are accessible in paper and electronic formats.	None

Republic County Hospital
Continuing Nurse Education
Total Program Evaluation

Advisory Committee	CNE Coordinator	Annual	Members assess educational needs in their areas & communicate such. Assist in planning of future offerings; assist in selection of presenters; review number of meetings held; review function & purpose of committee	July 2022 Jan. 2023	Meeting needs. Reviewed function & purpose of CNE committee. Committee works closely with each other, physicians & administration.	Targeted education requested via independent study for Surgery/Outpatient.
Design & Review objectives of educational offerings	CNE Coordinator	Monthly	Review objectives for relevancy, appropriateness, and completeness. Review for attainment of stated objectives. Review statics required by KSBN (note % taught by nurses)	July 2022 Jan. 2023	Objectives are relevant, appropriate, and complete. Met as demonstrated by program evaluations. Majority of courses are taught by RNs, and those that are not are appropriate as to the field of expertise for the course topic.	Continue to utilize RN instructors for CNE courses whenever possible.

Republic County Hospital
Continuing Nurse Education
Total Program Evaluation

Analysis of the Total Program Evaluation Plan	Advisory Committee	Annual	Review and Revise: Program management, evaluation tool, documentation tools.	July 2022 Jan. 2023	CNE program evaluation continues to work well. Continue to utilize CNE course flowsheet for concurrent statistical analysis and review.	None

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

Name of Provider: Kansas Heart Hospital

Name of Program Coordinator: Denise Gibbens

Date Received: 12/21/22

Date to CNE Committee: March 2023

_____ Approved

_____ Not Approved: _____

Date Notified: _____

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	X	
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	Denise Gibbens	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• 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: _____"	X	
• 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	X	

responsible for the providership or required policies and procedures within 30 days		
For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• 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	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	X	
▪ The expertise of each individual presenter	X	
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
Documentation of Attendance		
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
Certificate of Attendance/CE Transcript		
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	
• The name and license number of the participant	X	
Recordkeeping & Storage		
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	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1 Neuro Refresher**	**#2 MegaCode Blue: ALS Workshop**
• 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	Some outdated	Some outdated
• The offering evaluation form	X	X

12/2018

1/5/23 Application reviewed and checklist completed by Carol Moreland, MSN, RN

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By KSBN Education Department at 1:44 pm, Dec 21, 2022

:: www.ksbn.org :: back to forms index printable version

~ private and confidential decrypted data ~

Reference No.: 25343 **Date submitted:** Dec 21 11:11 2022

17 files were uploaded with this form: NeuroRefresher.Planning Summary.pdf, NeuroRefresher.Flyer.pdf, NeuroRefresher.Course Title and Objectives.pdf, NeuroRefresher.Offering Agenda.pdf, Brittany.Grabill.NursingResume2022.pdf, NeuroRefresher.Bibliography.pdf, NeuroRefresher.CourseEvaluaiton.pdf, Mega Code Blue 2022.Planning Summary.pdf, MEGA.CODE.BLUE 2022.Flyer.pdf, Mega Code Blue 2022.Course Title and Objectives.pdf, Mega Code Blue 2022.Offering Agenda.pdf, 2022.Nov.22.Resume.Gibbens.DeniseJ.pdf, Mega Code Blue 2022.Bibliography.pdf, Mega Code Blue 2022.CourseEvaluaiton.pdf, Annual KSBN Assessment.pdf, Template_KHH.CEU.Certificate.pdf, Template_KHH.AttendenceRoster.SignInSheet.pdf

www.ksbn.org

radio ~ Initial Application
Providername ~ Kansas Heart Hospital
providernum ~ ~
legalbody ~ ~
address ~ 3601 N Webb RD
adress2 ~ Wichita, KS 67226
telephone ~ 316-650-5000
email ~ dgibbens@kansasheart.com
coordinator ~ Denise Gibbens
date ~ 12-21-2022
planningce ~ 4. Department managers are encouraged to submit recommendations to administration for future
educational needs in their department and employee participation in specific courses.
5. Each department will provide department specific in-service training for staff members on new
procedures or new equipment. Department managers may require an employee to attend or complete a
specific course.
6. All employees are encourage to submit recommendations to administration or the education department
for future educational needs including the following but not limited to: committee (i.e. Employer of
Choice), unit staff meeting, and individual submission.
7. Educational courses are to be completed monthly or as required by all hospital staff and are accessible
through HealthStream. Internet access will be allowed for staff to

complete these courses.

feeassessment ~ 1. All courses and personal absences must be approved in advance by the department manager prior to enrolling in courses.
2. Hospital administration will approve and compensate employees for attendance at specifically identified staff development programs, as they pertain to specific hospital needs. Upon approval, the hospital will pay an employee up to eight (8) hours per day. In the event that employee normally works a 12 hours shift, efforts will be made to arrange for four (4) hours of work in unit to make up the difference or PTO may be taken.
3. An employee may take PTO to attend continuing education courses not offered by KHH.
4. Educational Classes that are offered to include non KHH staff will have a course fee. Any course fee will be stated in the advertisements. Payment is due before start of class.
5. There will be a service charge of $ 30.00 for all returned checks.
6. A $ 10 processing fee will be charged for replacement of CE certificates.
7. Fees will not be charged to KHH employees or most continuing education offerings.
8. For special offerings, KHH employees may be required to pay a registration fee. If possible, a reduced rate will be negotiated.

advertisement ~ 1. All courses will have advertisements/offering announcements will include the following statement:
a. "(name of provider) is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN re-licensure. Kansas State Board of Nursing provider Number _____ ."
2. Courses will advertised or announced including but not limited to the following: posters/flyers placed on communication boards and on units, employee email, staff meetings.

approvalprocess ~ 1. Planning and supporting documentation will be summarized by the Staff Development Coordinator.
2. Behavior objectives will be developed by the Quality Assurance/Staff Development Coordinator and/or course instructor to describe the intended result of an educational offering.
a. Providers will be required to clearly state the overall course objective in distributed materials so participants will know in advance what they can expect to learn.
3. All course content will meet the terms set forth in the definition for

continuing nursing education
established by the Kansas State Board of Nursing. All course content must be relevant to the practice of
registered nursing or for other healthcare professionals and must be:
a. Related to scientific knowledge and/or technical skills required for the practice of nursing; or
other healthcare professions;
b. Related to the direct and /or indirect patient care; or
c. Related to personal practice or personal health maintenance
4. Documentation of instructor certification(s), qualifications, work experience and expertise in the content
area will be required for any CE offering approval.
5. A current bibliography will be required to support the offering content. Acceptable contents include text
published with n the past 10 years, periodicals published within the past five (5) years, classic references
without time restriction, and current online references form established sources.
6. Each course offering will have an evaluation form to determine each participant's assessment of the
following:
a. Behavioral objective achievement; and
b. Instructor/presenter qualifications/expertise

contacthours ~ 1. CE contact hours will be awarded as follows:
a. Every 50 minutes of qualified education will qualify for one (1) continuing education (CE) contract
hour
b. Credit is not awarded or breaks, meals, or networking activities
c. Fractions of a credit hour over thirty minutes will be computed towards a contact hour. (Example:
presentation that lasts 1 hour and 45 minutes without any breaks/pauses. Calculation: 105
minutes divided by 50 minutes = 2.1. Thus, two (2) contact hours will be awarded
d. Partial credit will be awarded based on attendance time of individual (Time will be subtracted for
those arriving late or leaving early). The majority of the individual educational offering (90%) must
be attended to qualify for CE credit.
e. Attendance of the entire class is required to receive full credit
f. Instructor credit will be given for initial course preparation presentation of an approved CE
offering. The instructor will receive two (2) CE contact hours for every one (1) hour of student
credit, at a maximum of fifteen (15) hours.
i. This excludes standardized or prepared curriculum (ie- ACLS/BLS course)

verifycompletion ~ 1. An attendance roster for each class will be required for participant verification and will include:
a. Instructor name
b. Course title
c. Provider name, address, provider number, coordinator
d. Start date/time and End date/time
e. Total hours of instruction, contact hours awarded
f. Participant name, address, and nursing license number
2. If lunch or long breaks are taken, participants will be required to initial attendance roster when course
resumes
3. At the end of the course, instructors will verify successful completion of course and CE certificate will be
awarded, if applicable. (Either at the conclusion of class or distributed at a later date)
4. CE certificate shall contain the following:
a. Provider's name, address and provider number
b. Title of the offering, date(s) of attendance or completion
c. Number of contact hours awarded and, if applicable, the designation of any independent study or
instructor contact hours awarded
d. Signature of the individual responsible for the provider-ship
e. Name and license number of the participant
5. No individual with a disability will be excluded, denied services, segregated or otherwise discrimination
against from other individuals because of the absence of auxiliary aids or services. If special
accommodations are required, participants should contact the Quality Assurance/Staff Education
Coordinator at KHH 630-5093
6. Classes may be cancelled or rescheduled at the facility's discretion. Pre-registered participants will be
notified and a full refund given, if applicable. The refund policy may not apply to conferences held offsite
by a different CE provider.

recordkeeping ~ 1. For CE offered through HealthStream:
a. Documentation of all CE courses completed through HealthStream will be maintained through
HealthStream.
b. The Staff Development Coordinator will be the designated HealthStream system administrator
and will ensure access and retrieval of CE content and user attestations of completion.
3. For CE offered through Kansas Heart Hospital:
a. A file cabinet system will be maintained for all hard copies of course roster, class material, class
flyer/brochure, completed paper work (including any post-test, if applicable) and course

evaluations for a minimum of two (2) years.
b. All hard copies will be maintained in the Quality Assurance/Staff Education Coordinator office in a
secured file cabinet to insure confidentiality and security and allow for easy record retrieval by
authorized personnel.
4. Computer files of all related course work will also be maintained for a minimum of two (2) years.
5. Power Point presentations, class materials and handouts will be maintained in computer files.
6. Provider will maintain documentation regarding course offering planning/needs assessment, research
data, course title and objectives, course content and time frames for each offering.
7. Staff who complete live, streaming, or online CE courses outside of HealthStream or Kansas Heart Hospital
are responsible for maintaining hard copies of attestation of completion of CE courses.
8. Biographical data of the Staff Development Coordinator will be maintained in personnel file

noticeofchange ~ 7. The Kansas State Board of Nursing Education Division will be notified in writing within 30 days of any
changes of individuals responsible for the continuing education provider-ship or changes made to the
required education policies and procedures.
programevaluation ~ 1. A Total Program Evaluation will be completed annually and reported in accordance with Kansas State Board of Nursing Long Term Continuing Nursing Education Requirements.
2. Total program Evaluation will be a systematic process by which an approved provider analyzes outcomes
of the overall CNE program in order to make subsequent decisions
3. Total Program Evaluation will include:
a. Program administration
b. Program Coordinator's responsibilities
c. Program management
d. Policies and procedures
e. Total Program Evaluation
f. Ability of the plan to measure the overall effectiveness of the CNE provider-ship
Submission date ~ 12-21-2022 11:11:37
Form ID ~ 1672730

Kansas Heart HOSPITAL

Planning Summary: Neuro Refresher

Need Identification:

Department Managers and Hospital Administration recognize that procedures and surgeries performed at Kansas Heart Hospital carry risks of neurological complications.

- All current staff will have the opportunity to attend the Neuro Refresher course to review and/or advance skill level and practice of identifying, assessing, and managing neurological complications within their scope of practice.

Offering:

This course will be offered at least bi-annually and as needed to accommodate training requirements and potential influx of new staff.

- Practice applications will be reviewed/discussed in class
- Further education needs will be evaluated based on learner's performance and comprehension

Development/Review:

This CE course has been developed and/or reviewed to meet this training needed by:

- Denise Gibbens, MS, BSN, RN, Quality Assurance/Staff Education Coordinator
- Beatrice Duncan, BSN, RN, Intensive Care Unit Manger
- Brittany Grabill, BSN, RN, Intensive Care Unit

Approval for CE credit is pending KSBN review of Long Term CE Application.

Course Evaluation:

Participants will complete course evaluation to assist with current and future course enhancements and considerations for all educational planning.

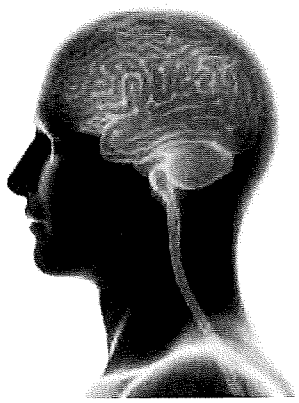
NEURO REFRESHER

Education Offering

Kansas Heart HOSPITAL

3601 North Webb Road, Wichita, Kansas 67226 (316)630-5000

Education Offering: Recognition and Management of Neurological Dysfunction



This class will review neuro anatomy and physiology. It will present types of neurological exams including level of consciousness assessments and diagnostic testing. The class will discuss signs and symptoms of neurological decline with emphasis in conditions of Stroke, Reperfusion Cerebral Edema, and Seizures.

Presented by Brittany Grabill, BSN RN, KHH ICU

in KHH Conference Room.

Completion of this course offers 2 hours of CE Credit.

Date	Time
Monday, August 29, 2022	08:00 - 10:00
Monday, August 29, 2022	14:00 - 16:00

Sign-Up in ICU, IMU or TELE Departments

For any questions or concerns please contact:
Denise Gibbens, MS, BSN RN
Quality Assurance/Staff Education Coordinator
316-630-5093 dgibbens@kansasheart.com

Kansas Heart Hospital is a provider of continuing nursing education by the Kansas State Board of Nursing.
This course offering is approved for _2__ contact hours, applicable for RN, or LPN relicensure.
Kanas State Board of Nursing Provider # _____.

Course Title & Objectives

Kansas Heart HOSPITAL

Course Title: Neuro Refresher, Recognition and Management of Neurological Dysfunction

Course Objectives:

- Review neuro anatomy and physiology
- Discuss and understand types of neurological exams, including level of consciousness assessment and diagnostic testing
- Discuss and recognize signs and symptoms of neurological decline, with emphasis in conditions of:
    - Stroke
    - Reperfusion Cerebral Edema
    - Seizures

Offering Agenda: Neuro Refresher, Recognition and Management of Neurological Dysfunction

Kansas Heart HOSPITAL

14:00	Sign in and Welcome
14:02	Introduction
14:05	Review of Neuro Anatomy and Physiology
14:20	Types of Neurological Exams/Level of Consciousness
14:40	Symptoms of Neurological Decline
14:55	Stretch Break
15:00	Stroke
15:20	Reperfusion Cerebral Edema
15:40	Seizures
16:00	Conclusion and Questions

BRITTANY GRABILL

RN, BSN, CCRN

CONTACT

316-251-1842

Wichita, KS

brittgrabill@gmail.com

SUMMARY

Compassionate, industrious registered nurse with over 3 years of experience providing quality healthcare to critically ill patients. Seeking to leverage my competencies in critical care and patient safety.

SKILLS

- STRONG WORK ETHIC
- COLLABORATION
- EFFECTIVE COMMUNICATION
- CREATIVITY
- LEADERSHIP
- PATIENT ADVOCACY

CERTIFICATIONS

- BLS
- ACLS
- PALS
- NIHSS
- CCRN

MEMBERSHIPS

- AACN member

EXPERIENCE

Registered Nurse

ICU at Kansas Heart Hospital- Wichita, KS

2020-Present

Duties: Perform and oversee care of patients with critical illness or injury utilizing the nursing process. Serve as the primary nurse leading the collaboration of all disciplines for well-coordinated patient care. Complete and chart thorough assessments, hourly intake/output, vital signs, vasoactive drip titrations, monitoring invasive lines/drains including arterial blood pressure lines, CVP, chest tubes, intra-aortic balloon pumps, TPA catheters, and PPM aftercare. Care for patients preoperatively as well as recovery post-op for various vascular and cardiac surgeries and procedures.

Leadership roles: Relief charge nurse, preceptor, and Stroke Educator

Registered Nurse

Neuro ICU at Wesley Medical Center - Wichita, KS

2019-2020

Duties: Perform and oversee care of patients with critical illness or injury utilizing the nursing process. Serve as the primary nurse leading the collaboration of all disciplines for well-coordinated patient care. Complete and chart thorough assessments, hourly intake/output, vital signs, vasoactive drip titrations, monitoring invasive lines/drains including arterial blood pressure lines, ICP bolt, and external ventricular drains.

Leadership roles: Member of the Unit Based Nursing Council and The Violence Prevention Task Force.

EDUCATION

Bachelor's Degree in Nursing

2017-2019

University of Kansas Medical Center

Graduated with Honors

Associates Degree in Nursing

2017-2019

Butler County Community College

Graduated Order of the Purple Honors

Nursing Prerequisites

2014-2015

Missouri Western State University

Bibliography: Neuro Refresher, Recognition and Management of Neurological Dysfunction

Kansas Heart HOSPITAL

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Course/Instructor Evaluation

Kansas Heart HOSPITAL

3601 North Webb Road, Wichita, KS 67226

Class: Neuro Refresher

Date: Monday, Aug 29, 2022

Time: _____

Instructor: Brittany Grabill, BSN RN

Please rate each of the following statements by checking in the appropriate column:	Strongly Agree	Agree	Adequate /Neutral	Disagree	Strongly Disagree
1. The course content increased and /or contributed to my knowledge, skills, and abilities					
2. Each objective was met as described A. Review neuro anatomy/physiology B. Present types of neurological exams: assessments and diagnostic tests C. Discuss sign/symptoms of neurological decline, emphasis in: Stroke, Reperfusion Cerebral Edema, and Seizures					
3. The course content was thorough & complete					
4. The relevance of course content was related to professional practice					
5. The amount of information presented was appropriate for my needs					
6. The instructor was knowledgeable of the subject matter and had expertise in the subject area					
7. The instructor was effective in teaching the course					
8. The handouts and/or exercises contributed to the course content.					
9. Audiovisual materials were effective & enhanced the course. (if applicable)					
10. The classroom of in-service setting was appropriate for course requirements and convenient for attendance					
11. You would recommend this course or similar courses to others					

Continue for comments on back →

General Comments:_____

_____

_____

_____

_____

Comments/suggestions about course elements (e.g. content, objectives, administration, instructional aids, classroom, materials, etc.) : _____

_____

_____

_____

_____

Kansas Heart HOSPITAL

Planning Summary: Mega Code Blue: ALS Workshop

Need Identification:

Department Managers and Hospital Administration recognize that Mega Code Blue Workshop is offered in addition to RQI program.

All current staff will have the opportunity to attend the Mega Code Blue: ALS Workshop course to review and demonstrate roles, how to locate/access/use equipment, and responses in various ALS scenarios.

Offering:

This course will be offered annually and PRN.

- Practice applications will be reviewed/discussed in class
- Quiz is administered at end of the class
- Further education needs will be evaluated based on learner's performance and comprehension

Development/Review:

This CE course has been developed and/or reviewed to meet this training needed by:

- Denise Gibbens, MS, BSN, RN, Quality Assurance/Staff Education Coordinator
- Beatrice Duncan, BSN, RN, Intensive Care Unit Manger

Approval for CE credit is pending KSBN review of Long Term CE Application.

Course Evaluation:

Participants will complete course evaluation to assist with current and future course enhancements and considerations for all educational planning.

MEGA CODE BLUE Workshop

Mandatory for ICU, IMU, and TELE RNs

Kansas Heart HOSPITAL

3601 North Webb Road, Wichita, Kansas 67226 (316)630-5000

Education: ALS Mega Code Simulations

This class will review the Crash Cart and its contents and roles in running a Code Blue. Each class will work through various ALS Code Scenarios. A quiz will be given at the end.

Lead by Denise Gibbens, MS, BSN-RN
QA/Staff Education

This class will be held in the KHH Conference Room and last 90 minutes.

SEPTEMBER						
SUN	MON	TUES	WED	THURS	FRI	SAT
11	12 Enrollment Closed	13	14 MEGA CODE BLUE • 09:00-10:30 • 15:30-17:00 • 17:30-19:00	15 MEGA CODE BLUE • 07:30-09:00 • 09:30-11:00 • 13:00-14:30 • 15:00-16:30 • 17:30-19:00 • 19:30-21:30	16 MEGA CODE BLUE • 07:00-08:30 • 09:00-10:30 • 13:00-14:30 • 15:00-16:30	17
18	19 MEGA CODE BLUE • 08:30-10:00 • 10:30-12:00 • 15:00-16:30 • 17:00-18:30	20 MEGA CODE BLUE • 07:30-09:00 • 09:30-11:00 • 13:00-14:30 • 15:00-16:30 • 17:00-18:30 • 19:30-21:00	21 MEGA CODE BLUE • 09:00-10:30 • 13:00-14:30 • 15:30-17:00	22	23	24

Class enrollment is through HealthStream.
Check assignments listed on your "To Do" tab.
Enrollment closes Monday, September 12, 2022

For any questions or concerns please contact:
Denise Gibbens, MS, BSN-RN
Quality Assurance/Staff Education Coordinator
316-630-5093 dgibbens@kansasheart.com

Kansas Heart Hospital is a provider of continuing nursing education by the Kansas State Board of Nursing.
This course offering is approved for _1.5__ contact hours, applicable for RN, or LPN relicensure.
Kanas State Board of Nursing Provider # _____.

Course Title & Objectives

Kansas Heart HOSPITAL

Course Title: Mega Code Blue: ALS Workshop

Course Objectives:

- Review and understand DNR status and modified DNR Status
- Identify and understand roles in responding to Code Blue
- Review and demonstrate how to use Zoll Defibrillator in Advance Life Support situations
- Identify and understand locations, access, and organization of the Code Carts in KHH
- Class demonstration and discussion of responses/actions in various ALS scenarios
    - Cardiac Arrest
    - Acute Coronary Syndrome
    - Symptomatic Bradycardia
    - Unresponsive Patient with a Pulse
    - Supraventricular Tachycardia

Offering Agenda: Mega Code Blue: ALS Workshop

Kansas Heart HOSPITAL

09:00	Sign in, Welcome, and Introduction
09:02	Power point: - Variations of Code Status: DNR - Call the Code, Roles in Code Blue, and Communication - Defibrillator and Crash Cart Review
09:30	ALS Scenarios - Cardiac Arrest - Acute Coronary Syndrome - Symptomatic Bradycardia - Unresponsive Patient with a Pulse - Supraventricular Tachycardia
10:15	Conclusion, Questions, Quiz
10:30	Class dismissed

DENISE J. GIBBENS, MS, BSN-RN, BS, BA

WICHITA, KS 67212
denisegibbens@outlook.com

NURSING EDUCATION AND CREDENTIALS

WICHITA STATE UNIVERSITY, Wichita, KS
College of Health Professions: Bachelor of Science in Nursing – Registered Nurse

KANSAS STATE REGISTERED NURSE LICENSE: 13-128429-024 (expires 2/2024)

RQI: BLS Certified (expires 7/31/2024)
ALS Certified (expires 7/31/2024)

NURSING EXPERIENCE

Registered Nurse, Quality Assurance/Staff Education Coordinator — February 2022 – Present
Kansas Heart Hospital, Wichita, KS

- Quality Assurance:
  - Chart audits for compliance with KHH, and CMS – NHSN, VQI standards
  - HIPAA Security presentation and audits
  - Hand Hygiene audits
  - Other quality measures evolve as per KHH policy and procedures
- Staff Education Coordinator:
  - Develop and/or implement staff education to meet KHH, CMS, and OSHA standards using HealthStream, developing own content, or coordinate with outside education resources – AirMethods/LifeSave Education Outreach and Medline Skin Champion Program
  - Orientate staff to KHH education resources: HealthStream, Dynamic Health, and RQI system
  - Annual training Mega Code Blue Workshop and Skills Fair
  - Reassess need for continuing education in coordination with CNO, Mgrs/Asst.Mgrs, committees, departments, and individual staff

Registered Nurse, Intensive Care Unit — March 2017 – February 2022
Kansas Heart Hospital, Wichita, KS

- Cardiovascular and Peripheral Vascular Intensive Care Unit; 14 bed unit
- Deliver a complete range of RN services and expertise; Open Heart Surgeries, Aortic Aneurysm Repair,
- Assess individual conditions and needs, as well as selected departmental referrals for acute and chronically ill patients
- Assist physicians during patient examinations and treatments (TEE/Cardioversions, Thoracentesis, etc.)

Travel Registered Nurse, Progressive Care Unit — June 2016 – March 2017
ANM: Onward Healthcare, Wilton, CT

- Contract with Good Samaritan Hospital, Kearney, NE. Magnet Recognized

Registered Nurse, Intermediate Care Unit — July 2015 – June 2016
Wesley Medical Center, Wichita, KS

Registered Nurse, Medical/Surgical Unit — September 2014 – June 2015
Overland Park Regional Medical Center, Lenexa, KS

DENISE J. GIBBENS, MS, BSN-RN, BS, BA

WICHITA, KS 67212
denisegibbens@outlook.com

OTHER EDUCATION

KANSAS CITY UNIVERSITY, Kansas City, MO
(FORMERLY KNOWN AS: KANSAS CITY UNIVERSITY OF MEDICINE AND BOSCIENCES)
College of Biosciences: Master of Science in Biomedical Sciences

FORT HAYS STATE UNIVERSITY, Hays, KS
Bachelor of Arts in Chemistry
Bachelor of Science in Biology – Cellular and Molecular Focus

RESEARCH EXPERIENCE

Epstein-Barr Virus and the Development of Crohn's Disease
- Epstein-Barr virus associated T helper cell 1 inflammatory response and the development of Crohn's disease
- Thesis, Research Proposal

Eco-forecasting
- Retrieved and processed sediment samples from Saline River
- Collected gas samples and analyzed via Gas Chromatography

Copper Toxicity in Neurons
- Prepared for and cultured cells
- Performed various experiments on inhibition of copper uptake, mortality, and protein analysis

Antibiotic Resistance in Sewage
- Cultured samples of treated sewage effluent
- Isolated resistant bacteria, gram stains and characterized, and identified visually

REFERENCES ON REQUEST

Bibliography: Mega Code Blue: ALS Workshop

Kansas Heart HOSPITAL

Kansas Heart Hospital Competencies:

- COMP 128 Zoll Defibrillator
- COMP 129 Nursing Competency
- COMP 143 Zoll R Series Defibrillator
- COMP 144 Zoll R Series External Pacing
- COMP 145 Zoll Multi-Function Electrodes Cardioversion

Kansas Heart Hospital Forms:

- 103 Emergency Protocol
- 247 Code Blue Critique Form
- 444 Patient Assessment Worksheet
- RT 100 Cardio Pulmonary Resuscitation

Kansas Heart Hospital Policy:

- BLS/ACLS (Basic Life Support/Advanced Cardiac Life Support)
- Crash Cart Restock & Maintenance
- Code Blue – Medical Emergencies
- Code System for Emergencies
- Do Not Resuscitate Orders
- Emergency Orders
- External Cardiac Pacing
- Rapid Response Team
- Zoll Defibrillator

Manuals

- Zoll R Series User Guides
    - Zoll R Series ALS Operator's Guide. (2018) https://www.zoll.com/-/media/public-site/products/r-series-defibrillators/9650-0912-01-sf_t.ashx
    - Zoll R Series Quick Reference Guide. (2016) https://www.zoll.com/-/media/public-site/products/r-series-defibrillators/9650-1001-01-sf_g.ashx
    - Zoll R Series Plus, R Series BLS Operator's Guide. (2019) https://www.zoll.com/-/media/public-site/products/r-series-defibrillators/9650-0904/9650-0904-06-sf_j.ashx

RQI 1Stop: An American Heart Association and Laerdal Program

American Heart Association, www.heart.org

Course/Instructor Evaluation

Kansas Heart HOSPITAL

3601 North Webb Road, Wichita, KS 67226

Class: Mega Code Blue: ALS Workshop

Date: _____

Time: _____

Instructor: Denise Gibbens, MS, BSN RN

Please rate each of the following statements by checking in the appropriate column:	Strongly Agree	Agree	Adequate /Neutral	Disagree	Strongly Disagree
1. The course content increased and /or contributed to my knowledge, skills, and abilities					
2. Each objective was met as described A. Review/understand DNR & modified DNR B. Identify/understand Code Blue roles C. Review/demonstrate how to use Zoll Defibrillator in ALS D. Identify/understand KHH Code Cart location, access, and organization E. Demonstrate/discuss the response/actions in ALS scenarios i. Cardiac Arrest ii. Acute Coronary Syndrome iii. Symptomatic Bradycardia iv. Unresponsive with Pulse v. Supraventricular Tachycardia					
3. The course content was thorough & complete					
4. The relevance of course content was related to professional practice					
5. The amount of information presented was appropriate for my needs					
6. The instructor was knowledgeable of the subject matter and had expertise in the subject area					
7. The instructor was effective in teaching the course					
8. The handouts and/or exercises contributed to the course content.					
9. Audiovisual materials were effective & enhanced the course. (if applicable)					

S:\StaffDev\NeuroRefresher\NeuroRefresher.CourseEvaluation

Continue on back =>

10. The classroom of in-service setting was appropriate for course requirements and convenient for attendance					
11. You would recommend this course or similar courses to others					

General Comments:_____

_____

_____

_____

_____

Comments/suggestions about course elements (e.g. content, objectives, administration, instructional aids, classroom, materials, etc.) : _____

_____

_____

_____

_____

Continue on back =>

Continuing Nursing Education Annual Report

Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Recommendations
Administration			Review job description		
Policies: Assess need, planning - written tool - evaluation summaries			Review survey for appropriateness; were survey findings and identified needs from evaluation summaries used in program planning		
Policies: Fee Assessment			Policy meets organization and customer needs		
Policies: Announcement			Review to be certain they reflect necessary information		
Policies: Offering approval process			Review policies and compare to KSBN requirements		
Policies: Awarding contact hours			Review agendas/pilot test results to verify contact hours awarded; review documentation of partial credit		
Policies: Verifying participation/ completion			Review rosters and certificates; compare to KSBN requirements		
Policies: Record keeping			Audit contents of files for compliance with KSBN requirements		

Policies: Notification of changes			Review procedures for changes reported to KSBN		
Total Program Evaluation effectiveness			Review total program evaluation and compare contents to KSBN requirements		

Kansas Heart HOSPITAL

3601 N. Webb Rd, Wichita, KS 67226 (316)630-5000

Staff Development Department

Certifies that

Name of Nurse, RN License # 00-00000

Successfully Completed:

Name of Course

Presented by Course Educator, Certification

On ***Month 00, 2023***

And is hereby awarded ____ continuing education hours.

By: Denise Gibbens , Staff Development Coordinator

Kansas Heart Hospital 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 # _____.

Attendance Roster

Kansas Heart
HOSPITAL
3601 North Webb Road, Wichita, Kansas, 67226
(316) 630-5000

Program/Course: _____

Date(s): _____

Time: _____

Presenter(s): _____

Location: _____

Coordinator: _____ **# in Attendance:** _____

KSBN CE Provider #: _____ ____ **Contact Hours Designated**

Other Details: _____

Name & Title (Please Print)	KHH ID #	Dept./ Unit	Home Address	Nursing License #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
15.				
16.				
17.				
18.				

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

Name of Provider: Sarah E. Jorgensen

Name of Program Coordinator: Sarah E. Jorgensen

Date Received: 11/21/22

Date to CNE Committee: March 2023

_____ **Approved**

_____ **Not Approved:** _____

Date Notified: _____

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	11/21/22	
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	Sarah E. Jorgensen	
• Be a licensed professional nurse	X	
• Have three years of clinical experience	X	
• Have one year of experience in developing and implementing nursing education	X	
• Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
• Assessing the need and planning for CNE activities	X	
• Fee assessment	X	
• 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: _____"	X	
• 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	X	

responsible for the providership or required policies and procedures within 30 days		
For long term providers, the policies and procedures for the offering approval process shall include the following:		
• A summary of the planning	X	
• The behavioral objectives	X	
• The content, which shall meet the definition of CNE in KSA 65-1117	X	
• The instructor's education and experience, documenting knowledge and expertise in the content area	X	
• 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	X	
• An offering evaluation that includes each participant's assessment of the following:		
▪ The achievement of each objective	Listed in policy	
▪ The expertise of each individual presenter	X	
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	Calculations incorrect	
• 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
Documentation of Attendance		
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	
Certificate of Attendance/CE Transcript		
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	Not on template	
• The name and license number of the participant	No license number	
Recordkeeping & Storage		
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	
Program Evaluation Plan		
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings		
The provider shall submit two proposed offerings, including the following:	**#1 Epigenetic Leadership**	**#2 Genetic Effects of**

		Chronic Stress
• 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	Some 2016	X
• The offering evaluation form	No eval of objectives	No eval of objectives

12/2018

1/6/2023 Application reviewed after missing information received and checklist completed by Carol Moreland, MSN, RN

www.buddydata.com

Secure Site

RECEIVED » log out

By KSBN Education Department at 9:27 am, Nov 21, 2022

:: www.ksbn.org :: back to forms index printable version

~ private and confidential decrypted data ~

Reference No.: 25336 **Date submitted:** Nov 19 16:38 2022

11 files were uploaded with this form: CNE-105 Verifying participation ^0 completion.pdf, CNE-107 Record-keeping and storage.pdf, CNE-106 Issuing certificates of completion.pdf, CNE-102 Advertisements or Announcements.pdf, CNE-103 Offering approval.pdf, CNE-104 Awarding contact hours.pdf, CNE-109 Total program evaluation.pdf, CNE-108 Notice of change of coordinator or required policies.pdf, SEJ-specific CE evaluation tool.pdf, CNE-100 Needs Assessment & Planning.pdf, CNE-101 Fee Assessment.pdf

www.ksbn.org

radio ~ Initial Application
Providername ~ Sarah E. Jorgensen
providernum ~ ~
legalbody ~ ~
address ~ 526 Main St., PO Box 279
adress2 ~ Brewster, KS 67732
telephone ~ 303-775-3456
email ~ sarah@sejorgensen.com
coordinator ~ Sarah E. Jorgensen
date ~ 11-19-2022
planningce ~ Needs Assessment
1.SEJ Enterprises will assess needs 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/or 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.SEJ Enterprises will consider these factors when determining CNE offerings:
a.Does the offering provide a solution to a problem?
b.What is the cost of the training for participants?

c.What is the expected return on investment for participants?
d.Does the training assist with meeting legal compliance for individual participants or organizations?
4.After all training options have been assessed, SEJ Enterprises will have a list of educational priorities suitable for individuals, departments, and organizations.

Planning of CNE Offerings
1.The CNE Program Coordinator will evaluate the list of educational priorities and plan CNE offerings for the upcoming year.
2.CNE offerings will be planned and scheduled with consideration of the following:
a.Where will the offering be conducted?
b.How will the 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 ~ Fee Assessment
1.SEJ Enterprises 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 the cost of the speaker(s), venue, advertising, travel expenses, etc.
3.The fee for the offering will be collected at the time of registration and will be payable electronically.
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.SEJ Enterprises will not charge a fee for any payment received that is returned to the organization for insufficient funds. However, SEJ Enterprises is not responsible for any charges incurred by the participant's bank or financial entity as a result of insufficient funds.
2.A participant may not attend an offering until fees have been paid in full.

advertisement ~ Advertisements or Announcements
1.SEJ Enterprises will advertise or announce CNE offerings in a variety of ways, including:
a.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.SEJ Enterprises 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 licensure requirements. Kansas State Board of Nursing Provider Number: _____.

approvalprocess ~ Approval Offering
1.Each CNE offering submitted to the CNE Program Coordinator must include:
a.a summary of planning.
b.learning objectives.
c.content that 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.the instructor's education and experience documenting knowledge/expertise.
e.a complete bibliography.
f.an evaluation of the educational offering that includes:
i.assessments of learner achievement of each objective and
ii.expertise of individual presenters.

contacthours ~ Awarding Contact Hours
1.Participants completing an entire program offering will be awarded 1 contact hour based on 50 minutes of participation in a learning experience.
2.Credit for fractions of an hour will be awarded to those participants who have already completed at least 1 contact hour for a single course offering. Credit for fractions of hours beyond 1 contact hour will be awarded as follows:
a.15 minutes – 0.25 contact hour
b.30 minutes – 0.50 contact hour
c.45 minutes – 0.75 contact hour
3.Instructor credit will be awarded as follows:
a.2 contact hours for each one hour of first-time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc.)
4.Independent study credit will be awarded based on time required to complete the offering as documented by SEJ Enterprises' 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 Program Coordinator will discard the highest and lowest times, then calculate the average of all remaining times. This calculation will

serve as the independent study credit time.
5.4. 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 the total hours the participant was present at the offering.
c.Total number of minutes attended will be divided by 50 to calculate the number of contact hours to be awarded to participant.
verifycompletion ~ 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 80% or greater to be awarded a Certificate of Continuing Nursing Education or a Certificate of Program Completion.

In-Person Events
1.Participants will register for course offerings electronically.
2.Participants will sign in upon arrival for the 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.

Independent Study
1.Participants will register for course offerings electronically.
2.Participants will document and email an Independent Study Verification Form to sarah@sejorgensen.com. 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 and signature, email, and license number
3.Participants will be required to take a post-test and score 80% or greater to be awarded a Certificate of Continuing Nursing Education or a Certificate of Program Completion.
a.Upon receipt of the Independent Study Verification Form by SEJ Enterprises, participant will receive a link to complete the online post-test for the offering.
b.Upon successful completion of the post-test, participants will receive electronically a Certificate of Continuing Nursing Education or a Certificate of Program Completion.
c.SEJ Enterprises will document post-test score, contact hours

awarded, and date on the Independent Study Verification Form.
d.The Independent Study Verification Form will then be scanned into the confidential and secure online records storage system to be maintained.

recordkeeping ~ Record-Keeping and Storage
1.SEJ Enterprises will retain the following records for each offering for a period of two years:
a.summary of planning
b.copy of advertisement or announcement, either digital or hard copy
c.course title
d.learning objectives
e.agenda
f.pilot time test results (if independent study)
g.complete bibliography
h.summary of participant evaluations
i.each instructor's education and experience
j.documentation to verify completion of the offering

noticeofchange ~ Process for Notifications to Kansas State Board of Nursing
1.The CNE Program Coordinator will notify the Kansas State Board of Nursing within 30 days of any change to:
a.CNE Program Coordinator or
b.required policies and procedures.
2.Written notification will be mailed to: 900 SW Jackson, Ste. 1051, Topeka, KS 66612-1230
programevaluation ~ 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 the Kansas State Board of Nursing.
2.The total program evaluation will include, per Kansas State Administrative Regulation 60-9-105, "a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions."
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 SEJ Enterprises will complete a total program evaluation.
5.The CNE Program Coordinator will include the total program evaluation findings with the annual report submitted to the Kansas State Board of Nursing.

Total Program Evaluation Tool
(See attached spreadsheet entitled "CE Evaluation Tool.")

Submission date ~ 11-19-2022 16:38:55
Form ID ~ 1672730

Policy #100: Process of Assessing Need and Planning CNE

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

SEJ Enterprises will follow a systematic process for assessing needs and planning CNE offerings.

Date: _____ Reviewed: _____

Needs Assessment

1. *SEJ Enterprises* will assess needs 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/or 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. *SEJ Enterprises* will consider these factors when determining CNE offerings:
    a. Does the offering provide a solution to a problem?
    b. What is the cost of the training for participants?
    c. What is the expected return on investment for participants?
    d. Does the training assist with meeting legal compliance for individual participants or organizations?
4. After all training options have been assessed, *SEJ Enterprises* will have a list of educational priorities suitable for individuals, departments, and organizations.

Planning of CNE Offerings

1. The CNE Program Coordinator will evaluate the list of educational priorities and plan CNE offerings for the upcoming year.
2. CNE offerings will be planned and scheduled with consideration of the following:
    a. Where will the offering be conducted?
    b. How will the offering be delivered?
    c. Is the offering suitable to be provided online?
    d. If the offering already exists, should it continue to be offered?

Policy #101: Process for Fee Assessment

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

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. *SEJ Enterprises* 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 the cost of the speaker(s), venue, advertising, travel expenses, etc.
3. The fee for the offering will be collected at the time of registration and will be payable electronically.
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. *SEJ Enterprises* will not charge a fee for any payment received that is returned to the organization for insufficient funds. However, *SEJ Enterprises* is not responsible for any charges incurred by the participant's bank or financial entity as a result of insufficient funds.
2. A participant may not attend an offering until fees have been paid in full.

Policy #102: Process for Advertisements or Announcements

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

CNE offerings will be advertised or announced.

Date: _____ Reviewed: _____

Advertisements or Announcements

1. *SEJ Enterprises* will advertise or announce CNE offerings in a variety of ways, including:
    a. 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. *SEJ Enterprises* 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 licensure requirements. Kansas State Board of Nursing Provider Number: _____.

Policy #103: Process for Offering Approval

Reg. 60-9-107 b (3) (D); 60-9-107 d

SEJ Enterprises 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. a summary of planning.
    b. learning objectives.
    c. content that 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. the instructor's education and experience documenting knowledge/expertise.
    e. a complete bibliography.
    f. an evaluation of the educational offering that includes:
        i. assessments of learner achievement of each objective and
        ii. expertise of individual presenters.

Policy #104: Process for Awarding Contact Hours

Reg. 60-9-107 b (3) (E); 60-9-107 e

SEJ Enterprises will award contact hours to participants for completion of full or partial program offering.

Date: _____ Reviewed: _____

Awarding Contact Hours

1. Participants completing an entire program offering will be awarded 1 contact hour based on 50 minutes of participation in a learning experience.
2. Credit for fractions of an hour will be awarded to those participants who have already completed at least 1 contact hour for a single course offering. Credit for fractions of hours beyond 1 contact hour will be awarded as follows:
    a. 15 minutes – 0.25 contact hour
    b. 30 minutes – 0.50 contact hour
    c. 45 minutes – 0.75 contact hour
3. Instructor credit will be awarded as follows:
    a. 2 contact hours for each one hour of first-time presentation of an approved offering, excluding standardized prepared curriculum (e.g. ACLS, PALS, TNCC, ENPC, MANDT, etc.)
4. Independent study credit will be awarded based on time required to complete the offering as documented by *SEJ Enterprises'* 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 Program Coordinator will discard the highest and lowest times, then calculate the average of all remaining times. This calculation will serve as the independent study credit time.
5. 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 the total hours the participant was present at the offering.
    c. Total number of minutes attended will be divided by 50 to calculate the number of contact hours to be awarded to participant.

Policy #105: Process for Verifying Participation and Completion of the Offering

Reg. 60-9-107 b (3) (F); 60-9-107 f; 60-9-107 g

SEJ Enterprises will verify participation and completion of offerings by participants.

Date: _____ Reviewed: _____

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 80% or greater to be awarded a Certificate of Continuing Nursing Education or a Certificate of Program Completion.

In-Person Events

1. Participants will register for course offerings electronically.
2. Participants will sign in upon arrival for the 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.

Independent Study

1. Participants will register for course offerings electronically.
2. Participants will document and email an Independent Study Verification Form to sarah@sejorgensen.com. 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 and signature, email, and license number
3. Participants will be required to take a post-test and score 80% or greater to be awarded a Certificate of Continuing Nursing Education or a Certificate of Program Completion.
    a. Upon receipt of the Independent Study Verification Form by *SEJ Enterprises*, participant will receive a link to complete the online post-test for the offering.
    b. Upon successful completion of the post-test, participants will receive electronically a Certificate of Continuing Nursing Education or a Certificate of Program Completion.
    c. *SEJ Enterprises* will document post-test score, contact hours awarded, and date on the Independent Study Verification Form.
    d. The Independent Study Verification Form will then be scanned into the confidential and secure online records storage system to be maintained.

Policy #106: Process for Issuing Certificates of Completion

Reg. 60-9-107 b (3) (F); 60-9-107 f; 60-9-107 g

SEJ Enterprises 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 80% or greater is required for issuing a 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 and after lunch for all relevant course days.
2. Certificates of Completion will be provided electronically to those participants with verified participation for each in-person offering.

Policy #107: Process for Record-Keeping and Storage

Reg. 60-9-107 b (3) (G); 60-9-107 h

SEJ Enterprises will retain appropriate records for each offering. These records will be stored electronically and securely, including password protection, in a manner that makes them easily retrievable by authorized personnel.

Date: _____ Reviewed: _____

Record-Keeping and Storage

1. *SEJ Enterprises* will retain the following records for each offering for a period of two years:
    a. summary of planning
    b. copy of advertisement or announcement, either digital or hard copy
    c. course title
    d. learning objectives
    e. agenda
    f. pilot time test results (if independent study)
    g. complete bibliography
    h. summary of participant evaluations
    i. each instructor's education and experience
    j. documentation to verify completion of the offering

Policy #108: Process for Notice of Change of Coordinator or Required Policies

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

The CNE Program Coordinator will notify the Kansas State Board of Nursing in writing of any change to CNE Program Coordinator or required policies and procedures within 30 days.

Date: _____ Reviewed: _____

Process for Notifications to Kansas State Board of Nursing

1. The CNE Program Coordinator will notify the Kansas State Board of Nursing within 30 days of any change to:
    a. CNE Program Coordinator or
    b. required policies and procedures.
2. Written notification will be mailed to: (insert address here)

Policy #109: Total Program Evaluation

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

SEJ Enterprises will complete a total program evaluation annually and include findings in the annual report to the 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 the Kansas State Board of Nursing.
2. The total program evaluation will include, per Kansas State Administrative Regulation 60-9-105, "a systematic process by which an approved provider analyzes outcomes of the overall continuing nursing education program in order to make subsequent decisions."
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 *SEJ Enterprises* will complete a total program evaluation.
5. The CNE Program Coordinator will include the total program evaluation findings with the annual report submitted to the Kansas State Board of Nursing.

Total Program Evaluation Tool

(See attached spreadsheet entitled "CE Evaluation Tool.")

Date _____

CNE Program Coordinator _____

Total Program Evaluation

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Date:		Evaluative Criteria	Evaluation Method	Frequency of Evaluation	Responsible Person	Effectiveness Indicators	Data / Findings	Outcomes	Actions or Recommendations
		What is to be evaluated (measured to determine if there is a need for change)?	How will the criteria be evaluated (measured to see how it meets expectations)?	How frequently will the evaluation data be reviewed for decision-making and possible revision?	What individual or group is responsible to ensure that this evaluation is done and the decision is	What is the desired outcome of the evaluation?	Real findings from the evaluation.	Decisions made after reviewing the data and implications.	Realistic suggestions to improve program.
Program Administration	**Program Coordinator Responsibilities**	Veracity of organizational information, service, credibility, and reliability.	Review organizational description. Review program coordinator's credentials and job description.	At least annually	Sarah Jorgensen	Accurate presentation or program's capabilities, credibility, and potential to advance nursing.			
Program Management	**Policy #100 - Needs assessment & planning**	Strength and effectiveness of data extraction from surveys.	Review survey for appropriateness and ensure survey findings and identified needs from evaluation summaries used in program planning.	At least annually	Sarah Jorgensen	Consistently identify areas and populations that will benefit most from program offerings.			
	Policy #101 - Fee assessment	Fairness, equity, and accessibility of program fees.	Policy meets organization and customer needs.	At least annually	Sarah Jorgensen	Maintain accessibility and professional value to all participants.			
	Policy #102 - Advertisements, announcements	Veracity of communication of content offerings.	Review for accuracy and detail.	At least annually	Sarah Jorgensen	Offer adequate, timely information regarding offerings.			

Program Management	**Policy #103 - Offering approval**	Compliance of offerings under KSBN requirements	Review policies and compare to any updated KSBN requirements.	At least annually	Sarah Jorgensen	All program offerings will maintain approval and compliance through KSBN.			
	Policy #104 - Awarding contact hours	Fairness and accuracy of contact hours for each offering.	Review agendas/pilot test results to verify contact hours awarded. Review documentation of partial credit.	At least annually	Sarah Jorgensen	Contact hours will reflect accurate engagement and learning potential.			
	Policy #105 - Verifying participation & completion	Engagement and completion of program offerings.	Review rosters and certificates. Compare to any updated KSBN requirements.	At least annually	Sarah Jorgensen	Ensure validity of all participants and provide proof of completion to participants.			
	Policy #106 - Issuing certificates of completion	Veracity and accuracy of certificates given upon completion of all program offerings.	Review certificates for accuracy. Compare to any updated KSBN requirements. Ensure continued ability of online platform to provide certificates.	At least annually	Sarah Jorgensen	Provide validation of CNE hours to participants to use for purposes such as relicensure requirements.			
	Policy #107 - Record-keeping & storage	Correct time, security, and confidentiality of record retention and storage.	Audit contents of files for compliance with currnet KSBN requirements.	At least annually	Sarah Jorgensen	All records will remain confidential and secure for at least a two-year period.			
	Policy #108 - Notice of change of coordinator or required policies	Consistency of program coordination and administration.	Review procedures for changes reported to KSBN.	At least annually	Sarah Jorgensen	Program will have seamless, consistent program coordination and administration.			

Program Management	**Policy #109 - Total Program Evaluation**	Availability of necessary data to maintain program relevance and compliance with KSBN.	Review total program evaluation. Prepare annual report for KSBN.	At least annually	Sarah Jorgensen	Provide data on an annual basis to validate and recommend improvements for program.			
	Total Program Evaluation Effectiveness	Participant satisfaction, service to higher learning, and improvement to nursing practice.	Review total program evaluation and compare to KSBN requirements.	At least annually	Sarah Jorgensen	Customer satisfaction remains high. Participants report tangible results in nursing practice.			

Attendance Roster

Title:

Presenter:

Date:

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Contact Hours: 1.0

Participant Name	RN or LPN	License Number	Email Address	Contact Hours Awarded

CNE Provider: SEJ Enterprises, PO Box 279, Brewster, KS 67732

CNE Program Coordinator: Sarah E. Jorgensen - MSN, MS, RN

CNE Provider #: XXXXXXX

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[Course name Line 2]

This certifies that

[First name, Last name]

has attended [course name], earning a total of [#] contact hours.

Date of completion

SEJ Enterprises is accredited as a provider of continuing nursing education by the **Kansas State Board of Nursing**.

CNE Provider #: [XXXXX]

SEJ Enterprises
PO Box 279, Brewster, KS 67732

Course Evaluation

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Course Title: _____

Instructor: _____ Date of course: _____

This course evaluation will take approximately five minutes. Please reflect on your experience in this course and with this instructor. Responses are anonymous. All feedback and honesty are appreciated.

Question	Agree	Somewhat agree	Neutral	Somewhat disagree	Disagree	N/A
The instructor clearly explained the course materials, process, and agenda.						
The instructor was able to provide clarity if I was confused about something.						
The instructor managed time and pace of the course efficiently.						
The instructor sparked interest in this topic.						
The instructor demonstrated a genuine interest in student learning.						
The instructor demonstrated in-depth knowledge of the subject.						
The methods of evaluation (quizzes, knowledge checks) were fair and consistent throughout the course.						
The instructional materials (videos, graphics, audio, etc.) increased my knowledge in this subject matter.						
The course environment felt welcoming to questions or comments from students.						
This course challenged me to think in new ways.						
I would recommend this course to others.						
I can immediately apply new knowledge to my professional and/or personal life.						
Comments:						

SEJ Enterprises

Instructor's Education & Experience

Sarah E. Jorgensen – MSN, MS, RN

Education:

- Bachelor of Science in Nursing – Fort Hays State University, 2001
- Master of Science in Organizational Leadership – Colorado State University Global, 2017
- Master of Science in Nursing Administration and Leadership – Capella University, 2020

Experience:

- Emergency RN since 2001
- Clinical nurse educator, emergency department
- Clinical nurse coordinator
- Nurse manager
- Adjunct instructor for nursing
- Online instructor for allied health
- Clinical nursing instructor
- Nursing faculty
- Entrepreneur

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Epigenetic Leadership

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Epigenetic Leadership

Introduction to Epigenetic Leadership

Summary of Planning

Presenter: Sarah E. Jorgensen – MSN, MS, RN

Suggested prerequisite: Genetic Effects of Chronic Stress

Summary of Planning

Much is being learned about how chronic stress can modify the methylation of DNA, resulting in disease phenotypes (Vidrascu, et al, 2019). As a leader, whether your priority is the organizational bottom line or the humans in your charge, your leadership style has implications for both humans and organizations. The ripple effect of your leadership has the potential to lead to epigenetic changes in others if that leadership cultivates an environment of stress for others. Once you learn about some disease processes that can be linked to stress-induced epigenetic changes, you can consider how to use your leadership to define what you care about, understand stressors experienced by others, and change systems and issues that contribute to work-related stress. According to the Oncology Nursing Society, nurses are described as feeling frustrated, exhausted, betrayed, undervalued, stressed, and more (Stone, 2022). This program, Introduction to Epigenetic Leadership, has been developed in response to this identified need to adapt leadership to support nurses, keep them in the profession, and maintain safe practices for patients.

EPIGENETIC LEADERSHIP

A stress-filled, toxic culture extends beyond the workplace. Come find out the potential effects of a leader's words, actions, and behaviors on others' health, as well as workplace culture.

SEJ Enterprises 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 re-licensure.
Kansas State Board of Nursing Provider Number: ____

SATURDAY, NOV. 19, 2022
1:30-3:30 PM
1 hour presentation, 1 hour (optional) Q&A

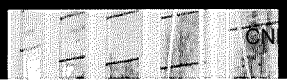
$35/person

Location:
Hays Recreation Center
Marcy Allenbaugh Conference Room
1105 Canterbury Dr., Hays, KS

For more information and to sign up:
www.sejorgensen.com

Sarah E. Jorgensen
MSN, MS, RN

Student discount!
If you're a previous student of mine, contact me for a coupon code.



Epigenetic Leadership

Objectives

- Examine the relationship between your words, actions, and behaviors and potential epigenetic effects on others.
- Explain the potential implications of your leadership styles.
- Integrate evidence-based self-awareness, self-regulation, and self-transcendence into your leadership.
- Discuss the importance of prioritizing self-leadership before leadership of others.
- Adjust your leadership styles to encompass an epigenetic mindset.
- Re-imagine nursing leadership that considers long-term ripple effects.

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Introduction to Epigenetic Leadership

Outline

1. Introduction
2. Science overview
    a. Review of sympathetic nervous system
    b. Genetics vs. epigenetics
        i. Intergenerational effects
    c. Stress-induced epigenetic evidence
        i. Immune, nervous, endocrine effects
3. Epigenetic mindset
    a. All nurses are leaders
    b. Ripple effect of leadership style on individuals and organizations
    c. Leadership of self before leadership of others
        i. Mindfulness model (begin with self)
            1. Self-awareness
            2. Self-regulation
            3. Self-transcendence
    d. Leadership of others (transcending self)
        i. Intent vs. impact
        ii. Trauma-informed communication
        iii. Trusting others' accounts of stress
        iv. Managing/leading considerations
4. Going forward
    a. Define what you care about
    b. Continual work on self to understand impact on others
    c. Understand implications of a leader's words, actions, and behaviors
5. Summary

INTRODUCTION TO EPIGENETIC LEADERSHIP AGENDA

Date: [Date]
Time: [Time]
Instructor: [Instructor]
Course delivery: In-person, live

Time	Item	Owner
1:00-1:05	Welcome	Instructor
1:05-1:10	Class introductions	Participants
1:10-2:00	Lecture, in-class participation/engagement	Instructor
2:00-3:00	(Optional) – open Q&A	Instructor

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Epigenetic Leadership

www.sejorgensen.com

Epigenetic Leadership

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Genetic Effects of Chronic Stress

Summary of Planning

Presenter: Sarah E. Jorgensen – MSN, MS, RN

Summary of Planning

The stresses that are inherent to the human condition, as well as extrinsic stressors, have the potential to modify DNA methylation, which can either activate or de-activate gene expression (Vidrascu, et al, 2019). This ON/OFF function of certain genes can manifest in disease. Humans have a biologic stress response meant to keep us safe, but when that stress response becomes chronically activated, the ripple effect is more than an activation of the sympathetic nervous system. Chronic stress comes in many forms, including social determinants of health, adverse childhood experiences, relationships, and even the workplace. The Future of Nursing 2020-2030 Report directly calls upon the nursing profession to address many of these causes of stress in our patient populations and within the profession itself. This program, Genetic Effects of Chronic Stress, has been developed in response to this identified need.

Epigenetic Leadership

courses!

GENETIC EFFECTS OF CHRONIC STRESS

Everyone experiences stress, but when does it begin to take a genetic toll? Environment, including toxic workplaces, social determinants of health, and relationships, can trigger a ripple effect for you and potentially future generations.

SEJ Enterprises 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 re-licensure.
Kansas State Board of Nursing Provider Number: ____

Sarah E. Jorgensen
MSN, MS, RN

$35/person

Student discount!
If you're a previous student of mine, contact me for a coupon code.

For more information

Genetic Effects of Chronic Stress

Objectives

- Identify documented sources of chronic stress in yourself, coworkers, and patients.
- Explain implications for yourself, patients, and coworkers of a chronic-stress environment.
- Utilize evidence-based definition of mindfulness to consider individual contributions to chronic stress in the workplace.
- Re-imagine nursing practice with an intergenerational epigenetic mindset.
- Adopt an epigenetic mindset when interacting with patients, coworkers, and others.

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Genetic Effects of Chronic Stress

Outline

1. Introduction
2. Science overview
    a. Review of sympathetic nervous system
    b. Genetics vs. epigenetics
    c. Stress-induced epigenetic evidence
        i. Immune, nervous, endocrine effects
3. How does this affect patients?
    a. Types of chronic stress patients experience
    b. Considerations of cumulative stress
    c. Adopting an equity mindset
        i. Review equality vs. equity
    d. Adapting your care model
4. How does this affect nurses?
    a. Types of chronic stress nurses experience
    b. Considerations of cumulative stress
    c. Adopting an equity mindset
    d. Adapting your self-care
5. Going forward
    a. Expectations of yourself
    b. Expectations of your leaders
    c. Advocacy
        i. Consider local workplace
        ii. Consider nursing profession at large
6. Summary

GENETIC EFFECTS OF CHRONIC STRESS AGENDA

Date: [Date]
Time: [Time]
Instructor: [Instructor]
Course delivery: Online, asynchronous

Time	Item	Owner
2 min	Introduction	Instructor
3 min	Explanation of online course details	Instructor
55 min	Course participation	Student

SEJ Enterprises
Epigenetic Leadership

www.sejorgensen.com

Genetic Effects of Chronic Stress

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SEJ Enterprises

Epigenetic Leadership

Moreland, Carol [KSBN]

1/3/23 email answered

From: Sarah Jorgensen <sarah@sejorgensen.com>
Sent: Friday, December 16, 2022 5:33 PM
To: Moreland, Carol [KSBN]
Subject: Re: Long Term CNE provider application
Attachments: Attendance roster - PDF.pdf; Certificate of Attendance.png; Flyer - Intro to EL.png; Objectives - Epigenetic Leadership.docx; Agenda - Epigenetic Leadership.docx; Bibliography - Epigenetic Leadership.docx; Flyer - Genetic effects of chronic stress.png; Objectives - Genetic Effects of Chronic Stress.docx; Agenda - Genetic Effects of Chronic Stress.docx; Bibliography - Genetic Effects of Chronic Stress.docx; SEJ education & experience.docx; Course evaluation - PDF.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

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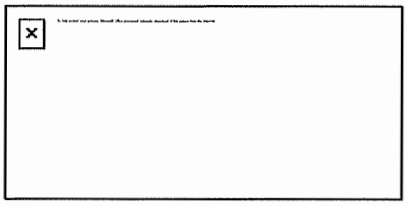
Carol,

I believe these are the missing documents for my CNE application. However, I do have a question about the bullet point 3A (A summary of planning). Is this item its own document, or was this meant to be the heading for all these supporting documents? If it is its own document, can you offer some clarity on what exactly should be included? Thank you so much. I appreciate your grace in my overlooking these details.

Sarah E. Jorgensen - MSN, MS, RN
www.sejorgensen.com

On Mon, Dec 5, 2022 at 2:13 PM Sarah Jorgensen <sarah@sejorgensen.com> wrote:

> Carol,
>
> Thank you for reviewing these materials and for letting me know what's missing. I will submit the required documents via email within the next two weeks.
>
> **Sarah E. Jorgensen - MSN, MS, RN**
> **www.sejorgensen.com**



On Mon, Nov 21, 2022 at 2:03 PM Moreland, Carol [KSBN] <Carol.Moreland@ks.gov> wrote:

Sarah,

I have reviewed the application you submitted and it is incomplete. It is missing the following information:

1. Template for CE attendance roster
2. Template for certificate of attendance
3. You did not submit the following for two proposed offerings (as per the directions)
    a. A summary of planning
    b. A copy of the offering announcement or brochure
    c. The title and behavioral objectives
    d. The offering agenda or, for independent study, pilot test results
    e. Each instructor's education and experience
    f. A current bibliography
    g. The offering evaluation form

You can email all this information to me or you can submit another application that is complete. It is up to you. Please review the directions closely so the application is complete. I will not take an incomplete application to committee and board to review. This will not go until March 2023 because of the date we received it.

Let me know whether you will be resubmitting a complete application or emailing the missing information to me. Please let me know if you have questions.

Carol Moreland, MSN, RN

Executive Administrator

Kansas State Board of Nursing

900 SW Jackson, Suite 1051

Topeka, KS 66612

785-296-5752

Fax: 785-296-3929

Note: new email address: carol.moreland@ks.gov

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians

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65-1119. Schools of nursing; approval; approval of providers of continuing education offerings; application fee; criteria for evaluating out-of-state schools; nationally accredited schools of nursing. (a) *Application for approval.* An approved school of nursing is one which has been approved as such by the board as meeting the standards of this act, and the rules and regulations of the board. An institution desiring to conduct an approved school of professional or practical nursing shall apply to the board for approval and submit satisfactory proof that it is prepared to and will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The approval of a school of nursing shall not exceed 10 years after the granting of such approval by the board. An institution desiring to continue to conduct an approved school of professional or practical nursing shall apply to the board for the renewal of approval and submit satisfactory proof that it will maintain the standards and basic professional nursing curriculum or the required curriculum for practical nursing, as the case may be, as prescribed by this act and by the rules and regulations of the board. Applications for renewal of approval shall be made in writing on forms supplied by the board. Each school of nursing shall submit annually to the board an annual fee fixed by the board by rules and regulations to maintain the approval status.

(b) *Schools for professional nurses.* To qualify as an approved school for professional nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the professional curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(c) *Schools for practical nurses.* To qualify as an approved school for practical nurses, the school must be conducted in the state of Kansas, and shall apply to the board and submit evidence that: (1) It is prepared to carry out the curriculum as prescribed in the rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by this law and the rules and regulations of the board.

(d) *Survey.* The board shall prepare and maintain a list of approved schools for both professional and practical nurses whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for a license as a registered professional nurse or as a licensed practical nurse. A survey of the institution or institutions and of the schools applying for approval shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for an approved school for professional nurses or for practical nurses are met, it shall so approve the school as either a school for professional nurses or practical nurses, as the case may be. The board shall resurvey approved schools on a periodic basis as determined by rules and regulations. If the board determines that any approved school of nursing is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such school, shall be given immediately to the school. A school which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of approved schools of nursing until such time as the school shall comply with the standards. All approved schools shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

(e) *Providers of continuing nursing education.* (1) To qualify as an approved provider of continuing nursing education offerings, persons, organizations or institutions proposing to provide such continuing nursing education offerings shall apply to the board for approval and submit evidence that the applicant is prepared to meet the standards and requirements established by the rules and regulations of the board for such continuing nursing education offerings. Initial applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(2) A long-term provider means a person, organization or institution that is responsible for the development, administration and evaluation of continuing nursing education programs and offerings. Qualification as a long-term approved provider of continuing nursing education offerings shall expire five years after the granting of such approval by the board. An approved long-term provider of continuing nursing education offerings shall submit annually to the board the annual fee established by rules and regulations, along with an annual report for the previous fiscal year. Applications for renewal as an approved long-term provider of continuing nursing education offerings shall be made in writing on forms supplied by the board.

(3) Qualification as an approved provider of a single continuing nursing education offering, which may be offered once or multiple times, shall expire two years after the granting of such approval by the board. Approved single continuing nursing education providers shall not be subject to an annual fee or annual report

(4) In accordance with rules and regulations adopted by the board, the board may approve individual educational offerings for continuing nursing education which shall not be subject to approval under other subsections of this section.

(5) The board shall accept offerings as approved continuing nursing education presented by: Colleges that are approved by a state or the national department of education and providers approved by other state boards of nursing, the national league for nursing, the national federation of licensed practical nurses, the American nurses credentialing center or other such national organizations as listed in rules and regulations adopted by the board.

(6) An individual designated by a provider of continuing nursing education offerings as an individual responsible for CNE who has held this position for the provider at least five years immediately prior to January 1, 1997, shall not be required to have a baccalaureate or higher academic degree in order to be designated by such provider as the individual responsible for CNE.

(f) *Criteria for evaluating out-of-state schools.* For the purpose of determining whether an applicant for licensure who is a graduate of a school of professional or practical nursing located outside this state meets the requirements of item (2) of subsection (a) of K.S.A. 65-1115 and amendments thereto or the requirements of item (2) of subsection (a) of K.S.A. 65-1116 and amendments thereto, as appropriate, the board by rules and regulations shall establish criteria for determining whether a particular school of professional nursing located outside this state maintains standards which are at least equal to schools of professional nursing which are approved by the board and whether a particular school of practical nursing located outside this state maintains standards which are at least equal to schools of practical nursing which are approved by the board. The board may send a questionnaire developed by the board to any school of professional or practical nursing located outside this state for which the board does not have sufficient information to determine whether the school meets the standards established under this subsection (f). The questionnaire providing the necessary information shall be completed and returned to the board in order for the school to be considered for approval. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about schools. In entering such contracts the authority to approve schools shall remain solely with the board.

(g) The board may accept nationally accredited schools of nursing as defined in rule and regulation.

(1) Schools of nursing which have received accreditation from a board recognized national nursing accreditation agency shall file evidence of initial accreditation with the board and shall file all reports from the accrediting agency and any notice of any change in school accreditation status. The board may grant approval based upon evidence of such accreditation.

(2) Schools of nursing holding approval based upon national accreditation are also responsible for complying with all other requirements as determined by rules and regulations of the board.

(3) The board may grant approval to a school of nursing with national accreditation for a continuing period not to exceed 10 years.

History: L. 1949, ch. 331, § 8; L. 1963, ch. 314, § 5; L. 1973, ch. 249, § 2; L. 1978, ch. 240, § 5; L. 1980, ch. 188, § 2; L. 1980, ch. 186, § 2; L. 1981, ch. 244, § 2; L. 1982, ch. 261, § 3; L. 1983, ch. 207, § 3; L. 1983, ch. 206, § 9; L. 1983, ch. 206, § 14; L. 1988, ch. 243, § 2; L. 1990, ch. 221, § 4; L. 1997, ch. 146, § 2; L. 2001, ch. 161, § 4; July 1.

60-16-102. Scope of practice for licensed practical nurse performing intravenous fluid therapy. (a) A licensed practical nurse under the supervision of a registered professional nurse may engage in a limited scope of intravenous fluid treatment, including the following:

(1) Monitoring;

(2) maintaining basic fluids;

(3) discontinuing intravenous flow and an intravenous access device not exceeding three inches in length in peripheral sites only; and

(4) changing dressings for intravenous access devices not exceeding three inches in length in peripheral sites only.

(b) Any licensed practical nurse who has met one of the requirements under K.S.A. 65-1136, and amendments thereto, may perform, in addition to the functions specified in subsection (a) of this regulation, the following procedures relating to the expanded administration of intravenous fluid therapy under the supervision of a registered professional nurse:

(1) Calculating;

(2) adding parenteral solutions to existing patent central and peripheral intravenous access devices or administration sets;

(3) changing administration sets;

(4) inserting intravenous access devices that meet these conditions:

(A) Do not exceed three inches in length; and

(B) are located in peripheral sites only;

(5) adding designated premixed medications to existing patent central and peripheral intravenous access devices or administration sets either by continuous or intermittent methods;

(6) maintaining the patency of central and peripheral intravenous access devices and administration sets with medications or solutions as allowed by policy of the facility;

(7) changing dressings for central venous access devices;

(8) administering continuous intravenous drip analgesics and antibiotics; and

(9) performing the following procedures in any facility having continuous on-site registered professional nurse supervision:

(A) Admixing intravenous medications; and

(B) administering by direct intravenous push any drug in a drug category that is not specifically listed as a banned drug category in subsection (c), including analgesics, antibiotics, antiemetics, diuretics, and corticosteroids, as allowed by policy of the facility.

(c) A licensed practical nurse shall not perform any of the following:

(1) Administer any of the following by intravenous route:

(A) Blood and blood products, including albumin;

(B) investigational medications;

(C) anesthetics, antianxiety agents, biological therapy, serums, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics, anticonvulsants, cardiovascular preparations, antineoplastics agents, hematopoietics, autonomic drugs, and respiratory stimulants;

(D) intravenous fluid therapy in the home health setting, with the exception of the approved scope of practice authorized in subsection (a); or

(E) intravenous fluid therapy to any patient under the age of 12 or any patient weighing less than 80 pounds, with the exception of the approved scope of practice authorized in subsection (a);

(2) initiate total parenteral nutrition or lipids;

(3) titrate medications;

(4) draw blood from a central intravenous access device;

(5) remove a central intravenous access device or any intravenous access device exceeding three inches in length; or

(6) access implantable ports for any purpose.

(d) Licensed practical nurses qualified by the board before June 1, 2000 may perform those activities listed in subsection (a) and paragraph (b)(9)(A) regardless of their intravenous therapy course content on admixing.

(e) This regulation shall limit the scope of practice for each licensed practical nurse only with respect to intravenous fluid therapy and shall not restrict a licensed practical nurse's authority to care for patients receiving this therapy. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended June 12, 1998; amended Oct. 29, 1999; amended Jan. 24, 2003; amended May 18, 2012; amended Oct. 18, 2013.)