#### Kansas State Board of Nursing Landon State Office Building, Room 509 Continuing Nurse Education & IV Therapy Committee Agenda March 26, 2024

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

Lori Owen, LPN, Vice Chair Michela Hysten, MSN, BSN, RN Melanie Burnett, MSN, RN

Summer Baker, RN, BSN, CMSRN

Allison Benner, MSN, RN, NPD-BC, CMSRN

**Staff:** Carol Moreland, MSN, RN – Executive Administrator

Stacy Johnson – Senior Administrative Assistant

- I. Quorum (minimum of 4 members present) Yes or No
- II. Call to Order
- III. Review of On-Site Packet
- IV. Additions/Revisions to the Agenda
- V. Announcements
- VI. Approval of Minutes December 12, 2023

#### **Consent Item Agenda**

- 1. IOA Statistical Report
- 2. Provider Relinquishments
- 3. Update on CE Broker

#### VII. Unfinished Business

- 1. 2023 IV Therapy Annual Report Deficiencies
- 2. 2023 CNE Annual Report Deficiencies
- 3. New Regulation Review Process to be completed by March 2025 (3 of 11 completed)
  - a. K.A.R. 60-4-103 Fees, school & CNE review process completed 12/23
  - b. K.A.R. 60-9-105 Definitions review process completed 12/23
  - c. K.A.R. 60-9-106 License renewal
  - d. K.A.R. 60-9-107 Approval of CNE
  - e. K.A.R. 60-16-101 Definitions
  - f. K.A.R. 60-16-102 Scope of Practice review process completed 12/23
  - g. K.A.R. 60-16-103 Stand-alone course approval procedures; competency examinations; record keeping

- h. K.A.R. 60-16-104 Standards for course and program curriculum content
- i. K.A.R. 60-12-104 Approval of continuing education offerings
- j. K.A.R. 60-12-105 Definitions
- k. K.A.R. 60-12-106 License renewal

#### VIII. New Business

- 1. LTP 5-Year Renewals
  - a. Kansas Home Care & Hospice Association
  - b. University of Kansas Medical Center AHEC-East
- 2. Initial LTP Applications
  - a. Heart of America Professional Network
  - b. Pulse Transport LLC
- IX. Agenda for June 2024 Committee meeting

#### IX. Adjourn

#### **Committee Responsibilities:**

To review continuing nursing and mental health technician education; to review and recommend revisions to CNE statutes and regulations; to monitor and approve CNE providers for both initial and renewal status; to review statistical information regarding providers of CNE. To review and recommend revisions in educational statutes and regulations for IV therapy programs. To review educational policies for IV therapy programs; to review all repots and evaluations of IV therapy programs.

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 30<sup>th</sup> 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:

https://us02web.zoom.us/j/87255487840?pwd=YjB5dCtXWGhLZm5OdlBOaXZUN1B1OT09

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Passcode: KsbnCEComm
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Or One tap mobile:

- +13462487799,,87255487840#,,,,\*4304451110# US (Houston)
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International numbers available: https://us02web.zoom.us/u/kk2AzUwyY

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#### January 2024

#### February 2024 **IOAs**

#### **IOAs**

Received: 79 Approved: 66 Denied: 13 Pending: 0

#### LTP Applications & Renewals

Received: 3 Approved: 0 Denied: 0 Pending: 3

#### **SP Applications**

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

#### **IVT Providership Applications**

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

Received: 89 Approved: 66 Denied: 23 Pending: 0

#### LTP Applications & Renewals

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

#### **SP Applications**

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

#### **IVT Providership Applications**

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

**Total 2023** November 2023 December 2023 IOA's **IOAs** IOAs Received: 854 Received: 39 Received: 65 Approved:709 Approved: 28 Approved: 61 Denied:145 Denied: 11 Denied: 4 Pending:0 Pending: 0 Pending: 0 LTP Applications LTP Applications & Renewals LTP Applications & Renewals Received:34 Received: 2 Received: 0 Approved:31 Approved: 2 Approved: 0 Denied:1 Denied: 0 Denied: 0 Pending:2 Pending: 2 Pending: 0 **SP Applications SP Applications SP Applications** Received:29 Received:2 Received: 1 Approved:26 Approved: 2 Approved: 1 Denied:2 Denied: 0 Denied: 0 Pending:1 Pending: 0 Pending: 0 **IVT Providership Applications IVT Providership Applications IVT Providership Applications** Received:0 Received: 0 Received: 0

Approved: 0

Denied: 0

Pending: 0

Approved: 0

Denied: 0

Pending: 0

Approved:0

Denied:0

Pending:0

#### **Consent Item #2**

# LT CNE Provider Relinquishments:

LifeSave 2/5/24

### Single Providers Approved since December 2023:

Kansas Breastfeeding Coalition

Kansas City Southwest Clinical Society x2

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# Scott Schwab Kansas Secretary of State

Agency 60

State Board of Nursing

Article 9.—Continuing Education for Nurses

Printable Format

**60-9-106.** Continuing nursing education for license renewal. (a) At the time of license renewal, any licensee may be required to submit proof of completion of 30 contact hours of approved continuing nursing education (CNE). This proof shall be documented as follows:

- (1) For each approved CNE offering, a certificate or a transcript that clearly designates the number of hours of approved CNE that have been successfully completed, showing the following:
- (A) Name of CNE offering;
- (B) provider name or name of the accrediting organization;
- (C) provider number or number of the accrediting organization, if applicable;
- (D) offering date;
- (E) number of contact hours awarded; and
- (F) the licensee's name and license number as shown on the course roster; or
- (2) an approved Kansas state board of nursing IOA, which shall include approval of college courses that meet the definition of continuing education in K.S.A. 65-1117, and amendments thereto.
- (b) The required 30 contact hours of approved CNE shall have been completed during CNE/IV Therapy 9

the most recent prior licensing period between the first date of the licensing period and the date that the licensee submits the renewal application as required in K.S.A. 65-1117, and amendments thereto, and K.A.R. 60-3-108. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next renewal period.

- (c) Acceptable CNE may include any of the following:
- (1) An offering presented by an approved provider or national organization whose focus is patient safety and improving nursing practice, including the following: American academy of nurse practitioners, American association of critical-care nurses, American midwifery certification board, American nurses association, American nurses credentialing center, emergency nurses association, national board of certification and recertification for nurse anesthetists, and pediatric nursing certification board;
- (2) an offering as designated in K.S.A. 65-1119, and amendments thereto;
- (3) an offering for which a licensee has submitted an IOA, which may include credit requested for a college course that meets the definition of continuing education in K.S.A. 65-1117, and amendments thereto. Before licensure renewal, the licensee may submit an application for an IOA to the board, accompanied by the following:
- (A) A rationale statement that applies the meaning of continuing nursing education, as defined in K.S.A. 65-1113 (h) or continuing education, as specified in K.S.A. 65-1132 (a) (2) and amendments thereto;
- (B) an agenda representing exact learning time in minutes;
- (C) official documentation of successfully completed hours, which may include a certificate of completion or an official college transcript; and
- (D) learning or behavior objectives describing learning outcomes;
- (4) a maximum of 15 contact hours for the first-time preparation and presentation as an instructor of an approved offering to licensed nurses. Two contact hours of instructor credit shall be granted for each hour of presentation;
- (5) an offering utilizing a board-approved curriculum developed by the American heart association, emergency nurses association, or Mandt, which may include the following:
- (A) Advanced cardiac life support;
- (B) emergency nursing pediatric course;
- (C) pediatric advanced life support;
- (D) trauma nurse core course;

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- (E) neonatal resuscitation program; or
- (F) Mandt program;
- (6) independent study;
- (7) distance learning offerings;
- (8) a board-approved refresher course if required for licensure reinstatement as specified in K.A.R. 60-3-105 and K.A.R. 60-11-116;
- (9) participation as a member of a nursing organization board of directors or the state board of nursing, including participation as a member of a committee reporting to the board. The maximum number of allowable contact hours shall be six and shall not exceed three contact hours each year. A letter from an officer of the board confirming the dates of participation shall be accepted as documentation of this type of CNE; or
- (10) any college courses in science, psychology, sociology, or statistics that are prerequisites for a nursing degree.
- (d) Fractions of hours 30 minutes or greater to be computed towards a contact hour shall be accepted.
- (e) A maximum of 15 contact hours shall be accepted for renewal of certification in advanced cardiac life support (ACLS), pediatric advanced life support (PALS), or similar standardized recertification courses developed by the American heart association, emergency nurses association, or Mandt each licensing period.
- (f) Contact hours shall not be recognized by the board for any of the following:
- (1) Identical offerings completed within a renewal period;
- (2) offerings containing the same content as that of courses that are part of basic preparation at the level of current licensure;
- (3) in-service education, on-the-job training, orientation, and institution-specific courses;
- (4) an incomplete or failed college course or any college course in literature and composition, public speaking, basic math, algebra, humanities, or other general education requirements unless the course meets the definition of CNE;
- (5) offerings less than 30 minutes in length; or
- (6) a board-approved refresher course for license renewal. (Authorized by and implementing K.S.A. 2021 Supp. 65-1117; effective Sept. 2, 1991; amended April 3, 1998; amended April 20, 2001; amended July 20, 2007; amended May 10, 2013; amended April CNE/IV Therapy 11

29, 2016; amended July 14, 2023.)

Printable Format

# Kansas Secretary of State

Memorial Hall, 1st Floor120 SW 10th Avenue

Topeka, KS 66612-1594

( 785-296-4564

kssos@ks.gov

(L) 8:00 a.m. to 5:00 p.m.

#### **Elections Division**

& 800-262-VOTE(8683)

election@ks.gov

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## **Business Services Division**

785-296-4564

kssos@ks.gov

# **Publications Division**

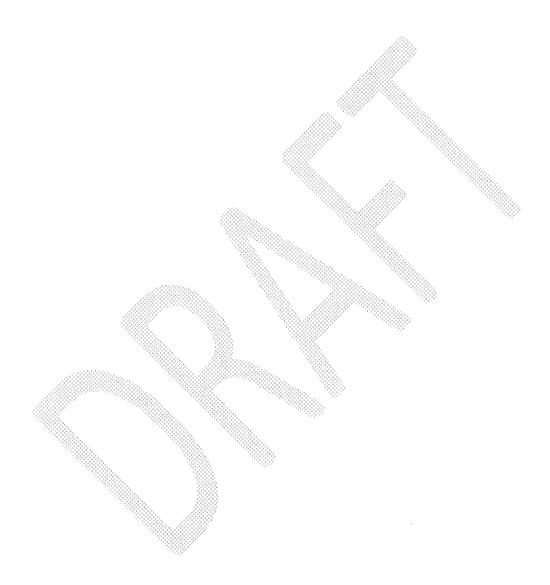
(L 785-296-BOOK(2665)

sos\_lawbooks@ks.gov

# KSBN Regulation Review Form

12021 ( 2008)
Part 1 (completed by agency staff):
Regulation Number: 106
Article Title: 9 - Continuing Education for Nurses
Rule and Reg Title: Continuing nursing education for license renewal
Type (New/Amended): Amended
Effective Date (history): July 14, 2023
Authorizing K.S.A. 65-1117
Implementing K.S.A. 65-1117
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y or N .</li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y or N .</li> <li>Potential for Revocation:</li> <li>Briefly describe how revocation would affect Kansans (max. 800 characters)</li> </ol>
<ol> <li>Is the rule and regulation being revoked? Y ☐ or N ☐</li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y ☐ or N ☐</li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Scott Schwab Kansas Secretary of State

# Agency 60

## State Board of Nursing

Article 9.—Continuing Education for Nurses

Printable Format

**60-9-107. Approval of continuing nursing education**. (a) Each person, organization, or institution wanting to become an approved provider shall meet the following requirements:

- (1) Long-term provider. A completed application for initial approval or five-year renewal for a long-term continuing nursing education (CNE) providership shall be submitted to the board at least 60 days before a scheduled board meeting.
- (2) Single offering provider. The application for a single CNE offering shall be submitted to the board at least 30 days before the anticipated date of the first offering.
- (b) Each applicant shall include the following information on the application:
- (1)(A) The name and address of the organization; and
- (B) 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;
- (2) the name, education, and experience of the program coordinator responsible for CNE, as specified in subsection (c);
- (3) written policies and procedures, including at least the following areas:
- (A) Assessing the need and planning for CNE activities;

- (B) fee assessment;
- (C) advertisements, offering announcements, and certificates of completion. Published information and each certificate of completion shall contain the following statement: "[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 for [specify each applicable license type: APRN, RN, LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: \_\_\_\_\_\_\_";
- (D) for long-term providers, the offering approval process as specified in subsection (d);
- (E) awarding contact hours, as specified in subsection (e);
- (F) verifying participation and successful completion of the offering, as specified in subsections (f) and (g);
- (G) recordkeeping and record storage, as specified in subsection (h);
- (H) notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days; and
- (I) for long-term providers, a copy of the total program evaluation plan; and
- (4) the proposed CNE offering, as specified in subsection (i).
- (c)(1) Long-term provider. The program coordinator for CNE shall meet the following requirements:
- (A) Be a licensed professional nurse;
- (B) have three years of clinical experience;
- (C) have one year of experience in developing and implementing nursing education; and
- (D) have a baccalaureate degree in nursing, except those individuals exempted under K.S.A. 65-1119 and amendments thereto.
- (2) Single offering provider. If the program coordinator is not a nurse, the applicant shall also include the name, education, and experience of the nurse consultant. The individual responsible for CNE or the nurse consultant shall meet the following requirements:
- (A) Be licensed to practice nursing; and

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- (B) have three years of clinical experience.
- (d) For long-term providers, the policies and procedures for the offering approval process shall include the following:
- (1) A summary of the planning;
- (2) the behavioral objectives;
- (3) the content;
- (4) the instructor's education and experience, documenting knowledge and expertise in the content area;
- (5) 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. Classic references, if included, shall be limited to less than 25 percent of the bibliography; and
- (6) an offering evaluation that includes each participant's assessment of the following:
- (A) The achievement of each objective; and
- (B) the expertise of each individual presenter.
- (e) An approved provider may award any of the following:
- (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for fractions of hours 30 minutes or greater to be computed towards a contact hour;
- (2) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum;
- (3) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by the Mergener formula; or
- (4) clinical hours.
- (f)(1) Each provider shall maintain a daily roster to verify that each participant attended the offering. The roster shall contain the following information:
- (A) The provider's name, address, provider number, and coordinator;
- (B) the date and title of the offering, and the presenter or presenters; and
- (C) the participant's name and license number, and the number of contact hours

  CNE/IV Therapy 17

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awarded.

- (2) 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:
- (A) The provider's name, address, provider number, and coordinator;
- (B) the participant's name and license number, and the number of contact hours awarded;
- (C) the title of the offering;
- (D) the date on which the offering was completed; and
- (E) either the completion of a posttest or a return demonstration.
- (g)(1) 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 approved provider.
- (2) Each certificate and each CE transcript shall be complete before distribution to the participant.
- (3) Each certificate and each CE transcript shall contain the following information:
- (A) The provider's name, address, and provider number;
- (B) the title of the offering;
- (C) the date or dates of attendance or completion;
- (D) the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded;
- (E) the handwritten or electronic signature of the individual responsible for the providership;
- (F) the name and license number of the participant; and
- (G) the following statement: "[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 for [specify each applicable license type: APRN, RN, LPN or LMHT] relicensure. Kansas State Board of Nursing provider number \_\_\_\_\_:".
- (h)(1) For each offering, the approved provider shall retain the following for two years:
- (A) A summary of the planning;

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- (B) a copy of the offering announcement or brochure;
- (C) the title and objectives;
- (D) the offering agenda or, for independent study, pilot test results;
- (E) a bibliography;
- (F) a summary of the participants' evaluations;
- (G) each instructor's education and experience; and
- (H) documentation to verify completion of the offering, as specified in subsection (f).
- (2) The record storage system used shall ensure confidentiality and easy retrieval of records by authorized individuals.
- (3) Each approved single offering CNE provider shall submit to the board a roster of the individuals who have completed an offering, within 15 working days of course completion.
- (i)(l) Long-term provider application. The provider shall submit two proposed offerings, including the following:
- (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, as specified in paragraph (d)(5); and
- (G) the offering evaluation form.
- (2) Single offering provider application. The provider shall submit the proposed offering, which shall include the information specified in paragraphs (i)(1)(A) through (G).
- (j)(l) Long-term provider application. Each prospective coordinator who has submitted an application for a long-term CNE providership that has been reviewed once and found deficient, or has approval pending, shall submit all materials required by this regulation at least two weeks before the next board meeting. If the application does not meet all of the requirements or the prospective coordinator does not contact the board for an extension on or before this deadline, the application process shall be considered abandoned. A new application and fee shall be submitted/if/therapy 19

prospective coordinator still wants a providership.

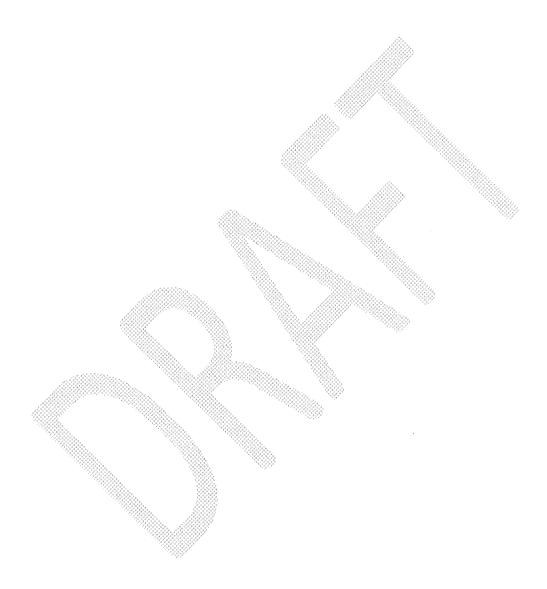
- (2) Single offering approval application. If the application for a single offering has been reviewed and found deficient, or has approval pending, the CNE coordinator shall submit all materials required by this regulation before the date of offering. If the application does not meet the requirements before the offering deadline, the application shall be considered abandoned. There shall be no retroactive approval of single offerings.
- (k)(1) Each approved long-term provider shall pay a fee for the upcoming year and submit an annual report for the period of July 1 through June 30 of the previous year on or before the deadline designated by the board. The annual report shall contain the following:
- (A) An evaluation of all the components of the providership based on the total program evaluation plan;
- (B) a statistical summary report; and
- (C) for each of the first two years of the providership, a copy of the records for one offering as specified in paragraphs (h)(1)(A) through (H).
- (2) If approved for the first time after January 1, a new long-term provider shall submit only the statistical summary report and shall not be required to submit the annual fee or evaluation based on the total program evaluation plan.
- (I)(I) If the long-term provider does not renew the providership, the provider shall notify the board in writing of the location at which the offering records will be accessible to the board for two years.
- (2) If a provider does not continue to meet the criteria for current approval established by regulation or if there is a material misrepresentation of any fact with the information submitted to the board by an approved provider, approval may be withdrawn or conditions relating to the providership may be applied by the board after giving the approved provider an opportunity to provide a written response.
- (3) Any approved provider that has voluntarily relinquished the providership or has had the providership withdrawn by the board may reapply as a long-term provider. The application shall be submitted on forms supplied by the board and accompanied by the designated, nonrefundable fee as specified in K.A.R. 60-4-103(a)(3). (Authorized by and implementing K.S.A. 65-1119 and K.S.A. 65-1129; effective March 9, 1992; amended Sept. 27, 1993; amended April 3, 1998; amended Oct. 25, 2002; amended March 6, 2009; amended May 10, 2013; amended July 14, 2023.)

CNE/IV Therapy 20

# KSBN Regulation Review Form

KODI ( Regulation 140 (10 () 2 0 1111
Part 1 (completed by agency staff):
Regulation Number: 107
Article Title: 9 - Continuing Education for Nurses
Rule and Reg Title: Approval of continuing nursing education
Type (New/Amended): Amended
Effective Date (history): July 14, 2023
Authorizing K.S.A. 65-1119 and 65-1129
Implementing K.S.A. 65-1119 and 65-1129
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y □ or N □</li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y □ or N □</li> <li>Potential for Revocation:</li> <li>Briefly describe how revocation would affect Kansans (max. 800 characters)</li> </ol>
<ul> <li>2. Is the rule and regulation being revoked? Y  or N .</li> <li>3. If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N .</li> </ul>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Scott Schwab Kansas Secretary of State

# Agency 60

# State Board of Nursing

Article 16.—Intravenous Fluid Therapy for Licensed Practical Nurse

Printable Format

**60-16-101. Definitions**. Each of the following terms, as used in this article of the board's regulations, shall have the meaning specified in this regulation:

- (a) "Administration of intravenous (IV) fluid therapy" means utilization of the nursing process to deliver the therapeutic infusion or injection of substances through the venous system.
- (b) "Admixing" means the addition of a diluent to a medication or a medication to an intravenous solution.
- (c) "Calculating" means mathematically determining the flow rate and medication dosages.
- (d) "Clock-hour" means 60 continuous minutes.
- (e) "Competency examination" means a written examination and demonstration of mastery of clinical components of IV fluid therapy.
- (f) "Discontinuing" means stopping the intravenous flow or removing the intravenous access device, or both, based on an authorized order or nursing assessment.
- (g) "Evaluating" means analyzing, on an ongoing basis, the monitored patient response to the prescribed IV fluid therapy.
- (h) "Initiating" means starting IV fluid therapy based on an authorized order by a CNE/IV Therapy 23

licensed individual. Initiating shall include the following:

- (1) Assessing the patient;
- (2) selecting and preparing materials;
- (3) calculating; and
- (4) inserting and stabilizing the cannula.
- (i) "Intravenous push" means direct injection of medication into the venous circulation.
- (j) "IV" means intravenous.
- (k) "Maintaining" means adjusting the control device for continuance of the prescribed IV fluid therapy administration rate.
- (I) "Monitoring" means, on an ongoing basis, assessing, observing, and communicating each patient's response to prescribed IV fluid therapy. The infusion equipment, site, and flow rate shall be included in the monitoring process.
- (m) "Stand-alone," when used to describe a course, means an IV fluid therapy course offered by a provider that has been approved by the board to offer the course independently of an approved practical nursing program.
- (n) "Titration of medication" means an adjustment of the dosage of a medication to the amount required to bring about a given reaction in the individual receiving the medication. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 12, 1998; amended Oct. 29, 1999; amended June 14, 2002; amended Jan. 17, 2020.)

Printable Format

### Kansas Secretary of State

Memorial Hall, 1st Floor

120 SW 10th Avenue

Topeka, KS 66612-1594

**%** 785-296-4564

(1) 8:00 a.m. to 5:00 p.m.

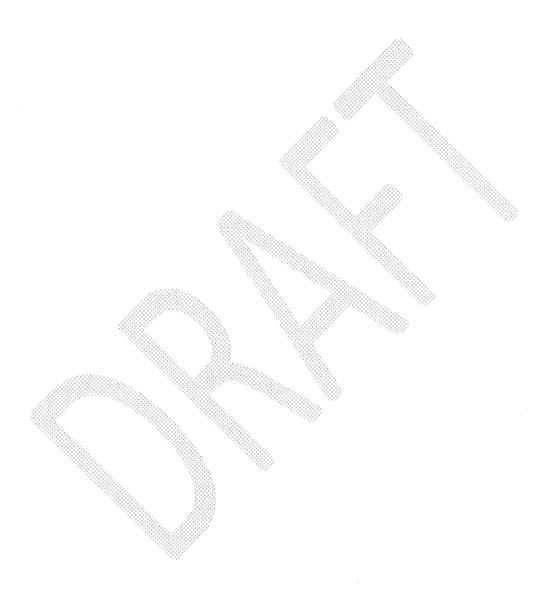
### **Business Services Division**

**(** 785-296-4564

# KSBN Regulation Review Form

222 2 3
Part 1 (completed by agency staff):
Regulation Number: 101
Article Title: 16 - Intravenous Fluid Therapy for Licensed Practical Nurse
Rule and Reg Title: Definitions
Type (New/Amended): Amended
Effective Date (history): January 17, 2020
Authorizing K.S.A. 65-1136
Implementing K.S.A. 65-1136
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y □ or N □</li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y □ or N □</li> <li>Potential for Revocation:</li> <li>Briefly describe how revocation would affect Kansans (max. 800 characters)</li> </ol>
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Scott Schwab Kansas Secretary of State

# Agency 60

## State Board of Nursing

Article 16.—Intravenous Fluid Therapy for Licensed Practical Nurse

Printable Format

**60-16-103.** Stand-alone course approval procedure; competency examinations; recordkeeping. (a) Each person wanting approval to offer a stand-alone course shall submit a proposal to the board.

The proposal shall contain the following:

- (1) The name and qualifications of the coordinator;
- (2) the name and qualifications of each faculty member of the course;
- (3) the mechanism through which the provider will determine that each licensed practical nurse seeking to take the course meets the admission requirements;
- (4) a description of the educational and clinical facilities that will be utilized;
- (5) the outlines of the classroom curriculum and the skills curriculum, including time segments. These curricula shall meet the requirements of K.A.R. 60-16-104(b);
- (6) the methods of student evaluation that will be used, including a copy of the final written competency examination and the final skills competency examination; and
- (7) if applicable, a request for continuing education approval meeting the following requirements:
- (A) For each long-term provider, the stand-alone course provider number shall be printed on the certificates and the course roster, along with the long-term provider 27

0/01/0004 11 10 43

number; and

- (B) for each single program provider, the single program application shall be completed.
- (b) To be eligible to enroll in a stand-alone course, the individual shall be a nurse with a current license.
- (c)(1) Each stand-alone course shall meet both of the following requirements:
- (A) Consist of at least 30 clock-hours of instruction; and
- (B) require at least eight clock-hours of supervised clinical or skills lab practice, which shall include at least one successful peripheral venous access procedure and the initiation of an intravenous infusion treatment modality.
- (2) Each stand-alone course, final written competency examination, and final clinical competency examination shall meet the board-approved curriculum requirements specified in K.A.R. 60-16-104(b) (1)-(23).
- (d)(1) Each stand-alone course coordinator shall meet the following requirements:
- (A) Be licensed as a registered professional nurse;
- (B) be responsible for the development and implementation of the course; and
- (C) have experience in IV fluid therapy and knowledge of the IV fluid therapy standards.
- (2) Each primary faculty member shall meet the following requirements:
- (A) Be currently licensed to practice as a registered professional nurse in Kansas;
- (B) have clinical experience that includes IV fluid therapy within the past five years; and
- (C) maintain competency in IV fluid therapy.
- (3) Each guest lecturer shall have professional preparation and qualifications for the specific subject in which that individual instructs.
- (e)(1) The facility in which skills practice and the competency examination are conducted shall allow the students and faculty access to the IV fluid therapy equipment and IV fluid therapy recipients and to the pertinent records for the purpose of documentation. Each classroom shall contain sufficient space, equipment, and teaching aids to meet the course objectives.
- (2) There shall be a signed, written agreement between the provider and each affiliating health care facility that specifies the roles, responsibilities, and liabilities of CNE/IV Therapy 28

each party. This written agreement shall not be required if the only health care facility to be used is that of the provider.

- (f)(1) The stand-alone course coordinator shall perform the following:
- (A) Ensure that the clinical record sheet is complete, including competencies and scores;
- (B) award a certificate to each licensed nurse documenting successful completion of both the final written competency examination and the final skills competency examination;
- (C) submit to the board, within 15 days of course completion, a typed, alphabetized roster listing the name and license number of each individual who successfully completed the course and the date of completion. The coordinator shall ensure that each roster meets the following requirements:
- (i) RN and LPN participants shall be listed on separate rosters; and
- (ii) the roster shall include the provider name and address, the single or long-term provider number, the stand-alone course provider number, and the coordinator's signature; and
- (D) maintain the records of each individual who has successfully completed the course for at least five years.
- (g) Continuing education providers shall award at least 32 contact hours to each LPN who successfully completes the course according to K.A.R. 60-9-106. Continuing education providers shall award 20 contact hours, one time only, to each RN who successfully completes the course.
- (h) After initial approval, each change in the stand-alone course shall be provided to the board for approval before the change is implemented.
- (i)(1) Each stand-alone course provider shall submit to the board an annual report for the period of July 1 through June 30 of the respective year that includes the total number of licensees taking the course, the number passing the course, and the number of courses held.
- (2) The single program providership shall be effective for two years and may be renewed by submitting the single offering provider application and by paying the fee specified in K.A.R. 60-4-103(a)(5). Each single program provider who chooses not to renew the providership shall notify the board in writing of the location at which the rosters and course materials will be accessible to the board for three years.
- (3) Each long-term provider shall submit the materials outlined in sylenger tipe (3) 2 yith

the five-year long-term provider renewal.

(j) If a course does not meet or continue to meet the requirements for approval established by the board or if there is a material misrepresentation of any fact with the information submitted to the board by a provider, approval may be withheld, made conditional, limited, or withdrawn by the board after giving the provider notice and an opportunity to be heard. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended June 14, 2002; amended July 29, 2005; amended May 18, 2012; amended Jan. 17, 2020.)

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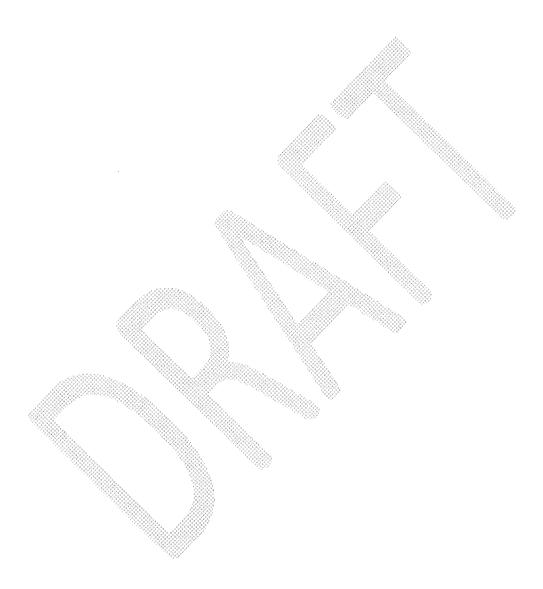
#### **Publications Division**

785-296-BOOK(2665)

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KSBN Regulation Review Form
Part 1 (completed by agency staff):
Regulation Number: 103
Article Title: 16-Intravenous Fluid Therapy for Licensed Practical Nurse
Rule and Reg Title: Stand-alone course approval procedure; competency examinations; recordkeeping
Type (New/Amended): Amended
Effective Date (history): January 17, 2020
Authorizing K.S.A. 65-1136
Implementing K.S.A. 65-1136
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y  or N </li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N </li> </ol>
Potential for Revocation:
1. Briefly describe how revocation would affect Kansans (max. 800 characters)
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Agency 60

### State Board of Nursing

Article 16.—Intravenous Fluid Therapy for Licensed Practical Nurse

Printable Format

**60-16-104.** Standards for course and program curriculum content. (a) The purpose of the intravenous fluid therapy content and stand-alone course shall be to prepare practical nursing students or licensed practical nurses to perform safely and competently the activities as defined in K.A.R. 60-16-102. The course shall be based on the nursing process and current intravenous nursing standards of practice.

- (1) Intravenous fluid therapy content provided as part of a practical nursing program's curriculum as specified in K.A.R. 60-2-104 or as a stand-alone course offered by an approved provider shall meet the requirements of this regulation.
- (2) Each provider of a stand-alone course shall obtain approval from the board before offering an intravenous fluid therapy course as specified in K.A.R. 60-16-103.
- (3) Each provider of a stand-alone course shall submit documentation of the use of the curriculum required in this regulation to the board.
- (4) Each practical nursing program administrator wanting to implement the intravenous fluid therapy curriculum as required in this regulation shall submit a major curriculum change form as specified in K.A.R. 60-2-104(g).
- (b) Each stand-alone course or practical nursing program curriculum in intravenous fluid therapy shall include instruction in the following topics:
- (1) Definition of intravenous fluid therapy and indications as specified in K.A.R.

CNE/IV Therapy 33

60-16-101;

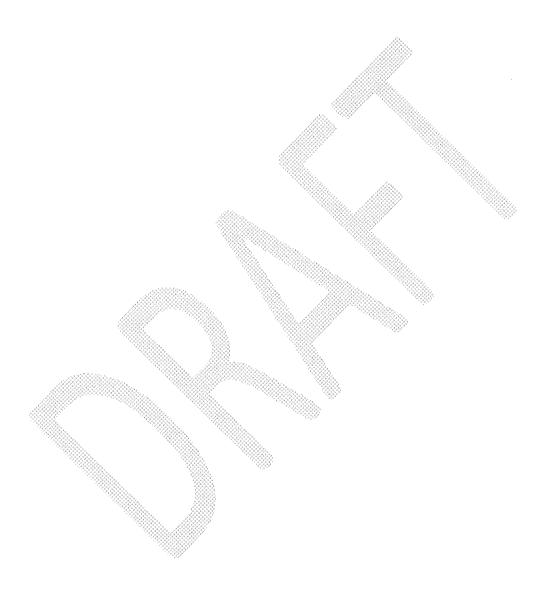
- (2) scope of practice as specified in K.A.R. 60-16-102;
- (3) types of vascular-access delivery devices;
- (4) age-related considerations;
- (5) legal implications for intravenous fluid therapy;
- (6) anatomy and physiology;
- (7) fluid and electrolyte balance;
- (8) infusion equipment used in intravenous fluid therapy;
- (9) patient care;
- (10) infusion therapies;
- (11) parenteral solutions and indications;
- (12) infection control and safety;
- (13) site care and maintenance;
- (14) vascular-access device selection and placement;
- (15) insertion of peripheral short catheters;
- (16) administration, maintenance, and monitoring of peripheral intravenous fluid therapy;
- (17) infusion-related complications and nursing interventions;
- (18) central and peripheral vascular devices;
- (19) administration, maintenance, and monitoring of central intravenous fluid therapy;
- (20) documentation;
- (21) patient education;
- (22) a testing component through which each student is able to demonstrate competency related to intravenous fluid therapy; and
- (23) a means to verify that a student has successfully completed the stand-alone course or practical nursing program curriculum in intravenous fluid therapy as specified in this regulation. (Authorized by and implementing K.S.A. 65-1136; effective Nov. 21, 1994; amended Dec. 13, 1996; amended Oct. 29, 1999; amended April 20, 2001; amended June 14, 2002; amended July 29, 2005; amended May 1802012varnesses Jan.

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# KSBN Regulation Review Form

RDDIA Regulation Review 1 of the
Part 1 (completed by agency staff):
Regulation Number: 104
Article Title: 12- Continuing Education for Mental Health Technicians
Rule and Reg Title: Approval of continuing education offerings
Type (New/Amended): Amended
Effective Date (history): September 27, 1993
Authorizing K.S.A. 65-4203
Implementing K.S.A. 65-4207
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y  or N  </li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N  </li> </ol>
Potential for Revocation:
1. Briefly describe how revocation would affect Kansans (max. 800 characters)
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Agency 60

# State Board of Nursing

Article 12.—Continuing Education for Mental Health Technicians

Printable Format

60-12-104. Approval of continuing education offerings. Approval of licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-107. (Authorized by K.S.A. 65-4203, implementing K.S.A. 65-4207; effective, T-85-49, Dec. 19, 1984; effective May 1, 1985; amended Sept. 27, 1993.)

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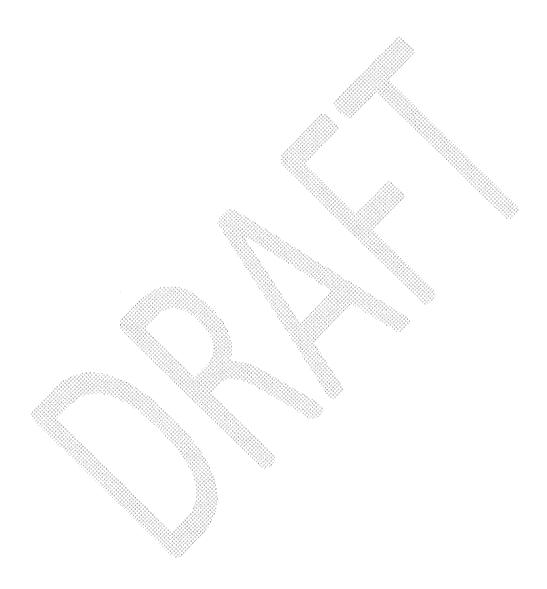
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CNE/IV Therapy 37

# KSBN Regulation Review Form

C
Part 1 (completed by agency staff):
Regulation Number: 104
Article Title: 12- Continuing Education for Mental Health Technicians
Rule and Reg Title: Approval of continuing education offerings
Type (New/Amended): Amended
Effective Date (history): September 27, 1993
Authorizing K.S.A. 65-4203
Implementing K.S.A. 65-4207
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y  or N  </li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N  </li> </ol>
Potential for Revocation:
1. Briefly describe how revocation would affect Kansans (max. 800 characters)
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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# Agency 60

# State Board of Nursing

Article 12.—Continuing Education for Mental Health Technicians

Printable Format

**60-12-105. Definitions**. Definitions within this article of terms associated with licensed mental health technician continuing education shall be in accordance with K.A.R. 60-9-105. (Authorized by K.S.A. 65-4203; implementing K.S.A. 65-4205 and 65-4207; effective March 9, 1992; amended Sept. 27, 1993.)

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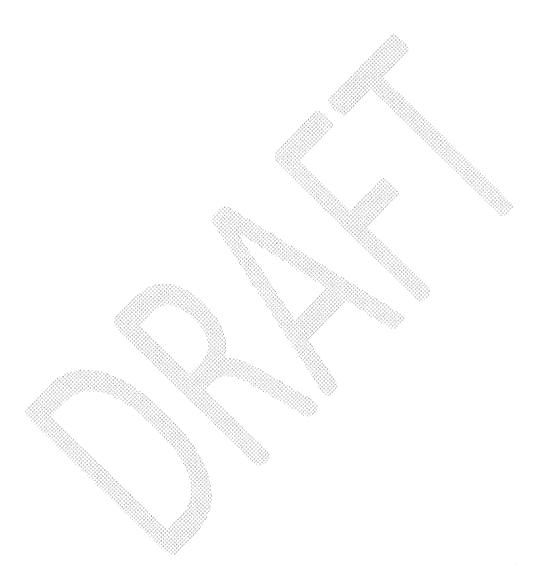
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CNE/IV Therapy 40

# KSBN Regulation Review Form

RSDN Regulation Review 1 offit
Part 1 (completed by agency staff):
Regulation Number: 105
Article Title: 12- Coninuing Education for Mental Health Technicians
Rule and Reg Title: Definitions
Type (New/Amended): Amended
Effective Date (history): September 27, 1993
Authorizing K.S.A. 65-4203
Implementing K.S.A. 65-4205 and 65-4207
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y □ or N □</li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y □ or N □</li> <li>Potential for Revocation:</li> <li>Briefly describe how revocation would affect Kansans (max. 800 characters)</li> </ol>
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



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### Agency 60

#### State Board of Nursing

Article 12.—Continuing Education for Mental Health Technicians

Printable Format

**60-12-106. License renewal**. (a) Each licensee shall submit a renewal application and the renewal fee specified in K.A.R. 60-8-101 no later than December 31 in each even-numbered year.

- (b) Any licensed mental health technician may be required to submit proof of completion of 30 contact hours during the most recent prior licensing period. Contact hours accumulated in excess of the 30-hour requirement shall not be carried over to the next license renewal period. This proof of completion shall be documented as follows:
- (1) (A) Name of the continuing mental health technician education (CMHTE) offering or college course;
- (B) provider name or name of the accrediting organization;
- (C) provider number or number of the accrediting organization, if applicable;
- (D) offering date; and
- (E) number of contact hours; or
- (2) approved IOA.
- (c) Any individual attending an offering not previously approved by the board may submit an application for an individual offering approval (IOA). Credit may be given for CNE/IV Therapy 43

offerings that the licensee demonstrates to be relevant to the licensee's practice of mental health technology. Each separate offering shall be approved before the licensee submits the license renewal application.

- (d) Approval shall not be granted for identical offerings completed within a license renewal period.
- (e) Any licensed mental health technician may acquire 30 contact hours of CMHTE from independent study, as defined in K.S.A. 65-4202 and amendments thereto.
- (f) Any licensed mental health technician may accumulate 15 contact hours of the required CMHTE from instructor credit. Each presenter shall receive instructor credit only once for preparation and presentation of each course. The provider shall issue a certificate listing the number of contact hours earned and clearly identifying the hours as instructor credit.
- (g) Fractions of hours may be accepted for offerings over 30 minutes to be computed towards a contact hour. (Authorized by K.S.A. 65-4203; implementing K.S.A. 2011 Supp. 65-4205; effective Sept. 2, 1991; amended Feb. 16, 1996; amended Oct. 12, 2001; amended May 10, 2013.)

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# KSBN Regulation Review Form

Part 1 (completed by agency staff):
Regulation Number: 106
Article Title: 12 - Continuing Education for Mental Health Technicians
Rule and Reg Title: License Renewal
Type (New/Amended): Amended
Effective Date (history): May 10, 2013
Authorizing K.S.A. 65-4203
Implementing K.S.A. 65-4205
Part 2 (completed by committee members):
Necessity:
<ol> <li>Is the rule and regulation necessary for the implementation and administration of state law? Y  or N  </li> <li>Does the rule and regulation service an identifiable public purpose in support of state law? Y  or N  </li> </ol>
Potential for Revocation:
1. Briefly describe how revocation would affect Kansans (max. 800 characters)
<ol> <li>Is the rule and regulation being revoked? Y  or N </li> <li>If the rule and regulation is not in active use, would revocation require a change to the authorizing or implementing statute? Y  or N </li> </ol>

4. If the rule and regulation is not in active use and revocation would require a change in the authorizing or implementing statute, which changes? (max. 400 characters)



## Long Term CNE Provider Checklist

(K.A.R. 60-9-107)

Name of Provider: Kansas Home Care & Hospice Association

Name of Program Coordinator: Ashley Boles

Date Received: 12/4/23

Date to	CNE	Committee:	March	ı 2024
---------	-----	------------	-------	--------

Date N	Notified:	
	Not Approved:	
	Approved	

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

X
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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		Maria
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	
<ul> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	X	
The signature of the individual responsible for the providership	X	
The name and license number of the participant	X	
Recordkeeping & Storage		la de la companya de
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	
<ul> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	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	V	
For long-term providers, a copy of the total program evaluation plan	X	
Two Proposed Offerings	114	ша
The provider shall submit two proposed offerings, including the following:	#1 Case Management in a VBP World	#2 QAPI in a VBP World
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

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Reference No.: 25588 Date submitted: Dec 4 15:53 2023

8 files were uploaded with this form: Appendix B - Sample Roster.pdf, Appendix C -Sample On-Demand PostTest Verfication.pdf, Appendix D - Sample Certificate.pdf, Appendix E - Total Program Evaluation.pdf, Appendix F - Offering 1.pdf, Appendix G -Offering 2.pdf, Appendix H - Offerings Flyer.pdf, Appendix A - Sample Flyer.pdf

#### www.ksbn.org

radio ~ Renewal

Providername ~ Kansas Home Care & Hospice Association

providernum ~ LT0287-0314

legalbody ~ ~

address ~ PO Box 696

adress2 ~ DeSoto, KS 66018

**telephone** ~ 9136695076

email ~ aboles@axxess.org

coordinator ~ Ashley Boles

**date** ~ 12-04-2023

planningce ~ Process of assessing need and planning CE - 60-9-107 b (3) (A)

The educational needs of home health and hospice nurses in Kansas are to be assessed through:

1)Recommendations from the KHCHA Board of Directors and Executive Director:

2) Verbal and written communication from home health and hospice providers;

3) Feedback on program evaluations; or

4) Advice from the National Association for Home Care & Hospice, other state home care and hospice associations, and/or other industry experts.

CE offerings shall be planned under the direction of the KHCHA Board of Directors, the KHCHA Education Committee and/or the KHCHA Annual Meeting Committee, depending on the event. All CNEs shall be developed for the enhancement of nursing practice of registered professional and licensed practical nurses in the home health and hospice setting and in the administration of home health and hospice care, with the objective of developing and promoting best practices for safe and effective care of the home health and hospice patient. CNEs

may be offered through face-to-face conferences, distance learning, or audio or video recordings, depending on the assessed needs of the audience.

feeassessment ~ Process for fee assessment - 60-9-107 b (3) (B)

Registration fees for KHCHA CNE offerings shall be determined by KHCHA staff based on the associated costs of an offering including fees for speakers, the facility, A/V, etc. Written requests for refunds received at least one week prior to the CNE offering will receive a refund less a \$25 processing fee. Fees are non-refundable after that date. In the event of returned payments due to insufficient funds, registrants will be responsible for any bank fees assessed to KHCHA, in addition to the original payment amount.

**advertisement** ~ Process for advertisements or announcements – 60-9-107 b (3) (C)

CNE offerings are to be promoted through the KHCHA website and KHCHA e-mail service. Promotional materials shall include a program abstract or program objectives, speaker's name and credentials, and the target audience. All published information must contain the following statement: "Kansas Home Care & Hospice Association is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: \_\_\_\_\_\_\_\_.

See Appendix A - Sample Flyer **approvalprocess** ~ Process for Offering Approval – 60-9-107 b (3) (D), 60-9-107 d

For each program offering, the following required items must be reviewed and approved by the KHCHA Education Chair with final approval from the CNE Program Coordinator as indicated on the CNE approval form:

- 1.All CNE offerings must be planned under the direction of one or more home health or hospice RNs serving on the Board of Directors, the Education Committee or the Annual Meeting Committee. The names of individuals shall be documented.
- 2.A minimum of three behaviorally-stated objectives is required for each CNE offering. The objectives must be stated in measurable terms such as the following: "At the conclusion of the program, participants will be able to identify... list.... outline... ". Each objective must relate to the enhancement of home health or hospice nursing with regard to patient care or agency administration and management.
- 3. Program content must be provided in the form of an outline of the topics to be addressed with time increments allotted for each topic. Content must be relevant to home health or hospice patient care

and/or agency administration and management.

4. Speaker credentials and experience must be provided through a curriculum vita or resume and must include documented knowledge and expertise in the content area.

5.A current bibliography and/or references that are reflective of the offering content are required. The bibliography may include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography;

6.A program evaluation is required to collect each participant's assessment of the achievement of each objective and the expertise of each individual presenter.

**contacthours**  $\sim$  Process for awarding contact hours - 60-9-107 b (3) (E), 60-9-107 e

Using the program outline, contact hours shall be calculated as 1 credit hour per 50 minutes of instruction. Credit for fraction of hours will be awarded for programs over 30 minutes. Hours will be awarded for actual time attended. For program offerings of three hours or less, partial credit will not be given for late arrival/early departure. For programs over three hours, partial credit may be given with documentation of time attended. Instructor credit shall be two contact hours for each hour of first-time presentation of an approved offering, excluding standardized prepared curriculum. For ondemand/independent study offerings, contact hours will be the same as the contact hours awarded for the original live presentation.

**verifycompletion**  $\sim$  Process for verifying participation and completion of the offering -60-9-107 b(3)(F), 60-9-107 f, 60-9-107 g

In order to verify that each participant attended the offering, participants shall be required to sign an attendance roster. The roster header and/or footer shall include: "Kansas Home Care & Hospice Association," our provider number, the name of the CNE Program Coordinator, KHCHA's current address, the title of the offering, the presenter(s)' name and credentials, and the date of the offering. If the program is offered using distance learning (e.g. webinar, videoconference, or teleconference), the roster must also include: the location of participants and the monitor's name and signature. The attendance roster shall include the following for each participant: name (exactly as it appears on their nursing license), nursing license number, number of contact hours awarded, and signature.

If the program is offered on-demand/independent study, the roster header and/or footer shall include: "Kansas Home Care & Hospice Association," our provider number, the name of the CNE Program Coordinator, KHCHA's current address, the title of the offering, the presenter(s)' name and credentials. To verify completion, the following

must be provided by each participant: name (exactly as it appears on their nursing license), nursing license number, number of contact hours awarded, the date on which the offering was completed, signature and the completion of a post-test.

Programs offered through distance learning (e.g. webinars, videoconferences, teleconferences, or recordings) shall require the return of the original roster and evaluations and, for ondemand/independent study offerings, post-tests to the program provider prior to certificate distribution.

See Appendix B - Sample Roster

See Appendix C - Sample On-Demand PostTest\_Verfication

See Appendix D - Sample Certificate

**recordkeeping**  $\sim$  Process for record keeping and record storage - 60-9-107 b (3) (G), 60-9-107 h

For each offering, the Kansas Home Care & Hospice Association shall electronically retain the following for two years: the signed CNE offering approval form, a summary of the planning, a copy of the announcement/ brochure, the title and objectives, the offering agenda, a bibliography, the summary of participant evaluations, each instructor's education and experience, the sign-in sheets, the alphabetized attendance roster and if applicable, post-tests. In order to ensure confidentiality and provide ease of retrieval by KHCHA staff, all documents will be stored on a password protected KHCHA staff laptop.

**noticeofchange** ~ Process for notice of change of coordinator or required policies – 60-9-107 b (3) (H)

KHCHA staff shall notify the Kansas State Board of Nursing in writing of any change of the individual responsible for the providership or

required policies and procedures within 30 days of such change.

programevaluation ~ Total Program Evaluation ~ 60-9-107 b (3) (I)

A total program evaluation will be conducted by KHCHA staff each year. KHCHA staff will return the total program evaluation as part of the annual report to the Board of Nursing. The annual report will also include the renewal fee, a statistical summary report, and for each of the first two years of the providership, a copy of the records for one offering. The annual report is for the period of July 1 through June 30 of the previous year and should be returned on or before the deadline designated by the Board of Nursing.

See Appendix E - Total Program Evaluation **Submission date** ~ 12-4-2023 15:53:49 **Form ID** ~ 1672730

# KANSAS STATE BOARD OF NURSING LONG-TERM CONTINUING NURSING EDUCATION (CNE) POLICIES and PROCEDURES

#### Administration

Name and Address – 60-9-107 b (1) (A) Kansas Home Care & Hospice Association (KHCHA) P.O. Box 67203 Topeka, KS 66667

**Department** – 60-9-107 b (1) (B) Same as above

KHCHA CNE Program Coordinator – 60-9-107 b (2), 60-9-107 c (1) Ashley Boles, RN, BSN, COS-C

- Graduated 2007 from Emporia State University with a BSN degree
- Clinical Experience:
  - 2007 2010 worked in homecare at Greenwood County Hospital Home Health as a Nurse Care Manager
  - 2010-2011 worked in homecare at Greenwood County Hospital Home Health as the
     OASIS Auditor and ICD-9 coder
  - 2011 to 2022 Clinical Supervisor, Greenwood County Hospital Home Health in Eureka,
     KS
  - o 2022 Present Implementation Consultant, Axxess
  - Experience has included working with Medicare, Medicaid, Private Insurance, and Private Duty services in homecare. Clinical experience includes general nursing services in homecare, ICD-10 coding, OASIS Specialist Clinical (COS-C), wound care including wound vac therapy, IV management in the home, and lab draws in the home. Experience working on quality improvement and managing outcomes while providing education to homecare staff to ensure quality care is provided.
- KHCHA Experience
  - Served on KHCHA Board of Directors as the At Large Representative starting in 2015 and was elected in 2016 as the District 2 Representative. The KHCHA Board works with the Education Committee Chair and staff to develop CE programs for the Association membership, both clinical and management.
  - KHCHA Annual Meeting Committee Member 2016 to present. Work with KHCHA staff
    in the planning and implementation of the annual conference which consists of multiple
    workshops for home health and hospice providers, including clinical and management
    topics.

# Kansas Home Care & Hospice Association CNE Program Management Written Policies and Procedures

#### Process of assessing need and planning CE - 60-9-107 b (3) (A)

The educational needs of home health and hospice nurses in Kansas are to be assessed through:

- 1) Recommendations from the KHCHA Board of Directors and Executive Director;
- 2) Verbal and written communication from home health and hospice providers;
- 3) Feedback on program evaluations; or
- 4) Advice from the National Association for Home Care & Hospice, other state home care and hospice associations, and/or other industry experts.

CE offerings shall be planned under the direction of the KHCHA Board of Directors, the KHCHA Education Committee and/or the KHCHA Annual Meeting Committee, depending on the event. All CNEs shall be developed for the enhancement of nursing practice of registered professional and licensed practical nurses in the home health and hospice setting and in the administration of home health and hospice care, with the objective of developing and promoting best practices for safe and effective care of the home health and hospice patient. CNEs may be offered through face-to-face conferences, distance learning, or audio or video recordings, depending on the assessed needs of the audience.

#### Process for fee assessment - 60-9-107 b (3) (B)

Registration fees for KHCHA CNE offerings shall be determined by KHCHA staff based on the associated costs of an offering including fees for speakers, the facility, A/V, etc. Written requests for refunds received at least one week prior to the CNE offering will receive a refund less a \$25 processing fee. Fees are non-refundable after that date. In the event of returned payments due to insufficient funds, registrants will be responsible for any bank fees assessed to KHCHA, in addition to the original payment amount.

#### Process for advertisements or announcements – 60-9-107 b (3) (C)

CNE offerings are to be promoted through the KHCHA website and KHCHA e-mail service. Promotional materials shall include a program abstract or program objectives, speaker's name and credentials, and the target audience. All published information must contain the following statement: "Kansas Home Care & Hospice Association is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for [specify each applicable license type: APRN, RN, LPN, or LMHT] relicensure. Kansas State Board of Nursing provider number: \_\_\_\_\_\_\_".

#### Process for Offering Approval – 60-9-107 b (3) (D), 60-9-107 d

For each program offering, the following required items must be reviewed and approved by the KHCHA Education Chair with final approval from the CNE Program Coordinator as indicated on the CNE approval form:

- 1. All CNE offerings must be planned under the direction of one or more home health or hospice RNs serving on the Board of Directors, the Education Committee or the Annual Meeting Committee. The names of individuals shall be documented.
- 2. A minimum of three behaviorally-stated objectives is required for each CNE offering. The objectives must be stated in measurable terms such as the following: "At the conclusion of the program, participants will be able to identify... list.... outline...". Each objective must relate to

- the enhancement of home health or hospice nursing with regard to patient care or agency administration and management.
- 3. Program content must be provided in the form of an outline of the topics to be addressed with time increments allotted for each topic. Content must be relevant to home health or hospice patient care and/or agency administration and management.
- 4. Speaker credentials and experience must be provided through a curriculum vita or resume and must include documented knowledge and expertise in the content area.
- 5. A current bibliography and/or references that are reflective of the offering content are required. The bibliography may include books published within the past 10 years, periodicals published within the past five years, or both. Classic references, if included, shall be limited to less than 25 percent of the bibliography;
- 6. A program evaluation is required to collect each participant's assessment of the achievement of each objective and the expertise of each individual presenter.

#### Process for awarding contact hours - 60-9-107 b (3) (E), 60-9-107 e

Using the program outline, contact hours shall be calculated as 1 credit hour per 50 minutes of instruction. Credit for fraction of hours will be awarded for programs over 30 minutes. Hours will be awarded for actual time attended. For program offerings of three hours or less, partial credit will not be given for late arrival/early departure. For programs over three hours, partial credit may be given with documentation of time attended. Instructor credit shall be two contact hours for each hour of first-time presentation of an approved offering, excluding standardized prepared curriculum.

Process for verifying participation and completion of the offering – 60-9-107 b(3)(F), 60-9-107 f, 60-9-107 g In order to verify that each participant attended the offering, participants shall be required to sign an attendance roster. The roster header and/or footer shall include: "Kansas Home Care & Hospice Association," our provider number, the name of the CNE Program Coordinator, KHCHA's current address, the title of the offering, the presenter(s)' name and credentials, and the date of the offering. If the program is offered using distance learning (e.g. webinar, videoconference, or teleconference), the roster must also include: the location of participants and the monitor's name and signature. The attendance roster shall include the following for each participant: name (exactly as it appears on their nursing license), nursing license number, number of contact hours awarded, and signature.

If the program is offered on-demand/independent study, the roster header and/or footer shall include: "Kansas Home Care & Hospice Association," our provider number, the name of the CNE Program Coordinator, KHCHA's current address, the title of the offering, the presenter(s)' name and credentials. To verify completion, the following must be provided by each participant: name (exactly as it appears on their nursing license), nursing license number, number of contact hours awarded, the date on which the offering was completed, signature and the completion of a post-test.

Certificates of attendance shall be awarded to participants after completing an offering. Each certificate shall be completed in its entirety before distribution to participants and shall contain: "Kansas Home Care & Hospice Association," KHCHA's address and provider number, the title of the offering, the date(s) of attendance or completion, the number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded, the hand-written or electronic signature of KHCHA's CNE Program Coordinator, and the name and nursing license number of the participant. In addition, the following statement: "Kansas Home Care & Hospice Association is approved as a provider

of CNE by the Kansas State Board of Nursing. This course offering is approved for contact hours for
[specify each applicable license type: APRN, RN, LPN or LMHT] relicensure. Kansas State Board of
Nursing provider number :".

Programs offered through distance learning (e.g. webinars, videoconferences, teleconferences, or recordings) shall require the return of the original roster and evaluations and, for ondemand/independent study offerings, post-tests to the program provider prior to certificate distribution.

#### Process for record keeping and record storage – 60-9-107 b (3) (G), 60-9-107 h

For each offering, the Kansas Home Care & Hospice Association shall electronically retain the following for two years: the signed CNE offering approval form, a summary of the planning, a copy of the announcement/ brochure, the title and objectives, the offering agenda, a bibliography, the summary of participant evaluations, each instructor's education and experience, the sign-in sheets, the alphabetized attendance roster and if applicable, post-tests. In order to ensure confidentiality and provide ease of retrieval by KHCHA staff, all documents will be stored on a password protected KHCHA staff laptop.

Process for notice of change of coordinator or required policies – 60-9-107 b (3) (H) KHCHA staff shall notify the Kansas State Board of Nursing in writing of any change of the individual responsible for the providership or required policies and procedures within 30 days of such change.

#### Total Program Evaluation - 60-9-107 b (3) (1)

A total program evaluation will be conducted by KHCHA staff each year. KHCHA staff will return the total program evaluation as part of the annual report to the Board of Nursing. The annual report will also include the renewal fee, a statistical summary report, and for each of the first two years of the providership, a copy of the records for one offering. The annual report is for the period of July 1 through June 30 of the previous year and should be returned on or before the deadline designated by the Board of Nursing.

Revised 7/18/23



## **Continuing Nursing Education Program Roster**

CNE Offering Title: "Case Management in a VBP World" 2023 Winter Conference

Presenter(s) (Name and Credentials): Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H

Date of Offering: November 29, 2023

Location of Offering (Site, City, State): Bluemont Hotel, Manhattan, KS

Number of CNE Contact Hours Approved by KHCHA: 8.4

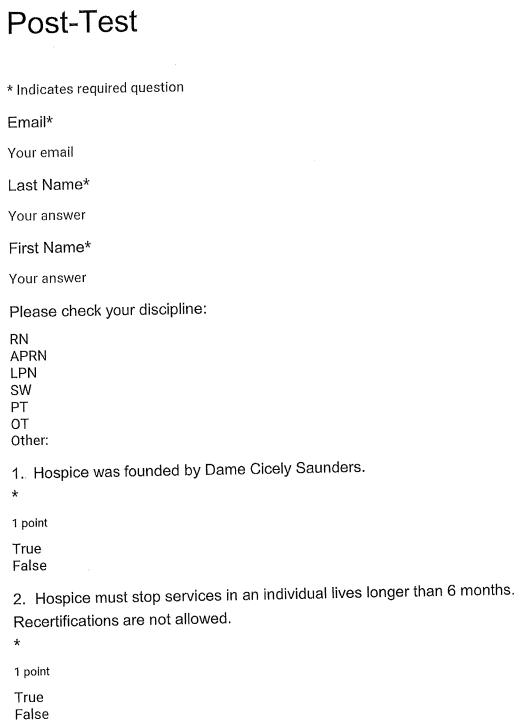
Please confirm that your information appears as listed on your nursing license.

Last Name	First Name	RN / LPN / APRN	License #	Signature	After- Lunch Initials	Contact Hours Awarded (office use only)
Lust Hume						

The Kansas Home Care & Hospice Association 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 relicensure. Kansas State Board of Nursing provider number: LT0287-0314. KHCHA CNE Program Coordinator: Ashley Boles, RN, BSN. For information, contact KHCHA at P.O. Box 67203, Topeka, KS 66667 or telephone (785) 478-3640 or e-mail <a href="https://khcha@kshomecare.org">khcha@kshomecare.org</a>.

As administered through Google Forms with automatic grading and results sent to participant and KHCHA.

# KHCHA On-Demand Webinar Series Post-Test



<ul><li>3. The four levels of Hospice care are routine, respite, general inpatient, and continuous home care.</li><li>*</li></ul>
1 point
True False
<ul><li>4. The IDG team is responsible for the care of a hospice patient.</li></ul>
1 point
True False
<ul><li>5. Hospice provides grief support for families for a year after their loved on passes.</li></ul>
4 points
True False
6. Hospice care can be provided in a nursing home.
1 point
True False
7. Hospice care is only appropriate for people who have a few days to live. *
1 point
True False
8. Critical end of life care conversations are too emotional and should be avoided by hospice staff. *
1 point
True False

9. Hospice provides medications, treatments, medical equipment and supplies that related to the patient's terminal prognosis.  *	are
1 point	
True False	
<ul><li>10. Hospice care is available to any individual expected to live 6 months or less.</li></ul>	
1 point	
True False	
<ul><li>11. A primary goal of hospice is to treat the emotional needs of the dying individual their family.</li><li>*</li></ul>	and
1 point	
True False	
12. Individuals receiving hospice care may have many different things contributing pain they are experiencing.	to
1 point	
True False	
13. Painting the picture in hospice means to make sure the documentation is shown the declines the patient is having that makes them appropriate for hospice.	wing
1 point	
True False	
14. The Hospice Item Set (HIS) is included in the ranking of hospices on the Hospi Compare site for Medicare. *	ice
1 point	

True False

15. Hospice is an elected benefit and the individual or their representative must sign and election statement to initiate hospice services.

1 point

True

False

Send me a copy of my responses.

# **Certificate of Completion**

This is to verify:

[First Name Last Name], RN

Kansas Nursing License #:

Completed the following continuing nursing education program:

Kansas Home Care & Hospice Association 2023 Winter Conference

## "QAPI in a VBP World"

Presented by Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H Thursday, November 30, 2023 Bluemont Hotel, Manhattan, KS

The Kansas Home Care & Hospice Association is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for **8.4** contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0287-0314.

Lighley Boles, LW-BSN
Ashley Boles, RN, BSN
CNE Program Coordinator

**Kansas Home Care & Hospice Association** 

P.O. Box 696, DeSoto, Kansas 66018 (785) 478-3640 khcha@kshomecare.org



# Kansas Home Care & Hospice Association CNE Providership – Total Program Evaluation

y:	Title:			Signature:		
				Te: B	Actions/ Recommendations	
Area	Frequency	Resp. Person	Criteria	Findings	Actions/ Neconmendations	
Administration	Annually	KHCHA Executive Director	Review job description			
Policies: Assess need, planning	Annually	KHCHA Executive Director	Review minutes of board and committee meetings, review evaluation summaries, and listing of other states or national groups to confirm identified needs are used in program planning			
Policies: Fee Assessment	Annually	KHCHA Executive Director	Policy meets organization and customer needs			
Policies: Announcement	Annually	KHCHA Executive Director	Review to be certain they reflect necessary information			
Policies: Offering approval process	Annually	KHCHA Executive Director	Review policies and compare to KSBN requirements			

Total Program Evaluation Page 2 of 2

Policies: Awarding contact hours	Annually	KHCHA Executive Director	Review agendas results to verify contact hours awarded; review documentation of partial credit	
Policies: Verifying participation/ completion	Annually	KHCHA Executive Director	Review rosters and certificates; compare to KSBN requirements	
Policies: Record keeping	Annually	KHCHA Executive Director	Audit contents of files for compliance with KSBN requirements	
Policies: Notification of changes	Annually	KHCHA Executive Director	Review procedures for changes reported to KSBN.	
Total Program Evaluation effectiveness	Annually	KHCHA Executive Director	Review total program evaluation and compare contents to KSBN requirements	

# **Kansas Home Care & Hospice Association**

P.O. Box 696, DeSoto, Kansas 66018 (785) 478-3640



# **CNE Offering Approval**

	Of the Office of
Date(s) of Offering:	November 29, 2023
Program Title:	"Case Management in a VBP World"
Location:	Bluemont Hotel, Manhattan, KS
Program Format:	_X_ Live Videoconference Other
	Webinar Teleconference
Credit Hours:	8.4
Target Audience:	Home Health nurses, therapists, clinical managers, quality managers, education managers
Speaker Name and Credentials:	Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H
Documentation of the process of assessing need and planning CE with nursing input:	Ongoing VBP education is being offered with other states and NAHC. Plans for this CE offering were first presented at the September 26, 2023, board meeting with Carol Quiring, RN; Danielle Gantner, RN; and Ashley Boles, RN, in attendance.
Required Attachment  Objectives/Our  Speaker(s) cur  Bibliography/r  Evaluation too	tline riculum vita or resume eferences
Reviewed by KHCHA	Education Chair: Date

Meeting all CNE program requirements for KHCHA, this offering is approved for 8.4 contact hours as

CNE Program Coordinator Signature\_\_\_\_\_\_ Date\_\_\_\_\_

credit applicable for APRN, RN, or LPN re-licensure.

#### Kansas Home Care & Hospice Association 2023 Winter Conference "Case Management in a VBP World" November 29, 2023

#### Objectives/Outline

CNE credit: 8.4 hours

Objectives		Content: (Basic Topics/General Outline)	Time Frame	Faculty	Teaching Methods
UL	lectives			i v vi	
1.	Define case management and describe the case management process.	1. Definition of case management and examples of what is/isn't case mgt. 2. Discuss factors that impact case mgt in Home Health: Value-Based Purchasing measures, Care Compare Star Rating, payment, surveyor review. 3. Outline steps in case mgt process: intake, assessment, Plan of Care development, implementation of the POC and evaluation of progress.	8:00 – 9:45 am 105 min 15 min break	Teresa Northcutt	Lecture, examples, power point handout
2.	Identify one requirement for coordination of care for home health.	Define care coordination and the participants: physician, disciplines and clinicians, patient/caregiver/family.     Discuss key points of care coordination for time points of SOC, ROC, Recertification, Discharge of a discipline and final DC from agency.	10:00 – 11:45 am 105 min 75 min lunch break	Teresa Northcutt	Lecture, examples, power point handout
3.	State one case management strategy to reduce Acute Care Hospitalization.	Discuss best case management practices to reduce ACH, and manage common HH diagnoses: CHF, COPD, Wounds, Diabetes, therapy cases.     Examples of collaboration between disciplines.	1:00 – 2:45 pm 105 min 15 min break 3:00 – 4:30 pm 90 min	Teresa Northcutt	Lecture, examples, power point handout
4.	Q&A	Open Q&A discussion	4:30 – 4:45 pm 15 min adjourn		

#### Kansas Home Care & Hospice Association 2023 Winter Conference "Case Management in a VBP World" November 29, 2023

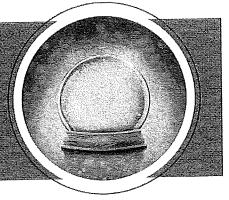
**Speaker Information** 

See attached resume

Doy 1

Kansas Home Care & Hospice Association 2023 Winter Conference

# CASEMANAGEMENT ON A VBP WORLD



#### Date and Times

Wednesday, November 29, 2023

Sign-In: 7:30—8:00 am

Conference: 8:00 am-4:45 pm

Lunch: 11:45 am-1:00 pm

#### Location

#### **Bluemont Hotel**

1212 Bluemont Ave Manhattan, KS 66502

#### Registration Fees

KHCHA Members — \$130/day Non-Members — \$260/day

#### Target Audience

Home Health nurses, therapists, clinical managers, quality managers, education managers

KHCHA greatly appreciates the time and effort on the part of our speakers/vendors in providing information for our attendees. The Kansas Home Care & Hospice Association feels an obligation to present the widest possible viewpoints represented in the home care and hospice arena. However, the participation of any speaker/vendor/product in our presentations does not constitute an endorsement by this association. As always, you are strongly advised to seek further counsel and exercise diligence in making any decisions that affect your business or the quality of services you provide.

#### Program Abstract

Case management has always been a challenge for home health, and Value-Based Purchasing increases the pressure on agencies to "do more with less" and improve quality measures at the same time. This one-day class will address case management in the new VBP world, including:

- \* Intro to Case Management and integration into home health regulations: eligibility requirements, payment vs. quality episode, HHRG calculation, LUPA's, impact of Face-to-Face, Medicare and private insurance payment differences, how payment impacts case management, issue of getting down-coded at end of episode, managing Length of Service.
- \* Steps in Case Management process: intake, assess patient situation and identify problems, set patient-centered goals as part of discharge planning, coordinate with physician for interventions based on best practices, implement plan of care, measure progress toward goals, determine when goals met and ready for DC. Give examples of case management steps for reducing acute care hospitalizations, DM, CHF, a therapy only case and how to adapt the steps.
- Coordination of Care as part of the case management process.
- \* Communication: completing the initial assessment accurately (RN check with therapy on problems, POC, visit numbers, etc.), SBAR tool example, communication in case of problems.

#### **CNE Credit**

Kansas Home Care & Hospice Association is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8.4 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LT0287-0314.

CNE/IV Therapy 71

#### Kansas Home Care & Hospice Association 2023 Winter Conference "Case Management in a VBP World" November 29, 2023

#### **References and Source Documents**

- 1. CMS QAPI Guidance Manual for Home Health, last update January 2023
- 2. CMS Conditions of Participation for Home Health, section 484.55 (January 2017)
- 3. CMS Final Rule, due to be published approximately Oct. 31, 2023 in the Federal Register

## Kansas Home Care & Hospice Association 2023 Winter Conference "Case Management in a VBP World" November 29, 2023

# **Evaluation Form**

RN	LPN	our disc	OT	<b>PT</b> O	Other	(Please	specify):		·				
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# TERESA NORTHCUTT, BSN RN 2710 Highway O, Middletown, MO 63359 (573) 656-3363...thnorthcutt@gmail.com

#### STRENGTHS AS A TRAINER/CONSULTANT

- Able to create productive and trusting relationships with all levels of home health and hospice personnel
- Passionate about and committed to improving the quality of home care delivery as well as the performance and job satisfaction of agency staff
- Skilled, confident platform speaker/trainer with excellent evaluations in a variety of settings
- Comprehensive and contemporary knowledge of quality improvement methods and skilled at innovative application in healthcare
- Results oriented, able to meet deadlines and project commitments
- Continuous learner who enjoys the challenge of mastering new skills
- Licensed as a registered nurse by the Missouri State Board of Nursing since 1977, license number 073362, valid through 04-30-2024.
- Credentials: Certified OASIS Specialist Clinical (COS-C) valid through 2024
   Homecare Coding Specialist-Diagnosis (HCS-D/ICD-10) valid through 2023
   Homecare Coding Specialist-Hospice (HCS-H) valid through 2024

#### PROFESSIONAL HISTORY

I currently work as an independent consultant in home health and hospice services through Teresa Northcutt LLC. My consulting company has been in place since 2011 and I have worked both independently and through Selman-Holman & Associates until that company was purchased in July 2021. I provide consultation and education services to agencies and state associations in the following areas:

- Quality Assessment Performance Improvement (QAPI)
- OASIS training and review
- ICD-10-CM coding, auditing and training for home health and hospice
- Home health documentation training and review

Selman-Holman & Associates Denton, TX 76209

## 2011-2021: Senior Associate Consultant

- Provide consultation services to home health and hospice agencies on assessment, documentation, OASIS and HIS guidelines, coding, quality improvement, regulatory compliance, work flow and communication activities, and other topics as requested
- Present on-site and teleconference/webinar trainings to home health and hospice agencies, state and regional organizations on OASIS, diagnosis coding, documentation

and quality improvement topics

Serve on Technical Expert Panel for Home Health Quality Improvement National Campaign Phases 2 and 3, performing pre-release review of several Best Practice Implementation Packages 2012-2015

## Primaris Healthcare Solutions Columbia, MO 65201

Primaris served as the Quality Improvement Organization for Missouri. In 2005-08 we provided resources that helped Missouri's 168 home health agencies rank in the Top 10 States in the nation in several outcome measures, including reducing hospital admissions.

2008-2011 (concurrent position): Consultant, Home health consultation and coding services

- Provide OASIS review and ICD-9-CM coding services to home health agencies
- Provide consultation services to home health agencies to improve quality of care, work flow, communication and care delivery
- Present on-site training for agency staff on OASIS assessment and ICD-9-CM coding for home health
- Presented teleconference series for Missouri Alliance for Home Care in February-March 2011, and programs at MAHC Annual Conferences in 2006-2011.
- Served on the Technical Expert Panel for pre-release review of the Home Health Quality Improvement National Campaign's Best Practice Intervention Packages for Cross Setting BPIP's (October 2010, January 2011).

2008-2011 (concurrent position): Program Manager, Prevention - Chronic Kidney Disease

- Work within a team setting to develop and implement a statewide initiative to improve screening and treatment to reduce the incidence and slow the progression of CKD
- Provide consultation service to individual physician practices in eastern Missouri, including analysis, planning, training/implementation, and evaluation
- Present educational programs to community organizations and diabetes support groups on topics related to kidney disease

2006-2008: Program Manager, Home Health

- Worked within a team setting to develop, implement, and evaluate the effectiveness of a statewide quality improvement initiative among home health agencies in Missouri.
- Provided consultation services to individual agencies in eastern Missouri, including analysis, planning, training/implementation and evaluation of quality interventions.
- Prepared tools and educational resources for home health agencies.
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- Provided quarterly regional meetings for home health agencies in Missouri, including topic development, creation of power point presentations and handouts, and presentation of the two-hour meetings in four of the six locations.

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- May, 2008: completed Master Trainer level of TeamSTEPPS at Creighton University

## Great Rivers Home Care, Inc.

St. Peters, MO 63376

## 1999-2006 (concurrent position): Assistant Director of Clinical Services

- Ensured agency compliance with state and federal regulations and professional standards of practice.
- Served as interim director in absence of Director of Clinical Services.
- Shared responsibility for agency policy/procedure development and revision.

## 1997-2006 (concurrent position): Quality Improvement Manager

- Developed Quality Improvement program using OBQI and OBQM principles.
- Organized and facilitated OBQI team activities within agency to improve clinical outcomes.
- Developed disease management programs including protocols and materials for staff and patient education.
- Developed and implemented OASIS training, including assessment and audit tools.
- Developed and presented educational programs for inservices and staff development.
- Supervised QI specialists in multidisciplinary review and quality improvement activities.
- Consulted with clinical managers re: evaluation of agency staff performance.
- July, 2005: obtained Homecare Coding Specialist Diagnosis Certification through Bureau of Advanced Medical Coding.

## 1996-1997: Quality Assurance Specialist

- Performed review of medical records to ensure compliance and quality of care.
- Performed duties of weekend on-call supervisor.

## 1995-1996: Skilled Nurse Case Manager

• Performed skilled nursing visits and case management for average 40 patient caseload of primarily Medicare patients, including assessment, care plan development and implementation, coordination with other disciplines and physicians.

## Audrain Medical Center

Mexico, MO 65265

## 1991-1995 (Concurrent position): Cardiopulmonary Patient Educator (1/2 time)

- Provided inpatient and outpatient education to patients/families with cardiovascular and pulmonary conditions re: disease process, medications, and disease management.
- Developed educational materials and standardized discharge instruction forms and

protocols.

Coordinated outpatient Cardiac Rehab program.

Instructed for Pulmonary Rehab and Smoking Cessation programs.

- Facilitated cardiac and pulmonary support groups (Heart to Heart and Better Breathers).
- Covered for other patient educator in her absence re: diabetes, wound management, ostomy care, and pre- and post-op patients.
- Performed community outreach and education activities including informational radio programs, health fairs, and presentations to local clubs and organizations.
- Certified Basic Cardiac Life Support Instructor (American Red Cross) and conducted BCLS training for hospital and community.

# 1991-1995 (concurrent position): Resource Nurse (1/2 time)

- Supervision of nursing staff, patient placement, coordination of nursing with other hospital departments, and conflict resolution with patients, families, physicians, staff.
- Provided supervisory oversight for affiliated Stribling House Skilled Nursing Facility and Continue Care (long term care).

# 1994-1995 (concurrent position): Facilitator for Total Quality Management Program

Participated in TQM Facilitator training program (initiated at AMC in 1994).

- Provided education and support for departmental work groups in identification of problems, data analysis, development of improvement plans, and evaluation and modification of ongoing plans.
- Facilitated interdepartmental work groups focusing on Medication Management, Critical Care and Emergency Services.

# 1993-1995: Developed a Farm Safety Program for children 8-12

- Developed educational materials, organized speakers and presenters from University Extension, local hospitals and fire departments, veterinarians, farm implement companies, and other community organizations and businesses.
- Annual Farm Safety Day Camp held in Mexico, MO in 1993, 1994, and 1995; and Farm Safety Olympics in Troy, MO in 1994.
- Provided program format and materials to Progressive Farmer Magazine; they sponsored Farm Safety programs in Missouri, Illinois, and Iowa.

## Lincoln County Hospital Home Health and Hospice Troy, MO 63379

#### 1990: Assistant Director

- Supervised seven field RN's, scheduled visits, performed intake duties, performed initial assessments and developed plans of care, presented inservices and staff training.
- Served as liaison with hospital staff for discharge planning and care coordination with home health and hospice patients.

## Audrain Medical Center

Mexico, MO 65265

1988-1990: Cardiopulmonary Patient Educator (part time)

1986-1988: Night Resource Nurse (part time)

## Lincoln County Nursing Service

Troy, MO 63379

#### 1978-1979: Public Health Nurse

• Performed home health nursing visits (Medicare and public health) for a variety of patients in rural Lincoln County, Missouri.

• Performed health education for Women-Infants-Children program, Well Baby and Family Planning Clinics.

• Conducted school screenings and health education programs.

### Audrain County Hospital

Mexico, MO 65265

#### 1977: Medical-Surgical Nurse

• Evening shift team leader for 34 bed medical surgical unit.

#### **EDUCATION**

1976-1977: Bachelor of Science, Nursing Accelerated Nursing Program

St. Louis University

1973-1976: Bachelor of Science, Animal Science University of Missouri - Columbia

# **Kansas Home Care & Hospice Association**

P.O. Box 696, DeSoto, Kansas 66018 (785) 478-3640



# **CNE Offering Approval**

Date(s) of Offering:	November 30, 2023
Program Title:	"QAPI in a VBP World"
Location:	Bluemont Hotel, Manhattan, KS
Program Format:	_X_ Live Videoconference Other
	Webinar Teleconference
Credit Hours:	8.4
Target Audience:	Home health clinicians, quality managers, clinical managers
Speaker Name and Credentials:	Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H
Documentation of the process of assessing need and planning CE with nursing input:	Ongoing QAPI and VBP education is being offered with other states and NAHC. Plans for this CE offering were first presented at the September 26, 2023, board meeting with Carol Quiring, RN; Danielle Gantner, RN; and Ashley Boles, RN, in attendance.
Required Attachment  ✓ Objectives/Out  ✓ Speaker(s) curr  ✓ Bibliography/re  ✓ Evaluation tool	cline riculum vita or resume eferences
	Education Chair: Date
Meeting all CNE prog	ram requirements for KHCHA, this offering is approved for <u>8.4</u> contact hours as APRN, RN, or LPN re-licensure.
CNE Program Coordi	nator Signature Date

## Objectives/Outline

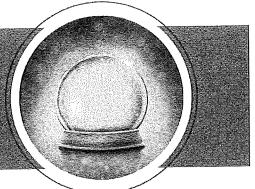
#### CNE credit: 8.4 hours

Objectives	Content: (Basic Topics/General Outline)	Time Frame	Faculty	Teaching Methods
State the key requirements for QAPI in the Conditions of Participation.	Outline the CoP standards for QAPI.     Discuss strategies to identify agency's strengths and weaknesses of current quality activities.	8:00 – 9:00 am 60 minutes	Teresa Northcutt	Lecture, examples, power point handout, report analysis
	Analysis of agency's iQIES reports and other resources for QAPI. Identify and	15 min break		
	prioritize areas of focus for each agency's QAPI program.	9:15 – 10:15 am 60 min		
2. Identify the steps in the QAPI process.	Explain the QAPI steps for improvement. Discuss how each agency is using these steps in their QAPI activities and what problems they have with using these steps.	10:15 am – 12:00 pm 105 min	Teresa Northcutt	Lecture, examples, power point handout
		75 min lunch break		
Discuss ways to incorporate infection prevention and control into QAPI program activities.	Discuss opportunities to address infection control for surgical and wound infections, respiratory infections and urinary infections.	1:15 – 2:15 pm 60 min	Teresa Northcutt	Lecture, examples, power point handout
Implement Performance Improvement     Plans to address the priority measures for     their agency.	Work through development of QAPI PIPs for Reducing Acute Care Hospitalization, Reducing Falls with Major Injury, Improving Management of Oral Meds, Improving Patient Satisfaction Scores and any other measures agencies choose.	2:30 – 4:30 pm 120 min 4:30 – 4:45 pm Q&A 15 min adjourn for day	Teresa Northcutt	Lecture, examples, power point handout

Day 2

Kansas Home Care & Hospice Association 2023 Winter Conference

# QAPI in a VBP WORLD



## Date and Times

Thursday, November 30, 2023

Sign-In: 7:30—8:00 am

Conference: 8:00 am-4:45 pm

Lunch: Noon—1:15 pm

## Location

Bluemont Hotel 1212 Bluemont Ave Manhattan, KS 66502

## Registration Fees

KHCHA Members — \$130/day Non-Members — \$260/day

## Target Audience

Home health clinicians, quality managers, clinical managers

## **CNE Credit**

Kansas Home Care & Hospice Association is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8.4 contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number: LTO287-0314.

## Program Abstract

The home health Conditions of Participation require agencies to have a comprehensive quality assessment performance improvement (QAPI) program that can positively impact outcomes in clinical care, infection prevention and control, and effectiveness of interdisciplinary care coordination. With Value-Based Purchasing underway, improving your outcomes has never been more important!

You may have a "QA" program at your agency now: how effective is it? does it meet the requirements of the CoPs? is it mostly "busy work" that looks good on paper, but doesn't really improve your quality of care outcomes? This one-day program will include the following:

- \* Outline the key components of QAPI in the 2018 Conditions of Participation
- \* Explain QAPI using Joint Commission and Institute for Healthcare Improvement principles
- Bring your agency's iQIES reports to analyze, identify and prioritize areas of focus for your agency's QAPI program
- Identify high-risk, high-volume, problem-prone areas of care and choose appropriate targets for improvement
- Learn techniques of Root Cause Analysis, brainstorming and PDSA (rapid cycle improvement using Plan-Do-Study-Act) as part of your QAPI process, and take home chart audit tools specific for your chosen measures.
- \* Apply QAPI principles and processes for an infection control measure, an outcome measure and a process measure using home health case studies
- \* Take home templates adapted for your target outcomes, including problem statement, root cause analysis, action plan, PDSA worksheets, and monitoring tools.

## Materials

Handouts will be made available online prior to the conference. Participants will be encouraged to print and bring a copy of the handouts with them to the conference.

Day 2 participants will also be asked to bring their agency's iQIES reports for the most recent quarter. Instructions will be provided with registration confirmation.

## Lodging

The Bluemont Hotel in Manhattan has reserved a block of rooms at the special KHCHA rate of \$106 per night (single and double, tax not included). The room block will be held through November 17, 2023.

Reservations may be made by calling the hotel directly at (785) 473-7091 and asking for the Kansas Home Care & Hospice Association group rate, or online—

Go to www.bluemonthotel.com

Click on the BOOK ONLINE button at the top of the page.

In the pop-up booking window, click on ADVANCED OPTIONS, and select "I have a Group Number".

In the next pop-up window, enter code KHCHA1123, and click on GO.

You can now review available room types, group pricing, and make your reservation.

Reservations made after the cut-off date will be accepted on a space or rate available basis.

## Speaker

Teresa Northcutt, BSN, RN, COS-C, HCS-D, HCS-H, Consultant, Teresa Northcutt, LLC, Middletown, MO

Teresa is well known to Kansas home care audiences, having provided education on home care OASIS,

diagnosis coding, case management and performance improvement over the past 10+ years through Selman-Holman and Associates and now as an independent consultant. She continues her work with agencies on QAPI and education on various topics, and is also enjoying traveling with family and friends and spending time with Miss Millie Jean.

# Registration Information

Registrations should be made online... click here to register.

Fees:

KHCHA Members -- \$130 / person / day \*

Non-Members -- \$260 / person / day \*

 $\mbox{*}$  If the same individual registers for both days, they will receive a \$20 discount.

The registration fee includes breaks and <u>online access to handouts</u>. Lunch will not be served. Attendees may go off-site to one of the many nearby restaurants.

Registration Deadline: Monday, November 20, 2023. A confirmation e-mail will be sent upon receipt of registration.

Cancellations: Refunds, less a \$25 processing fee, are available for cancellations received by November 22. No refunds will be given for cancellations received after November 22. No-shows will be held responsible for payment.

## Questions?

Contact Kristen Ada, KHCHA Executive Director Elect, 913-669-5076, kada@kshomecare.org

# Brought to you by...

Kansas Home Care & Hospice Association P.O. Box 67203 Topeka, KS 66667 785-478-3640 www.kshomecare.org



**Speaker Information** 

See attached resume

#### **References and Source Documents**

- 1. CMS QAPI Guidance Manual for Home Health, last update January 2023
- 2. CMS Conditions of Participation for Home Health, section 484.55 (January 2017)
- 3. CMS Final Rule, due to be published approximately Oct. 31, 2023 in the Federal Register

# **Evaluation Form**

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В.	Identify the st	eps in t	he QAPI	process.	(	)	0	0	0		0
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IV. Co	mments and S		ons:								

# TERESA NORTHCUTT, BSN RN 2710 Highway O, Middletown, MO 63359 (573) 656-3363...thnorthcutt@gmail.com

## STRENGTHS AS A TRAINER/CONSULTANT

 Able to create productive and trusting relationships with all levels of home health and hospice personnel

Passionate about and committed to improving the quality of home care delivery as well as the performance and job satisfaction of agency staff

• Skilled, confident platform speaker/trainer with excellent evaluations in a variety of settings

• Comprehensive and contemporary knowledge of quality improvement methods and skilled at innovative application in healthcare

• Results oriented, able to meet deadlines and project commitments

• Continuous learner who enjoys the challenge of mastering new skills

• Licensed as a registered nurse by the Missouri State Board of Nursing since 1977, license number 073362, valid through 04-30-2024.

Credentials: Certified OASIS Specialist – Clinical (COS-C) valid through 2024
 Homecare Coding Specialist-Diagnosis (HCS-D/ICD-10) valid through 2023
 Homecare Coding Specialist-Hospice (HCS-H) valid through 2024

#### PROFESSIONAL HISTORY

I currently work as an independent consultant in home health and hospice services through Teresa Northcutt LLC. My consulting company has been in place since 2011 and I have worked both independently and through Selman-Holman & Associates until that company was purchased in July 2021. I provide consultation and education services to agencies and state associations in the following areas:

- Quality Assessment Performance Improvement (QAPI)
- OASIS training and review
- ICD-10-CM coding, auditing and training for home health and hospice
- Home health documentation training and review

Selman-Holman & Associates Denton, TX 76209

#### 2011-2021: Senior Associate Consultant

- Provide consultation services to home health and hospice agencies on assessment, documentation, OASIS and HIS guidelines, coding, quality improvement, regulatory compliance, work flow and communication activities, and other topics as requested
- Present on-site and teleconference/webinar trainings to home health and hospice agencies, state and regional organizations on OASIS, diagnosis coding, documentation

and quality improvement topics

Serve on Technical Expert Panel for Home Health Quality Improvement National Campaign Phases 2 and 3, performing pre-release review of several Best Practice Implementation Packages 2012-2015

## Primaris Healthcare Solutions Columbia, MO 65201

Primaris served as the Quality Improvement Organization for Missouri. In 2005-08 we provided resources that helped Missouri's 168 home health agencies rank in the Top 10 States in the nation in several outcome measures, including reducing hospital admissions.

2008-2011 (concurrent position): Consultant, Home health consultation and coding services

- Provide OASIS review and ICD-9-CM coding services to home health agencies
- Provide consultation services to home health agencies to improve quality of care, work flow, communication and care delivery
- Present on-site training for agency staff on OASIS assessment and ICD-9-CM coding for home health
- Presented teleconference series for Missouri Alliance for Home Care in February-March 2011, and programs at MAHC Annual Conferences in 2006-2011.
- Served on the Technical Expert Panel for pre-release review of the Home Health Quality Improvement National Campaign's Best Practice Intervention Packages for Cross Setting BPIP's (October 2010, January 2011).

2008-2011 (concurrent position): Program Manager, Prevention - Chronic Kidney Disease

- Work within a team setting to develop and implement a statewide initiative to improve screening and treatment to reduce the incidence and slow the progression of CKD
- Provide consultation service to individual physician practices in eastern Missouri, including analysis, planning, training/implementation, and evaluation
- Present educational programs to community organizations and diabetes support groups on topics related to kidney disease

2006-2008: Program Manager, Home Health

- Worked within a team setting to develop, implement, and evaluate the effectiveness of a statewide quality improvement initiative among home health agencies in Missouri.
- Provided consultation services to individual agencies in eastern Missouri, including analysis, planning, training/implementation and evaluation of quality interventions.
- Prepared tools and educational resources for home health agencies.
- Developed and presented in-service training to clinical staff and managers on topics related to quality improvement.
- Provided quarterly regional meetings for home health agencies in Missouri, including topic development, creation of power point presentations and handouts, and presentation of the two-hour meetings in four of the six locations.

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• Instructed for Pulmonary Rehab and Smoking Cessation programs.

- Facilitated cardiac and pulmonary support groups (Heart to Heart and Better Breathers).
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• Supervision of nursing staff, patient placement, coordination of nursing with other hospital departments, and conflict resolution with patients, families, physicians, staff.

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Safety Olympics in Troy, MO in 1994.

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## Audrain County Hospital

Mexico, MO 65265

#### 1977: Medical-Surgical Nurse

• Evening shift team leader for 34 bed medical surgical unit.

#### **EDUCATION**

1976-1977: Bachelor of Science, Nursing Accelerated Nursing Program

St. Louis University

1973-1976: Bachelor of Science, Animal Science

University of Missouri - Columbia

## Long Term CNE Provider Checklist

(K.A.R. 60-9-107)

Name of Provider:	University of Kansas Medical Center AHEC – East	LT0056-0749

Name of Program Coordinator: Karen Aufdemberge, BSN, RN

**Date Received:** 12/20/23

**Date to CNE Committee:** March 2024

	Approved
	Not Approved:
Doto N	Jotified.

Information Required	Received	NA
Completed application for initial approval or five-year renewal		
for LT CNE providership shall be submitted at least 60 days	X	
before a scheduled board meeting  The name and address of the organization on the application	X	
	A	
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	Karen Aufdemberge	
Be a licensed professional nurse	X	
Have three years of clinical experience	X	
<ul> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
Policies & Procedures:		Committee of the commit
Written policies and procedures, including at least the following areas:	X	
Assessing the need and planning for CNE activities	X	
Fee assessment	X	
<ul> <li>Advertisements or offering announcements. Published information shall contain the following statement:         "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number:     </li> </ul>	X	
<ul> <li>Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual</li> </ul>	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
<ul> <li>The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X
<ul> <li>A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X
<ul> <li>An offering evaluation that includes each participant's assessment of the following:</li> </ul>	
<ul> <li>The achievement of each objective</li> </ul>	X
<ul> <li>The expertise of each individual presenter</li> </ul>	X
An approved provider may award any of the following:	
<ul> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X
<ul> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X
<ul> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X
<ul> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>	X
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:	
<ul> <li>The provider's name, address, provider number, and coordinator</li> </ul>	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:	
<ul> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X
The participant's name and license number, and the number of contact hours awarded	X

The title of the offering	X	
The date of 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	
<ul> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	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 Life After Brain Injury: A Seminar for Survivors, Families and Healthcare Professionals	#2 Ascension Via Christi Trauma Conference

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

1/4/24 Application reviewed and approval checklist completed by Carol Moreland, MSN, RN

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Reference No.: 25594 Date submitted: Dec 20 17:36 2023

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## www.ksbn.org

radio ~ Renewal

**Providername** ~ University of Kansas Medical Center AHEC-East **providernum** ~ LT0056-0749

**legalbody** ~ University of Kansas Medical Center **address** ~ 1501 South Joplin, Shirk Hall, 4th Floor

adress2 ~ Pittsburg, KS 66762

**telephone** ~ 620-235-4040

email ~ kaufdemberge@kumc.edu

coordinator ~ Karen Aufdemberge, BSN,RN

**date** ~ 12-20-2023

planningce ~ 25 lines. The definition of CNE in KSA 65-1117(a) is utilized to determine the content of CNE offerings, "Continuing nursing education means learning experiences intended to build upon the educational and experiential bases of the registered professional and licensed practice nurse for the enhancement of practice, education, administration, research or theory development to the end of improving the health of the public". A broad needs assessment tool (survey) is distributed statewide every other year or as needed. Information regarding self-identified learning needs is solicited on participant evaluations in the program management system (EEDS). Separate needs assessments and/or focus groups are conducted for specific offerings or specific groups, such as advanced practice nurses. AHEC staff continually stay informed of advances in disease management, care delivery, and regulatory/policy changes that impact health care and other issues/trends. Planning committees are formed for each offering.

An offering evaluation form is utilized for each offering giving each participant the opportunity to assess the achievement of each objective and the expertise of each presenter. Evaluation summaries are reviewed by the CNE providership program coordinator and planning committee to improve the quality of continuing education offerings.

**feeassessment** ~ 25 lines. During the offering planning process, a budget is developed to determine the financial viability of the offering. Various sources of financial support/income, as well as projected

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expenses for the offering are identified and determined in the initial planning process. The economic climate of rural Kansas communities is also considered in fee determinations. Registration and cancellation deadline dates are determined during the planning process. Cancellation procedures are included in all marketing materials for the offering. A registrant who cancels within the cancellation deadline for the offering will receive a refund of their registration fees; minus a \$15.00 administrative fee. Cancellations or no shows for offerings after the cancellation deadline are not eligible for refunds. Registration fees are not transferrable to future offerings. Registration fees may be transferrable to another attendee of the same organization, if agreeable to all parties

**advertisement** ~ 20 lines. Marketing/advertising considerations include the program budget and how the target audience prefers to receive information. During the marketing/promotional plan development, marketing strategies and target dates for distribution of promotional materials are determined. Marketing/promotional strategies are varied; and may include (but are not limited to):

Promotional flyers

Email broadcasts/blasts

AHEC website

EEEDS (program management system)

Prior to marketing plan deployment; all advertising, offering announcements, will be reviewed to ensure CNE requirement compliance. Compliance requires the following statement on all printed and electronic materials:

The University of Kansas Medical Center Area Health Education Center East is an approved provider of CNE 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: LT0056-0749.

**approvalprocess** ~ 20 lines. The planning process is done collaboratively, if applicable and a planning committee is formed. The needs assessments and gap analysis are utilized to develop learning and behavioral objectives, select topics and speakers, and identify relevant content:

During the planning process, AHEC staff consider and ensure offering content aligns with and meets the definition of CNE (KSA 65-1117(a). The CNE Providership Program Coordinator is accountable to provide program oversight to assure that offerings comply with accreditation requirements and criteria is met. Each offering planned will have the following:

Summary of planning

Behavioral Objectives (60-9-105 d)

©Content which shall meet definition of CNE in KSA 65-1117(a)

Instructor's education and experience documenting CNE/IV Therapy 96

knowledge/expertise,

Current bibliography (books 10 yr, periodicals 5 yr)

Offering evaluation that includes assessment of learner achievement of each objective, expertise of individual presenters.

contacthours ~ 25 lines. All participants of an in-person CNE offering are required to sign a daily sign-in roster during the offering's registration process to verify attendance. Attendance confirmation for virtual offerings is made via the Zoom or Webinar Participant Log in/Log out Report. (See also Attendance and Registration Policy) Contact hours for an offering are determined based upon 50-minutes of participation in an offering meeting the definition of CNE in K.S.A. 65-1117, is based on actual time attended and includes partial credit for fractions of hours 30 minutes or greater computed towards a contact hour. For example:

30 minutes = 0.6 CNE hrs

50 minutes = 1 CNE hr

60 minutes = 1.2 CNE hrs

Instructor credit is given for first time presentations and is awarded at twice the length of the approved offering's contact hours. (e.g., instructor will receive two contact hours, for an hour long offering). Exclusions include presentations that are standardized or prepared curriculums.

Independent study credit is given based on the time required to complete the offering, as documented by the provider's pilot test results or determined by the Mergener formula. Pilot testers will be representative of target audience; Contact hours are determined using the time documented by pilot testers by totaling all time and dividing by number of testers, or discarding high and low times and averaging the time spent by the rest of the testers

**verifycompletion** ~ 25 lines. The Area Health Education Center maintains a daily roster to verify that each participant attended the offering. In-person participants demonstrate documentation of attendance by their signature on daily sign-in rosters. Participation/attendance confirmation for virtual offerings is made via the Zoom or Webinar Participant Log-in/ Log-out Report. The daily sign-in roster includes:

- A. Provider's name, address, provider number & program coordinator
- B. The date and title of the offering
- C. The presenter(s) name(s)
- D. The participant's name and license number
- E. The number of contact hours awarded

A certificate of attendance is awarded to each participant after completion of an offering, or a CE Transcript is made available after confirmation that the participant has completed all criteria and met all

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attendance requirements. Each certificate and/or CE Transcript is completed before distribution or release to the participant and contains the following information:

The provider's name, address, and provider number

The title of the offering

The date or dates of attendance or completion

The number of contact hours awarded

Designation of independent study or Instructor contact hours, if applicable

The handwritten or electronic signature of the CNE Providership Program Coordinator

The name and license number of the participant

The CNE provider statement:

"The University of Kansas Medical Center Area Health Education Center East 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 relicensure. Kansas State Board of Nursing provider number: LT0056-0749.

**recordkeeping**  $\sim$  20 lines. For each CNE offering, a hard copy file containing required information as stated in The Kansas Nurse Practice Act 60-9-107 (h) is stored for a minimum of three years.

a.A summary of the planning

b.A copy of the offering announcement or brochure

c.The title and objectives

d. The offering agenda, or for independent study; pilot test results e. A bibliography

f.A summary of the participants' evaluations

q.Each instructor's education and experience

h.Documentation to verify offering completion- Daily Roster
Paper/hard copies of program/offering records are filed by fiscal year,
in alphabetical order by program title, stored in locked file cabinets,
and easily assessable to authorized AHEC staff members. Electronic
records are retained in a Shared Drive, and in the program
management software system (EEDS), both with password protection.
Electronic files are archived, password protected, and are only
accessible by AHEC staff. Record storage procedures ensure
confidentiality and the easy retrieval of records by authorized AHEC
staff members.

**noticeofchange** ~ 10 Lines. Any change in the CNE Providership Program Coordinator or changes in policies and procedures will be reported to KSBN. Notification to the KSBN will be in writing and will be made within 30 days of the change(s).

**programevaluation** ~ 20 lines. The total program evaluation of the AHEC's CNE providership program is a self-examination used to determine the quality and value of educational offerings. It is a systematic process to analyze outcomes of the overall continuing

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nursing education program in order to make subsequent decisions and ensure compliance to the KSBN standards. The CNE providership program coordinator maintains responsibility for the overall program evaluation process and the tool is reviewed and completed at least annually. A sample of the tool is included in AHEC's policy.

**Submission date** ~ 12-20-2023 17:36:23

**Form ID** ~ 1672730

## The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

# KSBN LT0056-0749 RENEWAL APPLICATION

## PART 1: INFORMATION/ RENEWAL APPLICATION REQUIREMENTS

Includes:

Table of Contents Page

CV - CNE Providership Program Coordinator: Karen Aufdemberge, BSN, RN

AHEC's Mission & Guiding Principles for CNE

## The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN RENEWAL APPLICATION- December 2023

#### TABLE OF CONTENTS

## PART 1: INFORMATION/ RENEWAL APPLICATION REQUIREMENTS

- ✓ Renewal application completed and submitted 60 days prior to a scheduled board meeting.
- ✓ The name & address of the organization on the application.
- ✓ Name & address of the department for approving CNE (if different from the name of the organization).
- ✓ Name, education, & experience of the CNE Program Coordinator:

## CNE Providership Program Coordinator: Karen Aufdemberge, BSN, RN: CV attached.

AHEC'S Mission and Guiding Principles-CNE

## **PART 2: CNE POLICIES & PROCEDURES**

- A. Needs Assessment/ Planning CNE Activities/ Offering Development/ Evaluation Policy
- C. Fee Assessment Policy
- D. Offering Registration/ Fees Payment Policy
- E. Cancellations & Refunds Policy
- C. Marketing Policy
  - 1. Sample brochure- Spark Webinar Flier
- D. Notification of Change Policy
- E. Offering Approval Process:
  - summary of planning
  - behavioral objectives
  - CNE in KSA 65- 1117 definition
  - 1. Needs Assessment/ Planning CNE Activities/ Offering Development/ Evaluation Policy
  - 2. Speaker Selection Policy
  - 3. Bibliography & Educational Materials Requirements
    - Evaluation Requirements
  - 4. Needs Assessment/ Planning CNE Activities/ Offering Development/ Evaluation Policy

## PART 3: CNE OFFERING/PROGRAM INFORMATION REQUIREMENTS

A. Computing and Awarding CNE Credit Policy

## PART 4: DOCUMENTATION OF ATTENDANCE

A. Attendance & Registration Policy

## PART 5: CERTIFICATE OF ATTENDANCE/ CE TRANSCRIPT

A. Certificate of Attendance/ CE Transcript Policy

## PART 6: RECORDKEEPING & STORAGE POLICY

#### PART 7: CNE PROGRAM EVALUATION PLAN

- A. Total Program Evaluation Policy
- B. Total Program Evaluation Table

## **PART 8: CNE PROPOSED OFFERINGS**

- 1. Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals One pdf with all offering documents enclosed
- 2. Ascension Via Christi Trauma Conference
  One pdf with all offering documents enclosed

#### VITA

#### Karen Aufdemberge, RN, BSN

1501 S. Joplin, 4th Floor Shirk Hall Pittsburg, KS 66762 Bus. Ph. - (620) 235-4040

QUALIFICATIONS Proven self-starter with experience in continuing education and research, including but not limited to, recruiting participants, conducting chart reviews, data gathering and entry, working closely and collaborating with KUMC researchers and healthcare professionals, coordinating educational events and providing continuing education credit, assisting physicians with patient visits, and obtaining anthropometric measurements and medical histories. Proficient at learning quickly and expressing ideas clearly and efficiently in both verbal and written formats. Experience in public speaking and presentations.

#### **EXPERIENCE**

Coordinator - KU Medical Center Area Health Education Center

November 2020 - present

Senior Coordinator - KU Medical Center Area Health Education Center - East August 2015 - September 2019

Senior Coordinator - Western Kansas Area Health Education Center - Hays, Kansas

May 1988 - August 2015

- Responsible for the development and implementation of continuing nursing education/continuing medical education programs in Western Kansas and maintaining CNE providership with the Kansas State Board of Nursing. Conduct needs assessments and coordinate continuing education programs.
- Interface and work with a wide group of healthcare professionals across Western Kansas.
- Staff specialty clinics by assisting KUMC physicians with patient visits, obtaining vitals and health history, scheduling appointments, arriving patients utilizing IDX, and setting up labs and X-rays.
- Promote career opportunities through Journeys and Destinations, Night at the Lab, HOSA, Women in Health Care and Camp Med by judging career events, coordinating presenters and assisting with registration.
- Assist with grant and research projects including Psychoeducational Psychotherapy for Telemedicine for Children with Mood Disorders in Rural Kansas, Kan Quit 2, Group Phone-Based Weight Control among Rural Breast Cancer Survivors, Kansas Telehealth Services for Pediatric Epilepsy and RePower.

Patient Education Specialist - Glassrock Home Health Care - Hays, Kansas November 1986 - April 1988

- Responsible for medical equipment installations in patient's homes, patient and family education and routine follow-up visits.
- Performed in-services to hospitals and nursing homes on medical equipment options.

IV Admixture Nurse - Hadley Regional Medical Center - Hays, Kansas

March 1986 - April 1988

- Responsible for mixing large volume and piggy back intravenous solutions.
- Prepared chemotherapy agents.

## Staff/Charge Nurse - Hadley Regional Medical Center - Hays, Kansas July 1983 - November 1986

- Assumed duties of staff nurse for surgical and medical units.
- Full-time charge nurse on pediatric unit.

## Aide/Med Aide - Good Samaritan Nursing Home - LaCrosse, Kansas

March 1978 - June 1983

- Provided patient care to residents.
  - Passed medications and charged on weekends.

#### **EDUCATION**

#### Bachelor of Science in Nursing

Fort Hays State University, May 1983

## **PROFESSIONAL**

Kansas Association of Hospital Education Coordinators (KAHEC) ORGANIZATIONS Kansas Association of Continuing Education Providers (KANCEP)

Treasurer - 2001 to 2005

#### COMMITTEES

Kansas State Board of Nursing CNE Committee Member

2019-2023

#### **HONORS**

Valedictorian - LaCrosse High School

Citizenship Award - LaCrosse High School

Alpha Lambda Delta Honor Society

Graduated Summa Cum Laude - Fort Hays State University

KANCEP Recognition Award - 2002

# AHEC'S MISSION & GUIDING PRINCIPLES CONTINUING NURSING EDUCATION

The Area Health Education Center is an outreach of the University of Kansas Medical Center's (KUMC) Institute for Community Engagement. It serves as an extension of KUMC in rural Kansas as a liaison between the medical, nursing, and allied health communities and the University. The AHEC is committed to the improvement of patient care and outcomes through education and involvement in rural communities.

In keeping with KUMC's mission, the AHEC is dedicated to high quality educational opportunities at an economical/ affordable rate. Educational offerings should provide information that helps health care professionals deliver evidence-based care along the wellness-illness continuum to people in their home/ local communities. Offerings will be created that also focus on professional development and enhancing team performance.

The AHEC's philosophy about continuing education is based on the principles of adult education. Adult learners are self-directed, motivated, and focused on achieving goals. Adults utilize their life experiences, need to know that information is relevant, practical, applicable, and offers efficiencies or solutions.

The AHEC believes that continuing nursing education is a lifelong process that builds on existing knowledge, attitudes, and skills. That learning is best when an interdisciplinary approach is achieved. Learning with, from, and about other healthcare professions enables effective collaboration, strong teams, and improved health outcomes. To meet general and specific needs of the learner; the structure and content of offerings must be flexible, consider educational needs, seeks learner input, and allows for post offering feedback.

The primary responsibility for learning rests with the learner. Learners are responsible for seeking offerings that meet their personal, social, and work needs. The role of the AHEC is that of facilitator. AHEC's collaborate closely with providers to offer high quality educational opportunities, facilitate these offerings, and supporting learners in achieving their educational growth.

Adopted:

1979

Reviewed: Revised:

Annually 1980, 1991, 1993, 1999, 2005, 2013, 2019, 2023

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

## KSBN LT0056-0749 RENEWAL APPLICATION

## **PART 2: CNE POLICIES & PROCEDURES**

#### Includes:

Needs Assessment/ Planning CNE Activities/ Offering Development/ Evaluation Policy

Fee Assessment Policy

Offering Registration/ Fees Payment Policy

Cancellations & Refunds Policy

Marketing Policy

1. Sample brochure- Spark Webinar Flier

Notification of Change Policy

Speaker Selection Policy

Bibliography & Educational Materials Requirements

## NEEDS ASSESSMENT/ PLANNING CNE ACTIVITIES/ OFFERING DEVELOPMENT/ EVALUATION

#### POLICY:

The CNE Providership Program Coordinator is responsible for assuring compliance with applicable regulations, policies, and procedures relating to Continuing Nursing Education (CNE). For many offerings, a planning committee will be identified and will provide input into offering development. Planning Committee members will reflect the target audience, include content experts, and co-sponsor representatives, if applicable.

#### **ASSESSMENT**

Assessing needs provides co-sponsors and target audience participants an opportunity to provide input into offering development. It identifies the practice gap, areas of learning need, or special interests. The assessment process may be both formal and informal. Assessment is a continual process.

#### PROCEDURE:

- 1. A broad Needs Assessment Tool (survey) is distributed statewide every other year or as needed.
- 2. Information regarding self-identified learning needs is solicited on participant evaluations in the program management system (EEDS).
- Separate needs assessments and/or focus groups may be conducted for specific offerings or specific groups, such as advanced practice nurses.
- 4. AHEC staff will continually stay informed of advances in disease management, care delivery, and regulatory/policy changes that impact health care and other issues/trends.

#### **PLANNING**

Quality planning results in offerings that meet the identified needs of health care professionals and organizations, with the end goal of improving the health of patients and the public. Well planned offerings provide opportunities for the enhancement of nursing practice, ongoing education, present research, or theory development, and improve the performance of the health care team.

#### PROCEDURE:

- 1. The planning process will be done collaboratively with the co-sponsor, if applicable. The process will include input from the target audience.
- 2. The needs assessments and gap analysis will be utilized to develop learning and behavioral objectives, select topics and speakers, and identify relevant content.

- 3. During the planning process, AHEC staff consider and ensure offering content aligns with and meets the definition of CNE (KSA 65-1117(a).
- 4. The amount of continuing education credit to be awarded, and the attendance requirements are determined.
- 5. Information regarding the details of the offering will be communicated directly to the speakers.
- 6. Marketing strategies and timelines are determined and implemented.
- 6. The CNE Providership Program Coordinator is accountable to provide program oversight to assure that offerings comply with accreditation requirements and criteria is met.

#### **EVALUATIONS**

Evaluation is an integral part of quality control, provides a mechanism to determine if objectives were met, gives participants an opportunity for feedback, and assists in planning future offerings.

#### PROCEDURE:

- 1. The AHEC Program Coordinator works with the offering's planning committee to determine which program management system (EEDS) template is utilized for the offering's evaluation.
- 2. Participants complete the offering's evaluation online in the program management system (EEDS).
- 3. The offering evaluation will include each participant's assessment of the following:
  - a. The achievement of each objective
  - b. The expertise of each individual presenter
- 4. Evaluations are compiled and a summary is reviewed by the AHEC Coordinator and the CNE Program Coordinator. The evaluation summary is provided to speakers and the co-sponsor(s), if applicable.
- The evaluation summary is kept in the offering file, see Recordkeeping & File Storage Policy.

Adopted:

1989

Reviewed:

Annually

Revised:

1992, 1999, 2002, 2008, 2013, 2019, 2023

#### FEE ASSESSMENT

#### POLICY:

During the offering planning process, an estimated budget will be developed to determine the financial viability of the offering. Various sources of financial support/income; as well as projected expenses for the offering should be identified and determined with the partner in the initial planning process.

#### PROCEDURES:

- 1. An estimated budget is developed by the AHEC Program Coordinator for each offering or offering series, which is reviewed and approved by the partner prior to further planning implementation.
  - a. Estimated budget expenses may include, but are not limited to:
    - > Speaker/Instructor fees or honorariums
    - > AHEC fees: planning, coordination, direct program staffing
    - Publicity/Marketing activities
    - > Accreditation/ EEDS program management fees, etc.
  - b. Potential sources of income for the offering may include, but are not limited to:
    - Registration fees
    - In-kind support, and sponsorships
    - > Exhibit fees, and commercial support
    - > Grants, etc.
- 2. Offering financial responsibilities are determined, documented, and may be included in the partnership letter of agreement.
- 3. The economic climate of rural Kansas communities is considered in fee determinations.
- 4. Post offering; budget estimates are compared to actual expenses and income. Comparisons are utilized in considering future offering fees.
- 5. All sources of financial support, including in-kind, must be managed according to KUMC procedures, and disclosed to participants, in all promotions, and during the offering/program.

Adopted:

1978

Reviewed:

Annually

Revised:

1979, 1988, 1990, 1991, 1993, 1999, 2004, 2019, 2023

#### OFFERING REGISTRATION/ FEES PAYMENT

#### POLICY:

Offering registration fees are determined during the planning process in collaboration with the providing partner; when applicable. The participation requirements, fee structure, process for payment, registration and cancellation deadlines will be clearly noted in marketing materials and in the registration portal of the program management software system (EEDS).

#### PROCEDURE:

- 1. All registration fees and payment options are included in offering marketing materials.
- 2. Participants will receive registration payment acknowledgement/receipt through the program management software (EEDS).
- 3. An organization's commitment for payment may be permitted via purchase order or interdepartmental/ interagency fund transfer. The AHEC's financial management staff will manage arrangements.
- 4. A participant will not have access to their certificate until payment has been confirmed.

#### **INSUFFICIENT FUNDS**

#### PROCEDURE:

- 1. Management of insufficient funds will be coordinated by AHEC's financial management staff.
- 2. Participants will be notified of insufficient funds available in their account to cover the fees and provided the opportunity to provide an alternate method of payment.
- 3. If insufficient payment was originally made by check; an alternate payment method (e.g., credit card or money order) will be required.
- 4. Certificates will not be accessible to participant until payment is current.
- 5. Repeated issues with insufficient funds may preclude participants from future offerings.

#### **COMPLEMENTARY REGISTRATIONS**

#### PROCEDURE:

- 1. Complementary registration (waiving registration or other fees for an offering) may be considered and determined if applicable with the partner during the offering planning process. Rationale for complementary registration is in lieu of non-compensable support of the offering, which may include, but are not limited to:
  - > Serving on the offering Planning Committee
  - > Speaking/ presenting at the offering
  - > Employee of the co-sponsoring partner
  - Offering location/ event space/ technical support, etc. at no cost
- 2. The AHEC Program Coordinator documents complementary decisions, and informs AHEC financial management staff post offering when completing the financial reconciliation.

Adopted:

1985

Reviewed: Revised: Annually

1988, 1990, 1991, 1997, 2006, 2014, 2019, 2023

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#### **CANCELLATIONS AND REFUNDS**

#### POLICY:

Preregistration is encouraged for offerings, it allows participants the opportunity to block their calendars, and understand the terms of the cancellation and refunds policy. It assists the partner and AHEC staff with accurate planning for course materials, refreshments, event location logistics, etc. Preregistration also provides a mechanism for determining the fiscal viability of the program. The AHEC understands that circumstances may arise that require cancellations.

#### PROCEDURES:

- 1. Registration and cancellation deadline dates are determined during the planning process in consultation with the partner, if applicable.
  - A. Cancellation procedures are included in all marketing materials for the offering.
  - B. A registrant that cancels within the cancellation deadline for the offering will receive a refund of their registration fees; minus a \$15.00 administrative fee.
  - C. Cancellations or no shows for offerings *after* the cancellation deadline are not eligible for refunds.
  - D. Registration fees are not transferrable to future offerings.
  - E. Registration fees may be transferrable to another attendee of the same organization; if agreeable to all parties.
- 2. The AHEC reserves the right to cancel an offering in the event of insufficient registration, inclement weather, speaker/instructor illness, or other unforeseeable circumstance.
  - A. In these instances, total registration refunds will be made to prepaid registrants.
  - B. Refunds are completed in the same manner as registration payment.
    - For example, if payment was in the form of a check, refund will be by check.
    - If payment was made by credit card, refund will be completed with a credit to the same credit card.
    - Refunds are aligned with the University of Kansas Medical Center State Refund Policy.

Adopted:

Reviewed: Annually

Revised: 2014, 2019, 2023

#### **MARKETING**

#### POLICY:

Adequate marketing/promotion is necessary to inform potential participants of program offerings. Marketing strategies should identify educational gaps/needs and how best to meet them, while promoting offering awareness and increasing attendance. Marketing/advertising should provide necessary information to target audiences for their attendance determination. Considerations when developing the marketing plan should include the program budget and how the target audience prefers to receive information.

#### PROCEDURES:

Marketing/promotional plan development includes:

A. AHEC staff members and co-sponsor(s) (when applicable) collaborate on the development of the marketing/promotional plan for the offering. This includes determinations of who is responsible for promotional materials development and deployment.

- B. Pertinent information, obtained from the program coordinator, is utilized in the development of promotional materials.
- C. Prior to marketing plan deployment; all advertising, offering announcements, and certificates of completion will be reviewed to ensure CNE requirement compliance. Compliance requires the following statement on all printed and electronic materials:
  - a. The University of Kansas Medical Center Area Health Education Center East is an approved provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for \_\_ contact hours applicable for [specify each license type: APRN, RN, LPN] relicensure. Kansas State Board of Nursing Provider Number: LT0056-0749.
- D. During the marketing/promotional plan development, marketing strategies and target dates for distribution of promotional materials will be determined.
  - a. Marketing/promotional strategies are varied; and may include (but are not limited to):
    - > 'Save the date' announcements
    - > Promotional flyers
    - ➤ Email broadcasts/blasts
    - > Facebook and/or other social media platforms
    - > AHEC website
    - ➢ EEDS (program management system)

Adopted:

1978

Reviewed:

Annually

Revised:

1990, 1991, 1993, 1999, 2013, 2019, 2023

ROBIN WILLIAMS AND HIS BATTLE WITH LEWY BODY DEMENTIA



# SPARK UNDERSTANDING LEWY BODY DEMENTIA JUNE 24, 2023 | BROADCAST VIA WEBINAR

SPONSORED BY UNIVERSITY OF KANSAS ALZEIMER'S RESEARCH CENTER KU ALZEIMER'S DISEASE

Lewy body dementia (LBD) is a brain disease involving two related clinical disorders: dementia with Lewy bodies (DLB) and Parkinson's disease dementia (PDD). DLB is the second most common form of degenerative dementia in the elderly next to Alzheimer's disease (AD). Dementia with Lewy bodies is often hard to diagnose because its early symptoms may resemble those of Alzheimer's or a psychiatric illness. As a result, it is often misdiagnosed or missed altogether. It's important to know which type of LBD a person has, both to tailor treatment to particular symptoms and to understand how the disease will likely progress.

The recently released feature movie Robin's Wish reveals the true story about Robin Williams and his battle with undiagnosed LBD. From that movie, Lewy Body Dementia Association (LBDA) and the producers of Robin's Wish created a 45-minute documentary adaptation, SPARK: Robin Williams and his Battle with Lewy Body Dementia. We will utilize the documentary as part of this course designed to educate health care providers and professionals on detection, evidence based practices around diagnosis, treatment and care management of LBD as well as understand when to refer and how best to support patients and caregivers with the daily difficulties associated with LBD.

#### TARGET AUDIENCE

INSORED BY KU ALZHEMER'S RESEARCH GENTER IN COLLABDRATION WITH THE KU MEDICAL GENTER AREA HEALTH EDUCATION GENTERS AND OFFICE OF CONTINUING EDUCATION/CONTINUING PROFESSIONAL DEVELOPMENT

This course is targeted to primary care physicians, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists, social workers, adult care home administrators, occupational therapists, and physical therapists. Other interested health care professionals are welcome to participate.



# 揣: COST/HOW TO REGISTER

No fee to participate. However, preregistration is reauired.

Register Online: www.eeds.com/byinviteonly/202743 or QR code. Deadline to preregister: Wednesday, June 21

@ 5:00 pm. For additional assistance with registration, please call (620) 235-4040.The webinar link will be e-mailed to preregistered participants 24 hours prior to the course. If you do not receive the email, check your spam folder. If you are still unable to locate the email, call **AGENDA** 

Introduction and Overview 9:30 - 9:35 a.m.

> Jeffrey Burns, M.D., M.S., Co-director, KU Alzheimer's Disease Center;

Ryan Townley, M.D.; Assistant Professor, Dept. of Neurology, KU Medical Center

SPARK Film 9:35 - 10:20 a.m.

10:20 - 10:30 a.m. Panel Discussion on the Film and Q/A

Jeffrey Burns, M.D., M.S. (Moderator); Michelle Niedens, LSCSW, Director, KU Alzheimer's Disease Center Cognitive Care Network; Ryan Townley, M.D.

10:30 - 10:50 a.m. Overview of Lewy Body Dementia

Ryan Townley, M.D.

10:50 - 11:10 a.m. Treatment of Lewy Body Dementia

11:10 - 11:20 a.m. Stretch Break

11:20 - 11:30 a.m. Previous Session Q/A with Moderator

Jeffrey Burns, M.D., M.S. (Moderator);

Ryan Townley, M.D.

11:30 - 11:55 a.m. Disclosing a Diagnosis, and Importance

of a Diagnosis

Jeffrey Burns, M.D., M.S.; Michelle Niedens, LSCSW

11:55 - 12:10 p.m. Future Research on DLB

Ryan Townley, M.D.

12:10 - 12:25 p.m. Wrap-up Q/A

Jeffrey Burns, M.D., M.S.; Michelle Niedens The supy 112

Ryan Townley, M.D.

# **SPEAKERS**



**Jeffrey Burns, M.D., M.S.** Co-director, KU Alzheimer's Disease Center

Dr. Burns is the co-director of the KU Alzheimer's Disease Center. Dr. Burns attended medical school at the University of Kansas School of Medicine, completed his residency in neurology at the University of Virginia, a post-doctoral fellowship at the Alzheimer Disease Research Center at Washington University in St. Louis, and a Masters of Science in Clinical Research at the University of Kansas.

A native Kansan, Dr. Burns returned to Kansas City in 2004 to start the Alzheimer's disease clinical research program. The program was designated as one of the 31 national Alzheimer's Disease Centers in 2011. Dr. Burns' research program supports clinical trials testing new approaches to treating Alzheimer's disease and a variety of research projects focused on how lifestyle issues such as diet and exercise can be used to prevent or delay the onset of Alzheimer's disease.



**Ryan Townley, M.D.**Assistant Professor, Dept. of Neurology, KU Medical Center

Ryan Townley, M.D., is an assistant professor in the Department of Neurology at the University of Kansas Medical Center and is the director of the Cognitive and Behavioral Neurology Fellowship. He is also the Alzheimer's Clinical Trials Consortium Associate Director and Primary Investigator at the University of Kansas Alzheimer's Disease Center.

Dr. Townley is certified by the American Board of Psychiatry and Neurology. Before joining the KU Medical Center faculty in August 2019, he completed a two-year cognitive behavioral fellowship at the Mayo Clinic School of Graduate Medical Education, where he also finished his neurology residency and an internal medicine internship. He graduated from the University of Kansas School of Medicine, where he earned the 2013 Dewey K. Ziegler Award for Excellence in Neurology presented by the KU Department of Neurology and was honored with the American Academy of Neurology's Outstanding Neurology Medical Student Award. Prior to medical school, he earned a bachelor of science in neurobiology from the University of Kansas.



Michelle Niedens, LSCSW Director, KU Alzheimer's Disease Center Cognitive Care Network

Michelle Niedens, LSCSW is director of the KU Alzheimer's Disease Center Cognitive Care Network, a community based program focused on early detection, provider partnerships and education. Ms. Niedens received both her Bachelor's and Master's in Social Work from the University of Kansas. She holds clinical social work license in both Missouri and Kansas. Her career has included tenure in geriatric psychiatric inpatient settings, serving as Director of Education, Programs and Policy at the Alzheimer's Association, Heart of America Chapter and teaching social

work practice at the University of Kansas School of Social Welfare. Special interest areas have been assessment and interventions for associated neuropsychiatric challenges and advancing programs and services for individuals living with a dementia in the early stage. Ms. Niedens has participated in regional and state-wide efforts directed at both these interest areas.

# FOR MORE INFORMATION, CONTACT KU MED AREA HEALTH EDUCATION CENTER (AHEC) AT 620.235.4040

The sponsors of this event would like to gratefully acknowledge the following:

SPARK resources created by the Mayo Clinic Lewy Body Dementia Association (LBDA) Research Center of Excellence (RCOE) Team, and LBDA staff, with consultation from affiliated LBDA RCOE sites. LBDA is currently the sole sponsor of SPARK and is proud to offer it to academic medical institutions and organizations for the purposes of further raising understanding and awareness of LBD among healthcare professionals.

Support for the development of the SPARK film was provided by Acadia Pharmaceuticals Inc.

#### **CONTINUING EDUCATION CREDIT**

Instructions regarding documenting attendance, completing the evaluation and accessing your certificate will be provided at the beginning of the conference.

**Physicians:** The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Kansas Medical Center Office of Continuing Medical Education designates this live activity activity for a maximum of 2.75 AMA PRA Category 1 Credit(s) $^{\text{TM}}$ . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**APRNs/RNs**: The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 3.4 contact hours applicable for APRN or RN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

**Social Workers:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 2.75 hour(s) credit applicable for relicensure of LASWs, LBSWs, LMSWs and LSCSWs. Kansas Provider Number 12-002. Mary Beth Warren, MS, RN, coordinator.

**ACHA-Res. Care:** The University of Kansas Medical Center Area Health Education Center as an approved Long Term Sponsor of continuing education activities for Adult Care Home Administrators by the Kansas Department for Aging and Disability Services, presents this offering for 2.75 clock hours Resident Care credit for relicensure. Kansas Sponsorship Number LTS-A0008.

Attendance Requirement for adult care home administrators, nurses and social workers: If a participant misses more than 10% of this offering, a certificate of continuing education will not be issued. Partial credit is NOT given.

All others may receive a certificate of attendance.

#### **CANCELLATION POLICY**

We ask that cancellations be received three (3) business days prior to the event to assist in avoiding participant related conference expenses.

KU Medical Center AHEC reserves the right to cancel the program in the event of insufficient registration. KU Medical Center AHEC will not be responsible for any losses incurred by registrants.

#### PROGRAM ACCESSIBILITY

We accommodate persons with disabilities. Please call KU Medical Center AHEC at (620) 235-4040 no later than five (5) business days prior to the event to discuss your needs.

#### PLANNING COMMITTEE

KU Medical Center: Jeff Burns, M.D.; Michelle Niedens, LSCSW; Ryan Townley, M.D.; Mary Beth Warren, M.S., RN. Lewy Body Dementia Association: Miriam Giles, Director of Professional and Community Education

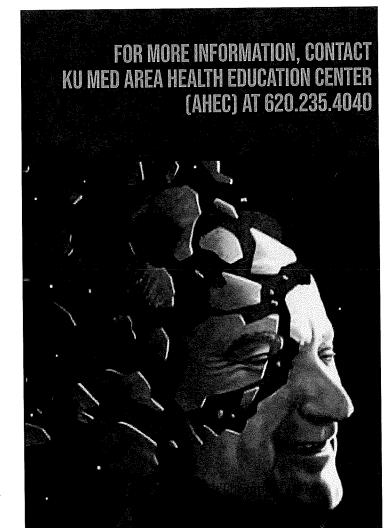
#### **NONDISCRIMINATION STATEMENT**

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785)864-6414, 711 TTY.

#### **OBJECTIVES**

At the conclusion of the program, participants will be able to:

- Explain the neuropathology underlying DLB and how the distribution of pathology correlates with symptompresentation.
- · Define diagnostic criteria of LBD.
- Describe specific reasons why a timely diagnosis is valuable toperson with LBD and their families.
- Outline the principles of LBD care and medical management
- Identify LBD resources to recommend and refer families toincluding local LBD programs and the LBDA.
- Outline 'best practices' when a disclosing a diagnosis.



#### NOTIFICATION OF CHANGE

#### POLICY:

Any change in required policies and procedures, or CNE Providership Program Coordinator will be reported to the Kansas State Board of Nursing (KSBN).

#### PROCEDURE:

- 1. Change in Program Coordinator, who is responsible for the KSBN Providership, will be reported to the KSBN.
  - a. Notification to the KSBN must be in writing.
  - b. Notification to the KSBN must be made within 30 days of the change.
- 2. Changes in policies and procedures will be included in the annual Total Program Evaluation, and must be:
  - a. Notification to the KSBN must be in writing.
  - b. Notification to the KSBN must be made within 30 days of the change.

Adopted: 2019

Reviewed: Annually

Revised: 2023

#### SPEAKER SELECTION

#### POLICY:

The AHEC selects the most qualified person(s) available to present educational offerings. Inexperienced speakers are mentored and teamed with experienced speakers to develop a new cadre of instructors.

#### PROCEDURES:

- 1. Following selection of a topic, or topic category, a search is made for a speaker.
- 2. If the Coordinator does not have first-hand knowledge of a speaker or speakers, other sources are identified and contacted (e.g., KUMC Nursing, KUMC faculty, other providers, specialists, etc.).
- 3. Speakers experienced as presenters are encouraged to invite inexperienced, but otherwise qualified, speakers to participated in presentations.
- 4. Speakers must meet at least two of the following criteria:
  - 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 for speaker consideration, include:
  - > ability to relate to an audience
  - > speak in an engaging, intriguing, or captivating manner
  - > appear confident and knowledgeable
  - previous presentation evaluations (If applicable)
- 6. Non-nursing speakers may be utilized based upon meeting the criteria outlined above. The providership coordinator will clarify content as it relates to the scope of nursing practice, and review presentation, if necessary.
- 7. Non-nursing speakers may be used in conjunction with nursing faculty.
- 8. The providership coordinator will communicate offering details including gap to be addressed, learning objectives, and creation of bibliography with the speaker to assist with content development, as well as ensure requirements are met.
- 9. Speaker's completed KUMC Speaker & Planning Committee Disclosure Form and current CV will be kept on file. See Record Keeping & Storage Policy.

Adopted;

1980

Reviewed

Annually

Revised:

1988, 1990, 1999, 2019, 2023

#### **BIBLIOGRAPHY and EDUCATIONAL MATERIALS**

#### POLICY:

Each continuing education offering may have educational materials (including slides, power point presentations, handouts, brochures, etc.) for the attendees/ participants. All materials must include a current bibliography. Educational materials may be presented in a paper/hard copy or an electronic or virtual format.

#### PROCEDURES:

- 1. Educational materials are to be received from the speaker/instructor, approximately three weeks prior to the scheduled program. This allows the Program Coordinator ample time to review the offering for content relevance, ensure conflict of interest & bias free; and allows mitigations of such, if discovered.
- 2. Educational materials will include a current bibliography. Current meaning books published within the past 10 years, periodicals published within the past 5 years, or both.
- 3. Classic references, if included, shall be limited to less than 25 percent of the bibliography. "Classic reference" refers to a book published more than 10 years ago, or a periodical published more than five years ago; either of which is the most current available source with a recognized value; pertinent to the content of an offering.
- 4. Educational materials, including bibliographies, will be kept in the offering file. See Recordkeeping & Storage Policy for requirements.

Reviewed: Annually

Revised: 9/10/14, 7/11/2019, 12/2023

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

# PART 3: CNE OFFERING/PROGRAM INFORMATION REQUIREMENTS

Includes:

Computing and Awarding CNE Credit Policy

#### COMPUTING AND AWARDING CNE CREDIT

#### POLICY:

All participants of an in-person CNE offering will sign a daily sign-in roster during the offering's registration process to verify attendance. Attendance confirmation for virtual offerings will be made via the Zoom or Webinar Participant Log in/ Log out Report. See also Attendance and Registration Policy.

Contact hours for an offering will be determined based upon 50-minutes of participation in an offering meeting the definition of CNE in K.S.A. 65-1117, and amendments thereto, and will be based on actual time attended.

#### PROCEDURES:

- 1. The attendance policy/requirements for continuing nurse education contact hours, are assessable prior to the offering through brochures/flyer and/or the agenda/course syllabus, and on the electronic management system (EEDS).
- 2. Contact hours as documented on an offering agenda for the actual time attended.
- 3. The program coordinator will calculate CNE utilizing the 50-minute hour, and will include partial credit for fractions of hours 30 minutes or greater to be computed towards a contact hour.
- 4. Attendance requirements may vary dependent upon the design of the offering, participants may not miss any more than 10% of the offering to receive full credit.
- 5. A providership representative (AHEC staff) will oversee the registration/ sign in process.
- 6. Instructor credit will be given for first time presentations and will be awarded at twice the length of the approved offering's contact hours. (e.g., instructor will receive two contact hours, for an hour long offering). Exclusions include presentations that are standardized or prepared curriculums.
- 7. Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results or determined by the Mergener formula.

Adopted: 2019 Reviewed: Annually Revised: 2023

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

# **PART 4: DOCUMENTATION OF ATTENDANCE**

Includes:

Attendance & Registration Policy

#### ATTENDANCE AND REGISTRATION

#### POLICY:

The attendance and registration requirements will be identified during the planning process for each offering and will be based upon maintaining the educational integrity of the offering. The AHEC will maintain a daily roster to verify that each participant attended the offering. Attendance requirements will be made available to participants during the offering's promotion and at the offering. Registration for all offerings will begin at least 30 minutes prior to the start of the offering.

#### PROCEDURES:

- 1. In-person participants will complete registration and documentation of attendance by signature on daily sign-in rosters.
- 2. AHEC staff (providership representative) or designee will oversee the registration/sign-in process on site.
- 3. AHEC staff ensures that the daily sign-in roster includes, at a minimum:
  - A. Provider's name, address, provider number, and program coordinator
  - B. The date and title of the offering
  - C. The presenter(s) name(s)
  - D. The participant's name and license number
  - E. The number of contact hours awarded
- 4. AHEC staff maintain documentation to verify completion of each independent study offering, if applicable. This documentation includes, at a minimum:
  - A. Provider's name, address, provider number, and program coordinator
  - B. The participant's name and license number
  - C. The number of contact hours awarded
  - D. The title of the offering
  - E. The date on which the offering was completed
  - F. Either the completion of a post-test or a return demonstration
- 5. Participation/ attendance confirmation for virtual offerings will be made via the Zoom or Webinar Participant Log-in/ Log-out Report.
- 6. Participants are given a unique activity identification/ sign-in code during the offering to log into the electronic education document system (EEDS) to claim CNE contact hours. This code is only released during the offering.
- 7. Participants are responsible for entering the EEDS activity code and completing the evaluation within the deadline/ timeframe noted when the code is released.
- 8. Related policies to see: Computing and Awarding CNE Credit, Recordkeeping and Storage, and Certificate of Attendance/CE Transcript.

Adopted:

1980

Reviewed:

Annually

Revised:

1982, 1986, 1991, 1993, 1998, 1999, 2005, 2008, 2013, 2014, 2015, 2019, 2023

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

# PART 5: CERTIFICATE OF ATTENDANCE/ CE TRANSCRIPT

Includes:

Certificate of Attendance/ CE Transcript Policy

#### CERTIFICATE OF ATTENDANCE/ CE TRANSCRIPT

#### POLICY:

A certificate of attendance is awarded to each participant after completion of an offering, or a CE Transcript is made available after confirmation that the participant has completed all criteria and met all attendance requirements.

#### PROCEDURES:

- 1. Each certificate and/or CE Transcript is completed before distribution or release to the participant.
- 2. Each certificate and CE Transcript will contain the following information:
  - > The provider's name, address, and provider number
  - > The title of the offering
  - > The date or dates of attendance or completion
  - > The number of contact hours awarded
  - > Designation of independent study or Instructor contact hours, if applicable
  - > The handwritten or electronic signature of the CNE Providership Program Coordinator
  - > The name and license number of the participant
  - ➤ The CNE provider statement: "The University of Kansas Medical Center Area Health Education Center East 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 [specify each license type: APRN, RN, LPN] relicensure. Kansas State Board of Nursing provider number: LT0056-0749.

Adopted: 2023

Reviewed: Annually

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

PART 6: RECORDKEEPING & STORAGE

Includes:

Recordkeeping & Storage Policy

#### **RECORDKEEPING & STORAGE**

#### POLICY:

For each CNE offering, a hard copy file containing required information as stated in The Kansas Nurse Practice Act 60-9-107 (h) will be stored for a minimum of three years. Electronic files are archived, password protected, and are only accessible by AHEC staff. Record storage procedures ensure confidentiality and the easy retrieval of records by authorized AHEC staff members.

#### PROCEDURES:

- Paper/hard copies of program/offering records are filed by fiscal year, in alphabetical order by program title, stored in locked file cabinets, and easily assessable to authorized AHEC staff members.
- 2. Electronic records are retained in a Shared Drive, and in the program management software system (EEDS), both with password protection.
- 3. Each offering program file will contain:
  - a. A summary of the planning
  - b. A copy of the offering announcement or brochure
  - c. The title and objectives
  - d. The offering agenda, or for independent study; pilot test results
  - e. A bibliography
  - f. A summary of the participants' evaluations
  - q. Each instructor's education and experience
  - h. Documentation to verify offering completion- Daily Roster
    - A. Daily Roster- requirements include:
      - a. The provider's name, address, provider number, and coordinator
      - b. The date and title of the offering, the presenter, or presenters, and
      - c. The participant's name, license number, and the number of contact hours awarded.
- 4. Documentation to verify completion of each independent study offering, if applicable, must include:
  - a. The provider's name, address, provider number, and coordinator
  - b. The participant's name and license number, and the number of contact hours awarded
  - c. The title of the offering
  - d. The date on which the offering was completed
  - e. Either the completion of a posttest or a return demonstration
- 5. Paper/hard copy records may be purged after six years, due to storage space limitations. Except for original signed rosters, which are retained indefinitely.

Adopted:

2014

Reviewed:

Annually

Revised:

2014, 2019, 2023

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

# PART 7: CNE PROGRAM EVALUATION PLAN

Includes:

**Total Program Evaluation Policy** 

Total Program Evaluation Table

#### TOTAL PROGRAM EVALUATION

#### POLICY:

Total program evaluation of the KUMC AHEC's CNE providership program is a self-examination used to determine the quality and value of educational offerings. It is a systematic process to analyze outcomes of the overall continuing nursing education program in order to make subsequent decisions and ensure compliance to the KSBN standards.

#### PROCEDURE:

- 1. The CNE Providership Program Coordinator maintains responsibility for the overall program evaluation process.
- 2. The total program evaluation plan is reviewed and completed at least annually.
- 3. See attached Total Program Evaluation Table.

Adopted:

1986

Reviewed

Annually

Revised:

1987, 1990, 1991, 1999, 2019, 2023

#### **TOTAL PROGRAM EVALUATION**

#### PROCEDURES:

LT0056-0749		4119,1,1111				
	Frequency	Date reviewed	Reviewer	Criteria	Results	Action/Recommendation
Administration	Annually		Director/ CNE coordinator	Review position description		
POLICIES:						
Needs Assessment/ Planning     CNE Activities/ Offering     Development/ Evaluation	Ongoing		CNE coordinator plus department staff	Review needs assessment tool(s). Review sources of information/data. Review evaluation form		
				Update program planning process		
				Other potential sources of information/data not currently used in assessing needs and gaps		
Fee Assessment     Offering Registration/ Fees     Payment     Cancellations & Refunds	Annually		CNE Coordinator and financial team	Update to meet needs organization and participants		
3. Announcements/Marketing	Ongoing		CNE coordinator and marketing team	Review to be certain they reflect necessary information and appropriate credit statements		
4. Notification of Changes	As needed, but annually at a minimum		CNE coordinator	Review procedures for changes to report to KSBN	·	
Offering Approval Process     Speaker Selection     Bibliography & Educ. Materials	Ongoing		CNE coordinator and department staff	Review policies and compare to KSBN requirements		
5. Awarding Contact Hours Computing & Awarding CNE Credit	Ongoing		CNE coordinator and department staff	Review agendas/pilot test results for independent study to verify contact		

#### **TOTAL PROGRAM EVALUATION**

Certificate of Attendance/ CE Transcript			hours awarded, review documentation of partial credit	
6. Verifying Participation/Completion Attendance & Registration	ongoing	CNE coordinator and department staff	Review rosters and certificates; compare to KSBN requirement	
7. Recordkeeping & Storage	ongoing	CNE coordinator and department staff	Audit contents of files for compliance with KSBN requirements	
8. Total Program Evaluation Effectiveness	Annually	CNE Coordinator	Review total program evaluation and compare contents to KSBN requirements	

Reviewed/Revised: 12-18-23

# The University of Kansas Medical Center- AREA HEALTH EDUCATION CENTER EAST

#### KSBN LT0056-0749 RENEWAL APPLICATION

# **PART 8: CNE PROPOSED OFFERINGS**

#### Includes:

Two separate pdf attachments (due to pdf size)

Program #1: Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals

Program #2: Ascension Via Christi Trauma Conference

#### PROPOSED OFFERING #1:

# Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals

Hays, Kansas Saturday, September 23, 2023

#### Includes:

- ✓ Summary of planning
- ✓ The offering announcement or brochure
- ✓ The title & behavioral objectives
- ✓ The offering agenda
- √ Sample sign-in roster
- ✓ Each instructor's education & experience (1<sup>st</sup> page only of each speaker's CV, full CV's upon request)
- √ Current bibliography
- ✓ The offering evaluation form
- ✓ Sample Certificate of Attendance

#### Brain Injury of KS Hays Seminar Planning Mtgs.

#### **Dates of planning meetings:**

June 15th, 2023 (all planning committee members)

July 6th, 2023 (Nikki C. and Julie L. only)

July 17th, 2023 (all planning committee members)

July 26th, 2023 (Nikki C. and Julie L. only)

August 9th, 2023 (Nikki C. and Julie L. only)

August 30th, 2023 (Nikki C. met Julie L. at FHSU to view venue and talk to catering)

September 6<sup>th</sup>, 2023 (Nikki C. and Julie L. only)

September 7<sup>th</sup>, 2023 (all planning committee members)

September 19th, 2023 (all planning committee members)

#### **Planning Committee Members:**

Julie Luttman (BIAKS)

Celia Earle (TBI Survivor and with LINK, Inc.)

Angie Zimmerman (Executive Director of LINK, Inc.)

Michelle Morgan (Director at Area Agency on Aging in Hays)

Terri Braun (Mental Health Ctr. Employee & also TBI Survivor)

Susan Segelquist (KDADS)

Laura Moore (KS Attorney General's Office – Youth Suicide Prevention Coordinator)

Chad Meyers (BIAKS Board Member, TBI Survivor, and Director of Community Center in Paola, KS)

Tim Davis, Ph.D., LSCSW (Director of FHSU Social Work Program)

Teresa Heimann, PT - HaysMed

Karen Aufdemberge, BSN, RN

Mary Beth Warren, MS, RN

Nikki Cooper (KU AHEC Rep.)

#### **Discussion Items:**

- BIAKS is in the process of organizing their Hays TBI Seminar in Fall 2023. This event is first geared towards TBI Survivors and their Caregivers. Have invited healthcare professionals to these events in the past. Depending on event, CEUs were or were not given.
  - O Nikki C. assisted this same organization in 2017 and offered CEUs to RNs/LPNs and SWs
- Potential Dates/Locations:
  - o FHSU memorial union on Saturday, September 23rd, 2023
  - Will need at least 2 rooms if offering breakout sessions.

If offering breakout sessions and vendors, we will need 3 rooms.

- One for #1 breakout session
- One for #2 breakout session
- One for vendors
- Target Audience: TBI Survivors, TBI Caregivers, RN/LPN, SW, PT/PTA, OT/OTA, SLPs and other interested healthcare professionals.
  - Registration fee for survivors and caregivers will be minimal.
  - o If offer CEUs, the cost for these will be slightly higher than survivors/caregivers.
- Global Objectives
  - o Analyze the latest research and tools related to brain injury recovery and care.

- Curate a comprehensive list of tools and resources that can support the survivor, caregiver, and healthcare professional in caring for individuals with brain injuries.
- Build awareness of the challenges faced by those with brain injury.
- Foster a sense of community and provide opportunities for networking and connection among survivors, caregivers, and healthcare professionals in the brain injury community.

All objectives have been approved by Karen A. via phone 8/10/23

Utilizing a grant that BIAKS received from KDADS to pay for this event.

#### Potential Topics/Gaps:

- Communication/Relationships After TBI
- Resources (for both Healthcare professionals and survivors/caregivers)
- Memory
- Alternative Therapies
- Depression/Anxiety with TBI
  - o Increase for these patients.
  - What does mental health look like in this population? Maybe a healthcare professional track breakout session.
- Brain Injury Categories/Diagnosis/Management
  - Social Determinants of Health was brought up along with Ethics
- How symptoms/implications impact overall daily living
- The Invisible Injury (debunking myths)
- Q&A/Panel Discussion with 1 survivor, 1 caregiver and 1 health care professional would be beneficial.
- Spiritually
- Creating Support Groups in Your Community (potential survivor/caregiver breakout session)
- If invite Healthcare professionals, offering breakout session tracks might be beneficial
  - #1 Breakout Session for Survivors/Caregivers
  - o #2 Breakout Session for Healthcare Professionals
- Interprofessional aspect was discussed and adding other healthcare professionals to the planning committee was advised.
  - O Adding the following planning committee members/speakers was suggested:

Nurse

SLP

PT/PTA

#### CEUs Discussion (just Nikki C. and Julie L.)

- Nikki C. provided Julie L. a cost estimate and Letter of Agreement via email (7/6/2023) and discussed other logistics via zoom.
- Letter of Agreement was signed by both parties 8/8/2023
  - Marketing = BIAKS will create and AHEC will approve prior to distribution.

AHEC will assist with distribution via email blast.

Registration = AHEC will collect registrations

Survivors & Caregivers - \$10

Professionals - \$80

Students - \$40

Would like to add 2 questions to registration for the survivors:

How long have you been a survivor of a brain injury?

• Have you had more than 1 brain injury?

Still need to confirm if they would like those registration fees collected subtracted off of their total invoice or if AHEC will need to write a check to BIAKS for that amount.

- Julie emailed appropriate person to make this decision (8/9). Still awaiting response.
- Handouts = will be provided in Eeds

Email will be sent to all attendees prior to event to have access to electronically

- BIAKS will make additional extra copies for anyone in attendance that needs assistance with that.
- Speakers = Nikki C. will collect all speaker paperwork through Eeds for accreditation purposes (CVs, Disclosures, etc.)
- Planning Committee = Nikki C. will collect all speaker paperwork through Eeds for accreditation purposes
- Evaluation Nikki C. will send template of evaluation to Julie to review. Might want to add additional questions.

Qualtrics will be utilized.

Qualtrics link and QR code will be placed on Syllabus for attendees to access and will also be sent out via email after event.

Vendors – For accreditation purposes, will need to have a separate room for vendors.
 Julie is going to confirm vendor space with FHSU.

Black and Gold Room - main event and Breakout #1

Stouffer Room - Vendors

Trails Room - Breakout #2

- Catering BIAKS will work with FHSU catering services.
- o Invoicing

BIAKS would like for AHEC to collect registration \$ through Eeds and then write a check to BIAKS after the event for the total registration fees collected.

AHEC will invoice BIAKS for their services.

BIAKS would like the follow credits offered:

RN/LPN

Social Work

PT/PTA through KPTA

• Additional application fees will be added to BIAKS' invoice.

OT/OTA through KOTA

Additional application fees will be added to BIAKS' invoice.

# Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals

Saturday September 23, 2023 9:00 am - 2:45 pm

Fort Hays State University -- Memorial Union Black and Gold Room 600 Park Street--Hays, KS 67601

## Presented By





## Hosted By



### Global Objectives:

At the end of this conference attendees will be able to:

- Analyze the latest research and tools related to brain injury recovery & care.
- Curate a comprehensive list of tools and resources to support survivors, caregivers, and healthcare professionals in caring for individuals.
- Build awareness of the challenges faced by people living with brain injury.
- Foster a sense of community and provide opportunities for networking and connection among survivors, caregivers, and healthcare professionals.

#### Target Audience:

- Survivor and Family Track Target Audience:
  - o Survivors of brain injury, families, and others
- Healthcare Professional Track Target Audience:
  - APRNs, Nurses, Social Workers (working with brain injury patients),
     PTs/PTAs, OTs/OTAs, and other interested allied health professionals.

# Agenda

9:00-9:25	Registration, Continental Breakfast, View exhibits			
9:25-9:30	Welcome			
9.20-9.30	Welcome			
9:30-10:15	Brain Injury Categories: Diagnosis & Management Nicole Eastes, Ph.D., LAT, ATC			
10:15-10:30	Break/Browse exhibits			
10:30-11:00	Communication/Relationships: Survivor's Perspective Jennifer Colby, LSCSW, LCAC, MAC			
11:00-11:45	Breakout #1 – Survivors & Family/Caregiver Track Finding Resources/Waiver Provisions (No CE Offered) Susan Segelquist			
	Breakout #2 – Health Professional Track Mental Health in TBI Survivors: Symptoms & Symptom Management Tamar Radohl, PhD, LSCSW			
11:45-12:45	Lunch (provided) w/ Survivor Presentation <i>Terri Braun, Author &amp; Survivor</i>			
12:45-1:30	Breakout #1 – Survivors & Family/Caregiver Track Support Group Formation & Facilitation: How can I do this in my community? (No CE Offered) Celia Earle - Survivor			
	Breakout #2 – Health Professional Track Rehab: Transition to Community Living  Leslie Olmstead, OT  Cody Hullman, PT, DPT, OCS, CMTPT			
1:30-1:45	Break/Browse exhibits			
1:45-2:30	Panel Discussion Tamara Radohl, PhD, LSCSW Leslie Olmstead, OT Terri Braun, Author & Survivor Scott Braun, Caregiver			
2:30-2:45	Summary and evaluations			

Continuing Education

All participants requesting continuing education credit or a certificate of attendance must complete documentation of attendance and evaluation form online within the timeframe noted.

**APRNs/RNs:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course is approved for 4.8 contact hours applicable for APRN and RN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

Social Workers: The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 4 hour(s) credit applicable for relicensure of LASWSs, LBSWs, LMSWs and LSCSWs. Kansas Provider Number 12-002. Mary Beth Warren, MS, RN, Coordinator.

**Physical Therapists:** The Kansas Physical Therapy Association has approved this course for 4 hours of credit. Approval #: CEUL124082

\*Occupational Therapists: The Kansas Occupational Therapy Association has approved this offering for 4 Contact Hours.

\*Participants are required to attend the program in its entirety to receive credit.

Nursing and Social Work Attendance Requirement: Continuing education credit will be issued according to documented attendance. Presentations must be attended in their entirety to claim credit.

All other attendees will receive a certificate of attendance.

#### Conference Registration

#### Cost:

- \$10 per person for survivors and family members
- \$40 per person for students (Must be currently enrolled CEUs not offered)
- \$80 for healthcare professionals (CEUs will be offered)
- BIAKS "Basic" or "Supporting" member = no charge (CEUs not included)

#### Registration:

- To register, visit <u>www.eeds.com/live/784834</u>
- Registration/Cancellation Deadline: September 18th, 2023
- For assistance with registration, call the KU Area Health Education Center at (620) 235-4040

Cancellation Policy: A healthcare registrant may cancel no later than September 18th, 2023, to receive a refund minus a \$15 administrative fee. After that no refunds will be made. The registration fee will not be transferred to future offerings. Refunds are made by mail. KU Medical Center AHEC and BIAKS reserve the right to cancel this program and return all fees in the event of insufficient registrations. KU Medical Center AHEC and BIAKS will not be responsible for any losses incurred by registrants, including but not limited to airline cancellation charges or hotel deposits.

**Nondiscrimination Statement:** The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identify, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, <u>IOA@ku.edu</u>, 1246 W. Campus Road, Room 153A, Lawrence, KS 66045, (785)864-6414, 711 TTY.

**Program Accessibility:** We accommodate persons with disabilities. Please indicate your need for accommodation during the registration process and a representative will contact you.

#### Planning Committee

Julie Luttman – Brain Injury Association of Kansas and Greater Kansas City
Celia Earle – LINK, Inc & Survivor
Chad Myers - Survivor
Terri Braun – Survivor
Tim Davis, Ph.D., LSCSW – Fort Hays State University Department of Social Work
Susan Segelquist – Kansas Department for Aging and Disability Services
Laura Moore – Kansas Attorney General's Office
Nikki Cooper – KU Medical Center Area Health Education Centers
Karen Aufdemberge, BSN, RN – KU Medical Center Area Health Education Centers
Mary Beth Warren, MS, RN – KU Medical Center Area Health Education Centers
Teresa Heimann, PT – Hays Medical Center

The mission of the Brain Injury Association of Kansas and Greater Kansas City is to provide ongoing brain injury advocacy, education, and resources.

This project was supported, in part by grant number 90TBSG0048-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy. These materials are based upon work supported by the Kansas Department for Aging and Disability Services.

## 2023 Attendee Statement of Liability Waiver Terms of Registration

The organizers of this Brain Injury Association of Kansas and Greater Kansas City's 2023 Seminar expressly disclaim liability for acts or omissions of the organizers and for third parties including suppliers and exhibitors in conjunction with the event or for the safety of any attendee or exhibitor while in transit to or from this event. The organizers of this event shall not be liable for any delays or failure in performance or interruption of services resulting directly or indirectly from any cause or circumstance beyond the reasonable control of the organizers including but not limited to, Acts of God, war, terrorism, failure of transportation, weather, accidents, fire, electrical failures, strikes, labor dispute, postal delays, explosions, and government orders or regulations.

"BIAKS" used herein or in subsequent regulations shall mean the Brain Injury Association of Kansas and Greater Kansas City, its committees or agents acting for the Management of the Meeting and Exhibition.

You also agree not to allow any other individual to participate in your place either at the conference, during the registration process, or any other seminar-related activity including the acceptance of these terms of registration.

Attendee/Exhibitors at the 2023 Seminar agree to indemnify and hold harmless BIAKS, it officers, directors, and agents, against all claims arising out of actions or omissions of Attendee/Exhibitor at or in connection with the 2023 Seminar except for BIAKS' own gross negligence or willful misconduct. BIAKS agrees that it will indemnify and hold harmless Attendee/Exhibitor against all claims arising out of the acts or omissions of BIAKS, its officers, directors and agents in connection with the 2023 Seminar except for Attendee's/Exhibitor's own gross negligence or willful misconduct.

BIAKS reserves the right to substitute an equally qualified speaker in case of emergency or cancellation. BIAKS has no duty of due diligence with respect to presenters, exhibitors, or sponsors, and makes no endorsements of any presentation or product.

Your conference/exhibitor/attendee registration form acknowledges acceptance of these terms and provisions of this event.

# The University of Kansas Medical Center Area Health Education Center – East

1501 S. Joplin Pittsburg, KS 66762

#### Sign-In Roster

Date: September 23<sup>rd</sup>, 2023

Location: Fort Hays State University Memorial Union - 600 Park St., Hays, KS

Title: Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals

Program Coordinator: Mary Beth Warren, MS, RN

Course Provider: The University of Kansas Medical Center Area Health Education Center - West

**Faculty:** Nicole Eastes, Ph.D., LAT, ATC; Jennifer Colby, LSCSW, LCAC, MAC; Susan Segelquist; Tamara Radohl, Ph.D., LSCSW; Terri Braun; Celia Earle; Leslie Olmstead, OT; Cody Hullman, PT,

DPT, OCS, CMTPT; and Scott Braun

<b>Discipline</b>	<u>Hours</u>	Approval No
APRN/RN	4.8	LT0056-0749
Social Work	4.0	12-002
Physical Therapy	4.0	CEUL124082
Occupational Therapy	4.0	КОТА

#### Accreditation:

All participants requesting continuing education credit must complete documentation of attendance and evaluation form online within the timeframe noted.

**APRNs/Nurses:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 4.8 contact hours applicable for APRN and RN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

**Social Workers:** The University of Kansas Medical Center Area Health Education Center East, as an approved provider of continuing education by the Kansas Behavioral Sciences Regulatory Board presents this offering for a maximum of 4 hour(s) credit applicable for relicensure of LASWS, LBSWs, LMSWs, LSCSWs. Kansas Provider Number 12-002. Mary Beth Warren, MS, RN, Coordinator.

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\*Occupational Therapists: The Kansas Occupational Therapy Association has approved this offering for 4 Contact Hours.

\*Participants are required to attend the program in its entirety to receive credit.

Nursing and Social Work Attendance Requirement: Continuing education credit will be issued according to documented attendance. Presentations must be attended in their entirety to claim credit.

All other attendees will receive a certificate of attendance.

# Life After Brain Injury: A Seminar for Survivors, Families and Healthcare Professionals

(Presented by: Brain Injury Association of Kansas and Greater

Kansas City Area)
Sign-In

NAME	EMAIL	LICENSE	SIGNATURE
			CNE/IV Therapy 142

Scott attended Fort Hays State University majoring in Sociology/Criminal Justice. He has spent the last 28 years working in law enforcement. He began his career as a Reserve Deputy before being offered the opportunity of employment with the Ellis Police Department. He currently has worked at the Ellis County Sheriff's Office for 26 years. During his time at the Sheriff's Office, he began his career as a Deputy Sheriff eventually becoming part of the Ellis County Drug Enforcement Unit (DEU). In 1999, Scott spearheaded the first canine program in Ellis County, handling the first canine and later became a Canine Instructor. While in his position of a Canine Handler/Instructor, he has instructed hundreds of canine teams across the state of Kansas as well as trained officers in specialized fields of Narcotics courses such as TOP GUN and BNIC. In 2005, he was promoted to Detective whose primary duties were to investigate drug trafficking cases within Ellis County. He was appointed Undersheriff in 2018 and then elected Sheriff in 2021.

During Scott's law enforcement career, he has been recognized for his service and heroism. Sheriff Braun was named the State of Kansas 2006 Deputy Sheriff of the Year and named the National Association of Police Organization 2007 TOP COP Honorable Mention. He was a recipient of the Kansas Association of Chiefs of Police Gold Award of Valor as well as the Kansas Highway Patrol Superintendent Meritorious Award in 2001.

Scott is also an active member in his community. He is a member of the Hays Rotary Club and has received multiple awards for community service. He currently serves on the Big Brothers /Big Sisters board and is a "big" himself. Scott is active in the Kansas Narcotics Officer Association and is currently serving on the board of Kansas Sheriff's Association as the First Vice President. He is a fourth degree Knight in the Knights of Columbus and is an active steward for the church volunteering his time and talent.

Terri graduated from Fort Hays State University with a B.S. in Psychology in 1995. She has worked in the Human Services field serving those with severe and persistent mental illness for 25 years and those with intellectual disabilities for 2 years. In 2014, Terri sustained a traumatic brain injury. The road back to "normalcy" was hard and the healing was slow. Although still struggling, her recovery inspired her to write. She currently has three Christian books published. *Good Morning Sunshine: Finding Strength and Comfort in God* was released in 2017. In 2018, her book *Preparing Your Heart for Christmas* arrived, and *No More Patches* was published in 2021. She speaks on her life's spiritual journey of hope as well as educates others about suffering brain injuries. She is active in the community serving as Chair of the First Call for Help Board, Chair of the Advisory Board for ONE magazine, is the Editor for ONE magazine, is a member of the Wonder Women League, and is a "Big" for the Big Brothers/Big Sisters program. She is also an active member of her church serving on Family Life, Evangelization, and Religious Education committees.

## **CURRICULUM VITA**

## JENNIFER COLBY, LSCSW, LCAC, MAC

#### **BIOGRAPHICAL INFORMATION:**

511 Madison Street Ellis, Kansas 67637 (785) 477-1546 jscolby@gmail.com

#### **CERTIFCATION AND LICENSURES:**

Specialist Clinical Social Worker

State of Kansas Behavioral Sciences Regulatory Board - May 2013

Clinical Addiction Counselor

State of Kansas Behavioral Sciences Regulatory Board - June 2014

Master Addiction Counselor

National Certification Commission for Addiction Professionals-June 2016

#### **EDUCATION:**

Master of Social Work

Graduate School of Social Work, University of Kansas, Lawrence, Kansas May 2009

Bachelor of Science Degree in Sociology

Kansas State University, Manhattan, Kansas May 1997

#### PROFESSIONAL MEMBERSHIPS/AFFILIATIONS:

National Association for Alcoholism and Drug Abuse Counselors - 2016 National Association of Social Workers – 2009 Mu Psi Phi Alpha Honor Society for Social Work – 2009

#### **TEACHING EXPERIENCE:**

Adjunct Professor, August 2015 - present
Department of Sociology & Social Work
Fort Hays State University, Hays, KS 67601

#### Classes taught: -

Assessment & Treatment of Mental Disorder I

Client Management Procedures

Generalist Social Work Field Practicum I & II

Human Behavior & the Social Environment III

Workshop in Sociology and Social Work: Psychopathology & Addictions

Workshop in Sociology and Social Work: Families and Addiction

#### **EMPLOYMENT HISTORY:**

#### April 2017 to present

#### Licensed Clinical Social Worker, Licensed Addiction Counselor, Master Addiction Counselor

Mrs. Colby's duties included:

- Develop treatment plans for adults and adolescents with alcohol, drug, and mental health issues in a private practice setting
- Provide assessment and therapy to individuals, couple's, and families with mental health or substance use issues in a private practice setting

#### January 2014 to March 2017

#### **High Plains Mental Health**

# <u>Licensed Clinical Social Worker, Licensed Addiction Counselor, Master Addiction</u> <u>Counselor, Substance Abuse Professional</u>

Mrs. Colby's duties included:

- Help implement the new Substance Abuse Program at High Plains Mental Health in March 2014
- Develop treatment plans for adults and adolescents with alcohol, drug, and mental health issues
- Provide crisis services to individuals with mental health concerns
- Complete intakes which include KCPC (Kansas Client Placement Criteria) and Psychological Evaluations
- Complete Alcohol and Drug Evaluations, DUI Evaluations, and SAP Evaluations for the Kansas Department of Transportation
- Provide individual and group therapy to individuals with mental health and substance abuse concerns

#### May 2007 to December 2013

#### Pawnee Mental Health Alcohol & Drug Services

#### **Substance Abuse Therapist**

Mrs. Colby's duties included:

- Develop treatment plans for adults and adolescents with alcohol, drug, and mental health issues
- Provide crisis services to individuals with mental health concerns
- Complete intakes which include KCPC (Kansas Client Placement Criteria) and Psychological Evaluations
- Complete Alcohol and Drug Evaluations, DUI Evaluations, Anger Evaluations, and Domestic Violence Evaluations
- Provide individual and group therapy to individuals with

- mental health and substance abuse concerns
- Provide four hours of therapy per week to individuals in the Crisis Center as part of a joint grant between Pawnee Mental Health and the Crisis Center

#### July 1997 - May 2007

#### **Pawnee Mental Health Community Support Services**

#### Adult Case Manager

Mrs. Colby's duties included:

- Develop treatment plans for adults and adolescents with alcohol, drug, and mental health issues
- Develop resource booklet and checklist for staff
- Outreach with area agencies through Community Health Resource Specialist position
- Collaborate on grant to further homeless outreach project
- Outreach to individuals who were homeless and provide community resources
- Provide support services in Therapeutic Learning Classrooms
- Co-led and develop Young Adult Program

#### **CLINICAL SUPERVISION:**

August 2019 to May 2020

As a Clinical Supervisor, I provided clinical supervision for licensing under State of Kansas Behavioral Sciences Regulatory Board to three social workers.

#### FIELD INSTRUCTOR:

**August 2019 to May 2020** 

As a Field Instructor for the University of Kansas, duties included preparing and conducting regularly scheduled weekly supervision with students, collaborating with students to identify safety concerns, and developing a safety plan with the students, abiding by the NASW Code of Ethics at all times and including these in weekly supervision, collaborating with students and Field Liaison, coordinating with other staff members, providing feedback on student's performance, supporting the students in learning opportunities and resources in the agency and community, evaluating on-going progress of students, informing Field Liaison of any problems with placement, participating in school-sponsored education meetings and training, and protecting the confidentiality of student's records.

#### FIELD LIASON:

January 2021 to present

As a Field Liaison for Ft. Hays State University, duties included providing a link between student field placements and the social work department, supporting, and guiding the students and field instructors through the field experience during the academic year. Liaisons provide

## Nicole M. Eastes, PhD, LAT, ATC

123 Stout St Pratt, KS 67124 810.580.9139

nmglasgow3@gmail.com

#### **EDUCATION**

#### PhD - Health Science May 2022

University of South Dakota

• Research:

Glasgow, Nicole Marie, "Challenges to Career as a Source of Meaning and Satisfaction Among Certified Athletic Trainers in the United States of America" (2022). Dissertations and Theses. 29. <a href="https://red.library.usd.edu/diss-thesis/29">https://red.library.usd.edu/diss-thesis/29</a>

#### MS - Health and Human Performance July 2015

Fort Hays State University

#### BS - Athletic Training April 2012

Indiana Wesleyan University

- Minor in Health Promotion and Wellness
- Research:

Middleton, K.N., Glasgow, N.M., King, H.E., Jacobs, M.E., Doyle, A.T., Thompson, A.J. From Diagnosis to Remission: A Five-Year Case Study of a Female Collegiate Athlete's Battle with Leukemia, <u>International Journal of Tumor Therapy</u>, August 2012, Vol. 1, No. 3, pg. 14-19.

#### PROFESSIONAL EXPERIENCE

#### Sterling College, 2015-present

- Turn It In Campus Administrator, 2022-present
- Director for the Integration of Faith and Learning, 2022-present
- Program Head of Health Science, 2021-present
  - -Responsible for programmatic assessment
  - -Responsible for conducting faculty teaching and course evaluations
  - -Assist Department Chair in course schedules, faculty teaching loads, and securing adjunct professors for Health Science Department
  - -Responsible for oversight of the delivery of undergraduate health science major
  - -Responsible for programmatic and course development
- Co-Department Chair of Health Science, 2018-2021
- Clinical Education Coordinator, 2018-present

## CODY W. HULLMAN, PT, DPT, OCS, CMTPT

500 W 23<sup>rd</sup> ST Hays, KS 67601 620-450-7502 ~ <u>cwhullman@gmail.com</u>

#### **WORK EXPERIENCE**

#### Orthopedic & Sports Physical Therapist at Hays Med Rehabilitation

August 22,2022 - Present

- Evaluate and treat patients with sports injuries, post orthopedic procedures, and neurological conditions
- Provide sideline care with physicians and athletic trainers at high school sporting events
- Directly communicates with physicians and allied health professionals on patient progress, differential diagnosis, and plan of care

#### Senior Physical Therapist at Empower Physical Therapy & Performance

June 1, 2020 - July 15, 2022

- Evaluated and treated patients with various orthopedic, sports, and neurological conditions of all ages
- Marketing Director for physician relations and direct to consumer strategies
  - Led team based meetings, managed team, lead patient educational reviews and implemented marketing plans
- Managed maintenance and logistics for clinic supplies
- Conducted community outreach programs for health and wellness educational seminars
- Trained students and new therapists on orientation, mentoring sessions, and education on different therapies
- Established and directed industrial health and wellness branch of business
- Coordinated treatment of athletes with athletic trainers from Avila University
- Participated in active observation with surgeons and sports physicians in the operating room and patient care settings

#### **Legacy Healthcare Services**

June 1, 2020 - January 31, 2021

- Worked PRN at four facilities throughout the Kansas City Metro
- Treated patients with various orthopedic, neurological, and geriatric conditions
- Settings included assisted living, skilled nursing facility, and memory care

#### **TMC Therapy Service**

April 6, 2020 - May 30, 2020

- Worked PRN at Saint John KS, Pratt KS, and Stafford KS
- Evaluated and treated patients with various orthopedic, neurological, and geriatric conditions
- Settings included assisted living, skilled nursing facility, and memory care

#### Senior Physical Therapist at Elite Sports Medicine & Physical Therapy

February 4, 2019 - March 11, 2020

- Evaluated and treated patients with various sports, orthopedic and neurological conditions
- Conducted case conferences and led journal clubs for research review
- Researched and presented on topics of interest for the practice for new therapies
- Coordinated treatment of athletes with athletic trainers from Avila University
- Participated in active observation with surgeons and sports physicians in the operating room

#### **Director of Physical Therapy at Exercise Therapeutic Consultants**

July 10, 2017 - January 17, 2019

- Direct and oversee 8 clinics with 13-15 therapists total
- Created and educated therapists on billing plans, strategies, and educational review of patients
- Developed marketing strategies and developed with physicians, nurse practitioners, and physician assistants
- Educated physicians on trigger point dry needling for application, benefits, and patient selection
- Sponsored several community outreach events to educate the public about physical therapy
- Completed complimentary running analysis at numerous marathons registrations booth
- Collaborated with the therapists' company wide as a resource when patients had plateaued with care
- Trained new staff on billing procedures, software education, case conferences, and daily operations
- Participated in active observation with surgeons and sports physicians in operating room and patient care settings
   CNE/IV Therapy 149

## CODY W. HULLMAN, PT, DPT, OCS, CMTPT

## Advanced Physical Therapy & Sports Medicine (APTSM) PRN at APTSM Inpatient

June 27, 2016 – June 9, 2017 June 27, 2016 – June 9, 2017

#### OCS Residency University of Wisconsin, Appleton, WI

- Provided free community clinic care once a week for 3 months
- Experienced industrial direct access physical therapy at Neenah WI Paper Mill and Oshkosh Defense
- Provided orthopedic, sports, and musculoskeletal care for professional performing arts athletes for preperformance treatment
- Helped as affiliate faculty during live labs at UW Physical Therapy School
- Evaluated and treated patients with sports injuries, post-orthopedic procedures, and neurological conditions
- Participated in active observation with surgeons and sports physicians in the operating room and patient care settings

#### **CERTIFICATIONS**

- Orthopedic Clinical Specialist (OCS)
- Certified Manual Trigger Point Therapist (CMTPT)
- American Heart Association Basic Life Support (BLS) provider

June 30, 2019 February 2019

May 2014-Present

#### **EDUCATION**

#### University of Wisconsin Orthopedic Certified Specialist Residency

June 27, 2016 - June 9, 2017

- One year of specialized education developing diagnostic skills, treatment, and management of the human body with various orthopedic and sport conditions
- Assisted as an adjunct professor (at the University of Wisconsin) to teach students hand-on skills in the manual orthopedic lab
- Presented Resident Final Dissertation: Pre-surgical pain education with patients undergoing total knee arthroplasty (TKA) and the effects of pain, fear, and patient progress

#### Regis University, Denver, CO Doctor of Physical Therapy

August 24, 2013 - April 30, 2016

- Dean's Regis Scholarship recipient
- Conducted Research: Development of the Community-Dwelling Older Adult Screening Tool (COAST) and its ability to detect functional decline in older adults

#### Kansas State University, Manhattan KS

August 2009 - May 2013

#### **Bachelor of Arts and Science in Kinesiology**

- Dr. Larry Noble Fitness Promotion Kinesiology Scholarship recipient
- Mary Lois Rynders Sykes Kinesiology Scholarship selected for superior academics and inspiring upperclassman recipient
- Ira & Dena McKinnis Educational Trust Scholarship recipient
- Jason Befort Memorial Scholarship recipient

#### **LICENSES**

Kansas State Board of Healing Arts

May 19, 2016 - Present

- o License #: 11-0-5324
- Missouri State Board of Registration for the Healing Arts

July 1, 2017 - Present

o License #: 2017021992

#### PROFESSIONAL MEMBERSHIPS

- American Physical Therapy Association (APTA)
  - o Colorado Chapter 2013 2016
  - Kansas Chapter 2016 2019
  - Orthopedic section 2014 2019
  - Research section 2013 2016
- American Council on Exercise (ACE) 2011-2019

CNE/IV Therapy 150

#### **Biographical Data Form**

Name: Leslie Olmstead	License Number: 17-01635
Email: olmstead_leslie@yahoo.com	
Home Address: 1722 Agnes Dr.	
Hays, KS 67601	
Business Address: 2220 Canterbury Ro	d.
Hays, KS 67601	
Home Phone:	Work Phone: 785-623-5691
Mobile Phone: 785-259-5875	Fax:
Present Position: (Title with Description and I have worked as an Occupational Therapist at Hays Med for 25 years. I ha	Organization)  I work as an Occupational Therapist at Hays Med in the outpatient rehabilitation department.  ve specialized in neuro-rehabilitation for most of my career. I have been exclusively treating
neurological patients for the past 10 y	rears in addition to low vision/ visual disorders.
Education: (Include basic preparation through Degree Institution (Name, City, State)	Major Area of Study Year Degree
Bachelor of Science, University	of Kansas, Occupational Therapy,1998
	·

Additional Comments: (fellowships, honors, publications, etc.)

I have done extensive continuing education in the area of neurological rehabilitation. I became certified in Neuro Developmental Treatment in 2000. I continue to participate in training to further my skills for treating patients with neurological disorders. I am also a brain injury survivor (10 years). I had a large brain tumor in my left cerebellum that was pressing on my brainstem. The tumor caused extensive damage to my brain in addition to the surgery to remove the tumor in 2013. I have a unique perspective as an Occupational Therapist treating neurological patients since I have been on both sides as the therapist and the patient.

#### Tamara B. Radohi, PhD, LSCSW

27570 West Highland Circle ~ Olathe, KS 66061

Phone 913-787-7673 ~ Home Phone 913-732-2388 ~ Email tami.radohlsigley@park.edu

#### **EDUCATION**

Dec 2013 Doctor of Philosophy, School of Social Welfare, University of Kansas

Dissertation Title: The Role of Personal Medicine in Shared Decision Making and Mental Health

Recovery

May 1999 Master of Social Work, Washburn University

May 1998 Bachelor of Social Work, University of Kansas

#### **LICENSES & CERTIFICATES**

Licensed Specialist Clinical Social Worker #2347 in the State of Kansas. Received April 2003 (current).

Certification in Effective College Instruction by the Association of College and University Educators (ACUE; June 2018).

#### PROFESSIONAL MEMBERSHIPS

University of Kansas Alumni Association, June 1998 to present National Association of Social Workers (NASW), August 2014 to present. Council on Social Work Education (CSWE), January 2016 to present

#### **TEACHING PHILOSOPHY**

"Training teaches people a skill; education teaches people to think." (Author unknown). This quote exemplifies my core teaching philosophy: the importance of engaging students to be active learners and integrate knowledge into everyday practices. I also believe that to be a great social worker, you have to be a great advocate. Further I believe that it is difficult to advocate for someone else when you cannot advocate for yourself. Thus, I want to create an environment where students feel open to advocate for their needs and in which students feel they are heard, respected, and valued for what they have to contribute. Learning is a collaborative process and I see myself as a guide or a facilitator rather than the "expert" in the room. Finally, I believe in the idea that "all will learn." Each student is an individual with their own life stories, experiences, and goals. As such, I bring to teaching a belief that all students can learn and that each student is inherently smart having their own "wisdom" and experiences they bring to the classroom. On the other hand, I also recognize that students have strengths in difference, diverse areas. As a result, I try to organize both my instructional style and my grading so that every student has the opportunity to do well in my class if they put forth the effort.

#### **ACADEMIC APPOINTMENTS**

August 2023 – Present Associate Professor

Department of Social Work, Fort Hays State University, Hays, KS

August 2020 - July 2023 Chair

Department of Social Work, Park University, Parkville, MO

August 2020 - July 2023 Associate Professor

Department of Social Work, Park University, Parkville, MO

Aug 2019 - August 2020 Director for the Center for Research and Training in Integrated Behavioral Health

Park University, Parkville, MO

May 2017 - July 2019 Director of Field Education

Department of Social Work, Park University, Parkville, MO

Jan 2017 – Apr 2017 Interim Director of Field Education

Department of Social Work, Park University, Parkville, MO

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al Health Authority. (2023). *How to Communicate with Someone with a Brain Injury*./medicalhealthauthority.com/info/communicate-with-person-brain-injury.html

# Key Resources

ntu RC, Gioia GA, Guskiewicz KM, Kutcher J, Palm M, Valovich McLeod TC. National Athletic Trainers' Association position statement: Management of sport concussion. J 2):245-265. doi: 10.4085/1062-6050-49.1.07. Published 2014. Accessed April 2023.

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Halloran P, Watson CN, et al. Unique diagnostic signatures of concussion in the saliva of male athletes: the study of concussion in rugby Union through microRNAs (SCRUM).doi:10.1136/bjsports-2020-103274pmid:http://www.ncbi.nlm.nih.gov/pubmed/33757972. Published 2021. Accessed September 2023.

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NPT Knowledge Translation Task Force: Bara Alsalaheen, PT, PhD and Naseem Chatiwala, PT, DPT, MS ( nairs) Annie Fangman, PT; Michelle Gutierrez, PT, DSc; John Heick, PT, DPT, PhD; Ethan Hood, PT, DPT, I ctoria Kochick, PT, DPT; Lindsay Walston, PT, DPT

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## **Evaluation Summary**

Life After Brain Injury: A Seminar for Survivors, Families, and Healthcare Professionals
October 5th 2023, 10:17 am CDT

#### Select your appropriate title:

Answer	Count
Advanced Nurse Practitioner	
Nurse	
Caregiver	
Other health professional, please specify:	
Survivor/Patient	
Social Worker	
Physical Therapist/Physical Therapy Assistant	
Occupational Therapists/Occupational Therapy Assistant	
Total	

Other health professional, please specify:

## Please select all that apply for your appropriate practice setting:

	Second Se
Answer	Count
Public Health	
Other practice setting(s),	
Long Term Care	
Hospital	
Clinic	
Academic Institution	
Total	

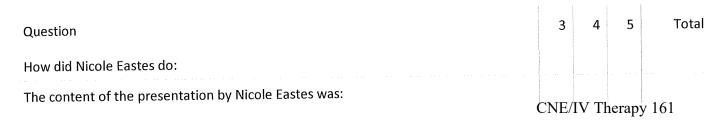
# Review the following objectives, then indicate your choice: (Select N/A if did not attend the session)

Question	Met	Not Met	N/A	Total	
Analyze the latest research and tools related to brain injury recovery and care.					
Curate a comprehensive list of tools and resources to support survivors, caregivers, and healthcare professionals in caring for individuals with brain injuries.					
Build awareness of the challenges faced by people living with brain injury.	The state of the s		TEACH AND ADDRESS TO A TEACH AND A TEACH A		
Foster a sense of community and provide opportunities for networking and connection among survivors, caregivers, and healthcare professionals.	W	Paradonomy Processor	NAM AND THE STREET, ST	The state of the s	

#### Select all the sessions attended:

Answer	Count
9:30 AM - 10:15 AM - Brain Injury Categories: Diagnosis & Management - Nicole Eastes, PhD, LAT, ATC	
10:30 AM - 11:00 AM - Communication & Samp; Relationships: Survivor's Perspective - Jennifer Colby, LSCSW, LCAC, MAC	
11:00 AM - 11:45 AM - BREAKOUT #1 - Survivors & Samp; Family/Caregiver Track Finding Resources/Waiver Provisions - Susan Segelquist 11:00 AM - 11:45 AM - BREAKOUT #2 - Healthcare Professional Track Mental Health in TBI Survivors: Symptoms and Symptom Management - Tamara Radohl, PhD, LSCSW	
11:45 AM - 12:45 PM - Survivor Presentation - Terri Braun, Author & Survivor	
12:45 PM - 1:30 PM - BREKAOUT #1 - Survivors & Samp; Family/Caregiver Track Support Group Formation & Samp; Facilitation: How Can I Do This in My Community? - Celia Earle, Survivor 12:45 PM - 1:30 PM - BREAKOUT #2 - Healthcare Professional Track Rehab: Transition to Community	
Living - Leslie Olmstead, OT and Cody Hullman, PT, DPT, OCS, CMTPT 1:45 PM - 2:30 PM - Panel Discussion - Leslie Olmstead, OT; Scott Braun, Caregiver; and Terri Braun, Author and Survivor	
Total	BIOGRAFIA

# Brain Injury Categories: Diagnosis & Management Presenter: Nicole Eastes, PhD, LAT, ATC



The delivery of the information by Nicole Eastes was:	
Did Nicole Eastes, PhD, LAT, ATC appear objective and	unbiased by commercial interests?
Answer	Count
Yes	
No, because	
Total	
Please enter any other feedback to be shared with Nic	ole Eastes, PhD, LAT, ATC:
Communication & Relationships: Survivor's Perspectiv	e Presenter: Jennifer Colby,
LSCSW, LCAC, MAC	
	2 3 4 5 Total
Question	2 3 4 5 Total
How did Jennifer Colby do:	
The content of the presentation by Jennifer Colby was:	
The delivery of the information by Jennifer Colby was:	
Did Jennifer Colby, LSCSW, LCAC, MAC appear objective	e and unbiased by commercial
interests?	
Answer ·	Count
Yes	
No, because	
Total	
Please enter any other feedback to be shared with Jer	nifer Colby ISCSW ICAC MAC:

Breakout #1 - Survivors & Family/Caregiver Track - Fir Presenter: Susan Segelquist	nding Resou	rces/	'Wa	iver	Provi	isions
		1	2	1	<b>E</b>	Total
Question			3	4	5	Total
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The delivery of the information by Susan Segelquist was:		AND		A STATE OF THE PARTY OF THE PAR		
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Answer						Count
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No, because						
Total	MACCOARRAM					
Please enter any other feedback to be shared with Su	usan Segelqı	uist:				
Breakout #2 - Healthcare Professional Track - Mental & Symptoms Management Presenter: Tamara Radol			rviv	ors:	Symp	otoms
Question			3	4	5	Total
How did Tamara Radohl do:						
The content of the presentation by Tamara Radohl was:						
The delivery of the information by Tamara Radohl was:		e management (Aust)				
Did Tamara Radohl, PhD, LSCSW appear objective an	nd unbiased	by co	omn	nerc	ial int	terests?
Answer						Count
Yes						
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## Please enter any other feedback to be shared with Tamara Radohl, PhD, LSCSW:

Question		3	4	5	Total
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No, because					
Total	Pages 1110 00 12 1110				
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Breakout #1 - Survivors & Family/Caregiver Track - S	upport Gro	oup Form Celia Earl	e, Su	rvivo	
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Please enter any other feedback to be shared with Celia Earle:

Breakout #2 - Healthcare Professional Track - Rehab: Transition to Community Living
Presenter: Leslie Olmstead, OT

Question	3	4	5	Total
How did Leslie Olmstead do:			CONTRACTOR	
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The delivery of the information by Leslie Olmstead was:	- Control of Control	Paragraph contest.	op a management	resishanor

## Did Leslie Olmstead, OT appear objective and unbiased by commercial interests?

Answer	Count
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Yes	
No, because	
Total	

Please enter any other feedback to be shared with Leslie Olmstead, OT:

# Breakout #2 - Healthcare Professional Track - Rehab: Transition to Community Living Presenter: Cody Hullman, PT, DPT, OCS, CMTPT

Question	3	4	5	Total
How did Cody Hullman do:				
The content of the presentation by Cody Hullman was:			And the second s	
The delivery of the information by Cody Hullman was:		***************************************		

Did Cody Hullman, PT, DPT, OCS, CMTPT appear objective and unbiased by commercial interests?

Answer	Count
Yes	
	CNE/IV Therapy 165

No, because				
Total				
Please enter any other feedback to be shared with	Cody Hullman, PT,	DPT, OC	S, CIV	1TPT:
			•	_
Panel Discussion Presenters: Leslie Olmstead, OT;	Scott Braun, Careg	iver; and	Terr	İ
Braun, Author & Survivor		4	n de la company	
Question		4	5	Total
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Did the panel appear objective and unbiased by co	ommercial interests	<b>;</b> ?		
Answer				Count
Yes				
No, because				
Total				
Please enter any other feedback to be shared with	n the panel:			
Bias and Relevance: What do you think? Did this	activity include a ba	alanced v	view (	of
therapeutic options and their risks and benefits?				
Answer				Count
Yes				
I CO	n and a second			

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No (please explain)

Total	
Was this activity free of commercial bias?	
Answer	Count
Yes	
No (please explain)	
Total	
Evidence Based: All the recommendations involving of activity for healthcare professionals must be based of the profession of medicine as adequate justification from the care of patients. (Adapted from the course provide evidence-based information?	n evidence that is accepted within for their indications and
Answer	Count
Yes	
No, please explain:	
Total	
No, please explain:	
Patient treatment recommendations included in this	CE activity are appropriate.
Answer	Count
Yes	
No (please explain)	
Not Applicable	
Total	Company of the Compan

Scientific studies cited in this activity conform to standards accepted by the scientific community.

	Count
Answer	Count
Yes	
No (please explain)	
Not Applicable	
Total	
The content of this session was applicable to my profession:	
Answer	Count
Agree	
Disagree	
Total	
Please check the percentage of new information in this activity.  Answer	Count
0%	
25%	
50%	
75%	
100%	
Total  List any strategies recommended that you now plan to implement that y before.	ou have not used
This activity addressed an area for improvement identified by (please se apply):	lect all that
Answer	Count
My institution/employer	

My profession/specialty

Me/personal improvement area	
Other	
Not Applicable	
Total	
Based on the information provided at this activity, proportunities for improvement in your practice and	
This activity has positively affected my ability to fur	nction as part of a team:
Answer	Count
Strongly agree	
Somewhat agree	
Neither agree nor disagree	
Somewhat disagree	
Strongly disagree	
Total	
I learned something today that I can take back to m	ry team to improve outcomes:
Answer	Count
Strongly agree	
Somewhat agree	
Neither agree nor disagree	
Somewhat disagree	
Strongly disagree	
Total	
We appreciate your comments. Please provide any recommend future topics. How did you hear about	
Answer	Count
Co-Worker(s)/Friends/Family	

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Brain Injury Association of Kansas and Greater Kansas C	ity Email/Social M	ledia Distrik	outions	anne parine de la constante de	
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Sponsors/Vendors provided helpful information.		, or principal management	A ladjepin what becomes		
I would like to volunteer at the Brain Injury	Association.				
Answer					Count
YES					
NO					
Total					
I would like to serve on a Brain Injury Assoc	ciation plannir	ng comm	ittee for	future ev	ents.
Answer					Count
YES					
NO					
Total					

Please provide contact information:

# Certificate of Attendance

Name and Credentials Address Address

License #:

Title: Life After Brain Injury: A Seminar for Survivors, Families and Healthcare Professionals (Presented by: Brain Injury Association of Kansas and Greater Kansas City Area)

Location: FHSU Memorial Union Black and Gold Room - 600 Park - Hays, KS

**Date:** 9/23/2023

Instructor(s): Tamara (Tami) Radohl, PhD; Nicole Eastes, PhD; Leslie Olmstead, OT; Terri Braun, BS; Jennifer Colby, MSW; Cody Hullman, DPT; and Scott Braun,

Discipline-Category

Hour(s) Awarded

CNE-APRN/RN

3.90

**APRNs/Nurses:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 3.90 contact hours applicable for APRN or RN relicensure. Kansas State Board of Nursing provider number: LToo56-0749. Mary Beth Warren, MS, RN, Coordinator.

Mary E. Waver, MS, RN

Mary Beth Warren, MS, RN

The University of Kansas Medical Center
Area Health Education Center - EAST
1501 South Joplin, 4th Floor, Shirk Hall
Pittsburg, KS 66762

#### PROPOSED OFFERING #2:

## **Ascension Via Christi Trauma Conference**

Date: Friday, September 29, 2023

Time: 8:00 AM - 4:00 PM

Location: DePaul Hall/ Ascension Via Christi Hospital

Learning Format: In-Person and Online

City/State: Pittsburg, KS

The University of Kansas Medical Center Area Health Education Center 1501 S. Joplin, Shirk Hall- 4th floor Pittsburg, KS 66762

Conference Presenters: Zachary Krumsick, MD; Neil Bryan, MD; Stepheny Berry, MD, FACS; Peter Bates, ARPN; Eric Delman, DO; Brett Dunbar, DO (introduced presenters); Timothy Stebbins, MD; Daniel Marx, MHSA, MSN, RN, CPN; and Todd C. Crawford, MD.

#### Attachments Includes:

- ✓ Summary of planning document
- ✓ The offering announcement/ brochure
- ✓ The title & behavioral objectives -Syllabus
- ✓ The offering agenda- Syllabus
- √ Sample Sign-In roster
- ✓ Each instructor's education & experience- Speaker's Bio Presentation (full instructor's CV's available upon request)
- ✓ Current bibliography
- ✓ The offering Evaluation Form (blank)
- ✓ Sample Certificate of Attendance

#### 2023 Ascension Via Christi Trauma Conference (9/29/2023)

# Hybrid Program- in-person & virtual via Zoom **Summary of Planning Activities**

Continuing Education Coordinator= Gretchen Andrews
KUMC Area Health Education Center

Date: 4/09/2023 CE Coordinator sent Email Correspondence to the 2022 Trauma Conference Planning Committee Members with attached documents from 2022 Planning for review.

Date: 4/10/23 CE Coordinator received confirmation from the Course Director (Naomi Powers, RN) of planning committee members & the approval/ authorization for conference planning to begin. A proposed date for 2023 Trauma Conference was selected: Friday, September 29<sup>th</sup>, 2023.

Date: 4/17/23 Initial planning meeting held with AHEC staff & the Ascension Via Christi Planning Committee. Members include Naomi Powers, RN; Brett Dunbar, DO; Mary Reif, EMS; & Gretchen Andrews, BA.

Date: 6/27/23 Letter of Agreement & Budget Estimates were developed by the AHEC Program Director. These were sent to the Course Director for approval & signatures. Also, CE Coordinator held discussion with the Course Director regarding topic preference & potential speakers.

Date: 7/11/23 CE Coordinator held correspondence with Planning Committee; updated & gave detailed information regarding contacts made by the CE Coordinator & confirmed or declined speakers for the conference.

DATEL 7/14/2023 CE Coordinator met with AHEC Marketing Director, Brett Lyerla, to plan out a promotional campaign for the conference. Scheduled dates for email blasts, and Facebook posts promoting the conference.

Date: 7/20/2023 CE Coordinator developed a 'Save the Date' flyer & sent to the Planning Committee for approval. After approval, flyer was sent to the Marketing Director for distribution.

Date: 8/07/2023 CE Coordinator developed the 'Registration Flyer' & distributed to the Planning Committee for approval.

Date: 8/07/2023 CE Coordinator entered conference into EEDS and opened the registration portal.

Date: 8/08/2023 Course Director phone call: inquired/confirmed RT & EMS credits would be available for this conference. CE Coordinator confirmed that the free registration applied to all Ascension employees, not just those working in Pittsburg. Employees must provide their associate ID and ministry with their department when registering.

Date: 8/14/2023 Correspondence with Planning Committee regarding topic/speaker possibilities/details for open sessions. Informed committee that Dr. Sweaney declined to speak; he is scheduled for on-call all day on the 29<sup>th</sup>.

Date: 8/21/2023 CE Coordinator discussed with Planning Committee confirmed speakers and open sessions. CE Coordinator is hoping to finalize speakers/agenda asap to complete providership applications for EMS & RT.

Date: 8/23/2023 CE Coordinator completed & submitted the application to KRCS for RT Credits.

Date: 8/29/2023 CE Coordinator completed and submitted a request for Qualtrics Survey development.

Date: 8/30/2023 CE Coordinator completed and applied for EMS Credits to Adam Rowe, EMS Providership.

Date: 9/21/2023 CE Coordinator sent email correspondence to the Planning Committee with attachments: Registration flyer (again) & Draft Syllabus for approval.

Date: 9/25/2023 Met in person on site at Ascension Via Christi Hospital with Course Director & AVC IT person to determine room layout & test computer equipment.

Date: 9/25/2023 CE Coordinator sent detailed information to all conference speakers with attached documents: Conference Agenda & Syllabus

Date: 9/27/2023 CE Coordinator sent detailed information regarding the final food count/ food restrictions to Ascension Via Christi Cafeteria Staff for in person registrants.

Date: 9/27/2023 CE Coordinator sent email Correspondence to all virtual/online registrants, with detailed ZOOM log in information & detailed course agenda for the conference.

Date: 9/28/2023 CE Coordinator sent email correspondence to all in-person registrants with detailed on-site information, including parking information, maps, & detailed agenda.

Date: 9/29/2023 The 2023 Ascension Via Christi Trauma Conference was held both on-line, via ZOOM & in-person at Ascension Via Christi Hospital.

Post conference dates to conclude program, including completing certificates, reporting to EMS & RT providerships, etc.

# Registration Open Now Ascension Ascension Via Christi TRAUMA CONFERENCE

September 29th, 2023
8:00 a.m. - 4:00 p.m.
Ascension Via Christi Hospital
1 Mt. Carmel Way, Pittsburg, KS., DePaul Hall Conf. Room, in-person or Virtual Attendance via ZOOM Available

#### Cost

Ascension Via Christi & Crawford Co. EMS Employees= **FREE**Non-Ascension Employee- Physicians=**\$50**All other Non-Ascension Employees=**\$35** 

#### **Target Audience**

This conference is planned for Physicians, Advanced Practice Providers, APRNs, Nurses, Emergency Personnel, Respiratory Therapists & other Allied Healthcare Professionals.

#### **How to Register**

Online: https://www.eeds.com/byinviteonly/661005

or Scan the QR Code with your device:

**Registration Deadline: September 22** 



\*Please note: There will be a \$15 administration fee for registrations cancelled by September 22, 2023. After that date, no refunds will be administered.

#### For More Information

Call KUMC's Area Health Education Center at (620) 235-4040.

CME, CNE, RT, & EMS Accreditation, or Certificate of Attendance is available through:



The University of Kansas Medical Center

At the conclusion of the event, participants should be able to:

- Assess and appropriately manage trauma patients.
- Examine cutting-edge treatment interventions for various trauma-based symptoms.
- Identify critical concerns in the continuum of care for pediatric, adult, & geriatric trauma patients.



# 2023 A Ascension Via Christi TRAUMA CONFERENCE



Date: Friday, September 29, 2023

Time: 8:00 AM - 4:00 PM

Location: DePaul Hall/ Ascension Via Christi Hospital

Learning Format: In-Person and Online

City/State: Pittsburg, KS

**Overview:** According to the Kansas Trauma Registry; each day in Kansas, over 35 people require the services of a trauma center. Unintentional injuries are the leading cause of death among Kansas citizens aged 1-44. - KDHE, Bureau of Epidemiology and Public Health Informatics. There continues to be a need in our rural communities for a systematic approach to providing care to the injured patient. The 2023 Ascension Via Christi Trauma Conference will enhance the skills of the multidisciplinary health care team who care for the critically injured at Ascension Via Christi Hospital and the surrounding area. This conference will address topics in pediatric, adult, and geriatric trauma patients.

Objectives: At the conclusion of the event, participants should be able to:

- Assess and appropriately manage trauma patients.
- Examine cutting-edge treatment interventions for various trauma-based symptoms.
- Identify critical concerns in the continuum of care for pediatric, adult, & geriatric trauma patients.

<u>Target Audience:</u> This conference is planned for Physicians, Advanced Practice Nurses, Nurses, Emergency Personnel, Respiratory Therapists, and other Allied Health Care Professionals.

# PHYSICIANS, APRNs, RNs, PAs, & RTs Or Certificate of Attendance

To receive continuing education certification, claim credit by following these instructions:

Options to enter sign in code & complete course evaluation:

> SCAN THIS OR CODE for EEDS mobile iPhone or Android App:



Activity Sign-in Code: **00TARN** (zero zero TARN)

> Or TEXT ACTIVITY/ SIGN-IN CODE to (828) 295-1144
> Or ACCESS THE WEBSITE at www.eeds.com

Note: The DEADLINE to enter the sign in code is Friday, October 6th, 2023, at 5:00pm

Certificates will be released after confirmation of attendance requirements and payment of any applicable fees. Please allow a minimum of 7 days post code/evaluation expiration date for certificate processing. You will receive an e-mail when your certificate is available.

CNE/IV Therapy 176

# 2023 A Ascension Via Christi

Date: Friday, September 29, 2023
Time: 8:00 AM - 4:00 PM
Location: DePaul Hall/ AVC Hospital
Learning Format: In-Person and Online
City/State: Pittsburg, KS



**Overview:** According to the Kansas Trauma Registry; each day in Kansas, over 35 people require the services of a trauma center. Unintentional injuries are the leading cause of death among Kansas citizens aged 1-44. - KDHE, Bureau of Epidemiology and Public Health Informatics. There continues to be a need in our rural communities for a systematic approach to providing care to the injured patient. The 2023 Ascension Via Christi Trauma Conference will enhance the skills of the multidisciplinary health care team who care for the critically injured at Ascension Via Christi Hospital and the surrounding area. This conference will address topics in pediatric, adult, and geriatric trauma patients.

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<u>Target Audience:</u> This conference is planned for Physicians, Advanced Practice Nurses, Nurses, Emergency Personnel, Respiratory Therapists, and other Allied Health Care Professionals.

### EMS ONLY

To receive continuing education certification, claim credit by following these instructions:

> Step 1 -- SIGN IN -SCAN QR CODE at the beginning of the session to sign in.



Or copy & go to this link:

https://kumcruralhealth.co1.qualtrics.com/jfe/form/SV 8qaY4jfmoiWTqCi

\*Be sure to enter your email address to receive the link to the Evaluation.

> Step 2 – SIGN OUT –SCAN QR CODE or CLICK the LINK above AGAIN to sign out if you leave early, or at the end of conference.

\*NOTE: The survey automatically records your sign in and sign out times.

After you complete Steps 1 and 2, you will receive an e-mail with instructions for completing the evaluation. If you do not receive the e-mail within 15 minutes of signing out check your spam box. If you still cannot locate contact Kelly Sabol at <a href="mailto:ksabol@kumc.edu">ksabol@kumc.edu</a> or Gretchen Andrews at <a href="mailto:gandrews2@kumc.edu">gandrews2@kumc.edu</a> or call 620-235-4040.

\*Steps 1 and 2 and the evaluation must be completed before you receive a certificate.

Certificates will be released after confirmation of attendance requirements and payment of any applicable fees. Please allow a minimum of 7 days post code/evaluation expiration date for certificate processing. You will receive an e-mail when your certificate is available 77

#### Conference Agenda & Speaker Information:

Time	Presentation Title	Speaker
7:30 AM—8:00 AM	Registration & Check/Log In	
Session #1	Penetrating Extremity Trauma	Zachary Krumsick, MD
8:00 AM - 9:00 AM		Sound Physicians
		Emergency Medicine of Kansas
Session #2	<b>Ballistics &amp; Treating Gunshot Wounds</b>	Neil Bryan, MD
9:00 AM - 10:00 AM		Labette Health,
		Emergency Department
10:00 AM – 10:15 AM	Break	
Session #3	Geriatric Trauma	Stepheny Berry, MD, FACS
10:15 AM - 11:15 AM		The University of Kansas Health System
Session #4	Rural Trauma	Peter Bates, FNP, ENP
11:15 AM - 12:15 PM		Girard Medical Center,
		Emergency Department
12:15PM - 12:45PM	Lunch Break	
Session #5	Pediatric Burns	Daniel Marx, MSN, RN
12:45 PM - 1:45 PM:		Children's Mercy,
		Kansas City, MO.
Session #6	Thoracic Trauma: The Role of the	Todd Crawford, MD
1:45 PM - 2:45 PM	Cardiothoracic Surgeon	The University of Kansas
		Medical Center
2:45 PM – 3:00 PM	Break	
Session #7	Trauma Case Studies Review	Eric B Delman, DO
3:00 PM - 4:00 PM		Ascension Via Christi
		Brett Dunbar, DO
		Ascension Via Christi
		Timothy Stebbins, MD, FACEP, FAEMS
		Sound Physicians
		Emergency Medicine of Kansas

**Continuing Education Accreditation:** 

**Physicians:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint provider-ship of The University of Kansas Medical Center Office of Continuing Medical Education and Ascension Via Christi-Pittsburg.

The University of Kansas Medical Center Office of Continuing Medical Education is accredited by the ACCME to provide continuing medical education for physicians.

The University of Kansas Medical Center Office of Continuing Education designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credit(s) $^{\text{TM}}$ . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**APRNs/Nurses:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8.4 contact hour(s) applicable for APRN or RN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

**APRN/RN attendance requirement**: Continuing education credit will be issued according to documented attendance. Sessions must be attended in their entirety to claim credit. Nurses must attend a minimum of 30 minutes (0.6 contact hours) of this course to receive credit.

**EMS:** The University of Kansas Health System, as an approved program provider by the Kansas Board of EMS, approves this program for continuing education. Provider #PP 5000. Adam Rowe, NR-EMT Paramedic, Coordinator.

\*Note: EMS continuing education credit hours will be determined upon completion of the program.

#### \*NOTE: All presentations must be attended in their entirety to receive full credit.

**RT:** Respiratory Therapy has been approved for a maximum of 7 Live Kansas Respiratory Care CEU's on behalf of the Kansas Respiratory Care Society, a chapter society of the AARC.

All other participants may request a certificate of attendance.

#### Planning Committee Disclosure Information:

The following individuals of the planning committee, have **no financial relationship(s)** to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients: Naomi Powers, RN; Mary Reif, EMT; Brett Dunbar, DO; and Gretchen Andrews, BA.

#### Speaker Disclosure Information:

The following speakers/presenters of the 2023 AVC Trauma Conference, have **no financial relationship(s)** to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients: Zachary Krumsick, MD; Neil Bryan, MD; Stepheny Berry, MD, FACS; Peter Bates, ARPN; Eric Delman, DO; Brett Dunbar, DO; Timothy Stebbins, MD; Daniel Marx, MHSA, MSN, RN, CPN; and Todd C. Crawford, MD.

<u>Product Disclosures</u>: Unless otherwise announced prior to the session or noted on the syllabus, this activity does not include any information about off-label use of a product for a purpose other than that for which it was approved by the Food and Drug Administration (FDA).

<u>Commercial Support:</u> This activity is not commercially supported.

Nondiscrimination Statement: The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.

<u>Program Accessibility:</u> We accommodate persons with disabilities. Please call KU Medical Center AHEC at (620) 235-4040 to discuss your needs.

CNE/IV Therapy 179

## 2023 Ascension Via Christi Trauma Conference

Date: Friday, September 29, 2023

Time: 8:00 AM - 4:00 PM

Location: DePaul Hall/ Ascension Via Christi Hospital

Learning Format: In-Person and Online

City/State: Pittsburg, KS

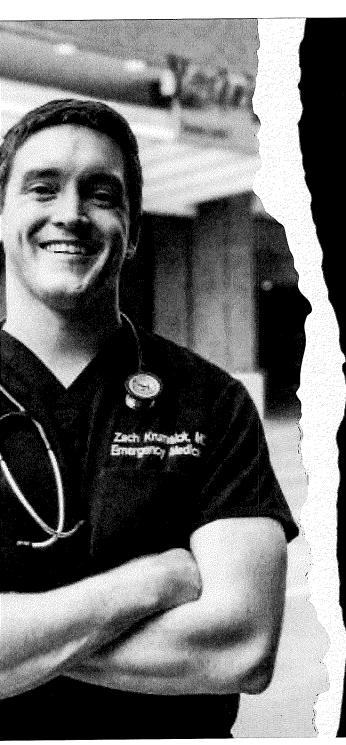
Sign-In

The University of Kansas Medical Center Area Health Education Center 1501 S. Joplin, Shirk Hall 4th floor, Pittsburg, KS 66762

APRNs/Nurses: The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8.4 contact hour(s) applicable for APRN or RN re-licensure. Kansas State Board of Nursing provider number: LT0056-0749. Karen Aufdemberge, BSN, RN, Program Coordinator.

Presenters: Zachary Krumsick, MD; Neil Bryan, MD; Stepheny Berry, MD, FACS; Peter Bates, ARPN; Eric Delman, DO; Brett Dunbar, DO; Timothy Stebbins, MD; Daniel Marx, MHSA, MSN, RN, CPN; and Todd C. Crawford, MD.

NAME	LICENSE	SIGNATURE
·		



# Zachary Krumsick, M

**Emergency Medicine and Sports Medicine Phy** 

Dr. Krumsick is the Medical Director for Bourbon Count And is an Emergency Medicine Physician with Sound Phy Emergency Medicine of I

Zach worked as a lab assistant at Via Christi & as a rassistant for Dr. Garner; all while earning his bachelor's at Pittsburg State Uni

He completed his Doctor of Medicine in 2017 from University of Kansas School of Me

He completed his doctoral fellowship, & residency progression emergency medicine & Primary Care Sports More Fellowship from Vanderbilt University Medical Central Nashville, Tenral



# Neil Bryan, MD

- Neil Bryan, MD was born at a very young age.
- He is currently the Emergency Medicine Clerkship D and an Emergency Department Physician at Labette Hospital, in Parsons, Kansas.
- Later, after his youth, he worked several years in EM ground and Flight Paramedic for St. John's Regional Center/ ARCH Air Medical.
- Dr. Bryan earned his Bachelor of Science Degree in E from Pittsburg State University in 2008.
- He graduated the University of Kansas School of Me in 2014.
- He graduated the Family Medicine residency at the University of Missouri-Truman in 2017 with an Area Concentration in Emergency/ Rural Medicine.
- He is environmentally sustainable and over 98% biodegradable.

# heny D. Berry, MD, FACS

neny Berry, MD, FACS, is an Associate Professor of Surgery, Program for the Surgical Critical Care Fellowship and the Trauma Medical in the Acute Care Surgery Division at the University of Kansas Center.

y grew up in Western Kansas and has a vested interest in ensuring t trauma and medical care in our state.

npleted her undergraduate studies in Biology and Biochemistry at estern College in Winfield, Kansas.

thered her education at the University of Kansas School of Medicine.

y then completed her General Surgery residency at the Henry Ford System in Detroit, Michigan, before pursuing her passion in trauma gical critical care at the University of Tennessee at Memphis.

he loves caring for the critically ill and injured in her role as an acute geon, Dr. Berry has found her toughest and most rewarding roles in wife and mother.

nds all her spare time holding on for dear life on the back of her d's motorcycle, watching her adult stepson follow his dreams and a raise a respectable small human (her son).





## Peter Bates, FNP, ENP

- Peter currently works as an Advanced Practice Nu at Girard Medical Center, in Girard, Kansas. He provides Emergency Department coverage in the critical access hospital.
- Peter earned his Master of Science in Family Prac Nursing from Pittsburg State University in 2013.
- Prior to his work at GMC, he worked for over severy years at Midwest Emergency Physicians, LLC in Overland Park, Kansas.
- Interested in Emergency Medicine as Nurse Practitioner and has been working in emergency medicine for over 10 years.
- Emergency Nurse Practitioner certified for two ye

## niel Marx, MSN, RN

el is currently the Nursing Manager at Children's cy Kansas City.

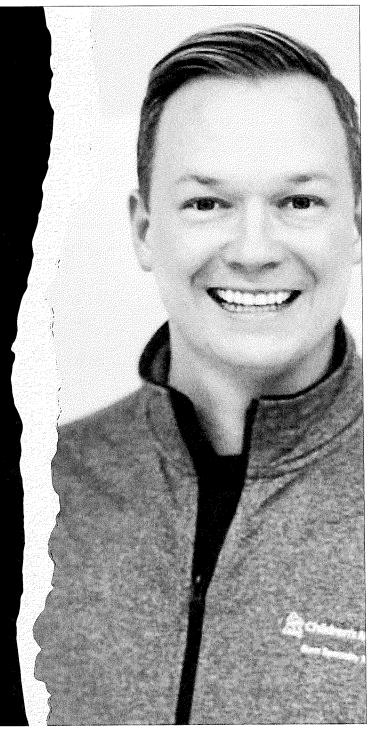
el has been employed in various capacities at lren's Mercy for over 15 years.

arned his Bachelor of Science in Nursing in 2008 Central Missouri State University.

ompleted his Master of Health Services inistration/ Health Care inistration/Management in 2016 from the University ansas.

Iso completed his Master of Science in Nursing inizational Leadership from the University of Kansas.

ng his tenure at Children's Mercy, Daniel has worked Registered Nurse, a Critical Care Registered Nurse, Program Coordinator, Program Manager/Children's ery & Burns, and is now the Nursing Manager.





## Todd C. Crawford, M.D.

- A native of Kansas City, Dr. Crawford returned to KU after a decade on coast.
- After completing medical school at the University of Kansas where he member of Alpha Omega Alpha and Gold Humanism Society, he move Baltimore to complete his general surgery residency at Johns Hopkins
- This included two years of translational research under the direction of Baumgartner, where he served as the Hugh R Sharp, Jr Endowed Card Surgery Research Fellow.
- In his final year of general surgery residency, he was elected to serve a
  Administrative Chief Resident. He subsequently completed his Cardiac
  Thoracic Surgery Fellowship at the University of Pennsylvania and spe
  additional six months completing an advanced open and endovascula
  fellowship under the direction of Dr. Joseph Bavaria.
- Dr. Crawford is board certified in general surgery and board eligible in cardiothoracic surgery. He is on the editorial board of the Annals of The Surgery. He has authored over 70 manuscripts in multiple peer-review journals and presented his research on both the national and internat stage. He is a member of the Society of Thoracic Surgeons.
- Following the completion of his cardiac surgical training, Dr. Crawford the University of Kansas School of Medicine as Assistant Professor of Cardiovascular and Thoracic Surgery. His clinical interests include bicu aortic valve disease, aortic valve repair, and aortic aneurysm.
- These passions are fueled by his personal experiences with a bicuspid valve.



# Timothy D. Stebbins, MD, FACEP, FAEMS Eric Delman, DO

- Dr. Stebbins is the System Medical Director, Sound Emergency Medicine, Pittsburg, Fort Scott and Manhattan, Kansas. Graduate of Kansas University with Bachelors of Science in Microbiology (2003). Graduate of Kansas University School of Medicine (2007). Completed Residency in Emergency Medicine at Truman Medical Center, Kansas City, MO (2010). Board Certification in Emergency Medicine and Subspecialty Board Certification in Emergency Medical Services. Currently serve as the System Medical Director with Sound Emergency Medicine at Ascension Via Christi Pittsburg, Fort Scott and Manhattan. Serve as the Medical Director for Crawford County EMS and as the Health Officer for Crawford County Health Department.
- Dr. Delman is a general surgery specialist and has over 23 years of experience in the medical field. He graduated from KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE in 1999. He is affiliated with Ascension Via Christi Hospital Pittsburg.



## 2023 Ascension Via Christi Trauma Conference Bibliography of Cited Sources

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## **EVALUATION**

2023 Ascension Via Christi Trauma Conference Evaluation and VOA - 9.29.23

## Select your appropriate title:

Answer	Count
Advanced Nurse Practitioner	
Emergency Medical Professional (EMT, Paramedic, etc.)	
Nurse	
Physician	
Physician Assistant	
Other health professional, please specify:	FRIEDRICK VICTORIA
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Other health professional, please specify:

## Select all that apply for your appropriate practice setting:

Answer	Count
Academic Institution	
Clinic	
Hospital	
Other practice setting(s), please specify:	
Pre-Hospital	
Total	

Other practice setting(s), please specify:

## Enter your information as it should appear on your certificate:

First Name	Last Name	Degree/Certification	Specialty	Other Credentials
				CNE/IV Therapy 190

#### Provide your demographic information:

Email Address	Practice/ Workplac e Name	Practice/Wor kplace Address	Practice/ Workplace City	Practice/ Workplace State	Practice/ Workplace Zip Code	Cell Number	Professional License # (if applicable)

By my signature, I attest that I attended the 2023 Ascension Via Christi Trauma Conference, and I will only claim credit commensurate with the extent of my participation in these sessions (use mouse cursor to sign):

By my signature, I attest that I attended the 2023 Ascension Via Christi Trauma Conference, and I will only claim credit commensurate with the extent of my participation in these	Name	Size	Туре
sessions (use mouse cursor to sign): - Name	endronalous i santavandolatina	· ·	

### Select the sessions you attended in their entirety.

Answer	Count
8:00 am - 9:00 am - Penetrating Extremity Traumas - Zachary Krumsick, MD	
9:00 am - 10:00 am - Ballistics and Treating Gun Shot Wounds - Neil Bryan, MD	The state of the s
10:15 am - 11:15 am - Geriatric Trauma - Stepheny Berry, MD, FACS	
11:15 am - 12:15 pm - Rural Trauma - Peter Bates, APRN	7
12:45 pm - 1:45 pm - Pediatric Burns - Daniel Marx, MHSA, MSN, RN, CPN	
1:45 pm - 2:45 pm - Thoracic Trauma: The Role of the Cardiothoracic Surgeon - Todd C. Crawford, MD	
3:00 pm - 4:00 pm - Trauma Case Study Panel - Eric Delman, DO; Brett Dunbar, DO; and Timothy Stebbins, MD	The second secon
Total	The state of the s

## Review the following objectives, then indicate your choice:

Question	Met	Not Met	Total
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Examine cutting-edge treatment interventions for various trauma-based symptoms.			and the state of t
Identify critical concerns in the continuum of care for pediatric, adult, and geriatric trauma patients.			

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9:00 am - 10:00 am - Ballistics and Treating Gun Shot Wou MD (please slide bar to rate):	nds l	Prese	ente	r: N	eil Br	yan,
Question	6	)-m111111111111111111111111111111111111	8	9	10	Total
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Enter any other feedback to be shared with Peter Bates, APRN:

12:45 pm - 1:45 pm - Pediatric Burns Presenter: Daniel M (please slide bar to rate):	larx,	M	HSA	<b>4,</b> №	ISN,	, KN	I, CP	N
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Enter any other feedback to be shared with Todd C. Crawford, MD:

3:00 pm - 4:00 pm - Trauma Case Study Panel Presenter: Eric Delman, DO; and Timothy Stebbins, MD (please slide bar to rate):

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How did the panel do:	Andrew commenced to the company of the commenced to the c							
The content of the presentation given by the panel was:	ga a paragramma par cupa. AliA			And the second s		CONTRACTOR AND ADDRESS OF THE PARTY OF THE P	Value of the state	
The delivery of the information by the panel was:				4		ACCUSATION AND ALCOHOLOGY		

Did the panel appear objective and unbiased by commercial interests?

Answer	Count
Yes	
No, because	
Total	·

Enter any other feedback to be shared with the panel:

Bias and Relevance: What do you think? Did this activity include a balanced view of therapeutic options and their risks and benefits?

Answer	Count
Yes	
No (please explain)	
Total	

Was this activity free of commercial bias?

Answer

Yes

No (please explain)

Total

Evidence Based: All the recommendations involving clinical medicine in an accredited activity for healthcare professionals must 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. (Adapted from ACCME definition, 2007) Did the course provide evidence-based information?

course provide comments	
Answer	Count
Yes	
No, please explain:	
Total	
Patient treatment recommendations include	ed in this CE activity are appropriate.
Answer	Count
Yes	
No (please explain)	
Not Applicable	
Total	
Scientific studies cited in this activity confor community.	m to standards accepted by the scientific
Community.	
Answer	Count
Yes	
No (please explain)	
Not Applicable	
Total	
The content of this session was applicable t	o my profession:
Answer	Count
Disagree	
Agree	
Total	

Check the percentage of new information in the	his activity.	
Answer		Count
0%		
25%		
50%		
75%		
100%		
Total		
List any strategies recommended that you not before.	w plan to implement that	you have not used
This activity addressed an area for improvement apply):	ent identified by (please s	select all that
Answer		Count
My institution/employer		
My profession/specialty		
Me/personal improvement area		
Other		
Not Applicable		
Total		
Based on the information provided at this act opportunities for improvement in your practi		e or two
This activity has positively affected my ability	to function as part of a t	eam:
Answer		Count
Strongly disagree		
Strongly agree		

Somewhat disagree

Somewhat agree

Total			
learned something today that I can take back to my team to improve outcomes:			
Answer	Count		
Strongly agree			
Somewhat agree			
Neither agree nor disagree			
Somewhat disagree			
Strongly disagree			
Total			

Neither agree nor disagree

We appreciate your comments. Please provide any additional feedback below. Please also recommend future topics and explain how each topic would apply to your professional development.

# Certificate of Attendance

Name & Credentials:

Address:

Address City, State, Zip Code:

License #:

Title: 2023 Ascension Via Christi Trauma Conference

Location: Virtually via zoom or in-person at DePaul Hall/ Ascension Via Christi Hospital - Pittsburg, KS

Date: 9/29/2023

Instructor(s): Stepheny Berry, MD; Timothy Stebbins, MD; Neil Bryan, MD; Brett Dunbar, DO; Eric B Delman, DO; Peter Bates, FNP; Zachary Krumsick, MD; Daniel Marx, RN; and Todd Crawford, MD

Discipline-Category

Hour(s) Awarded

CNE-APRN/RN

8.40

**APRNs/Nurses:** The University of Kansas Medical Center Area Health Education Center East is approved as a provider of CNE by the Kansas State Board of Nursing. This course offering is approved for 8.40 contact hours applicable for APRN or RN relicensure. Kansas State Board of Nursing provider number: LT0056-0749. Mary Beth Warren, MS, RN, Coordinator.

May E. Waren, MS, RN

Mary Beth Warren, MS, RN

The University of Kansas Medical Center Area Health Education Center - EAST 1501 South Joplin. 4th Floor, Shirk Hall Pittsburg, KS 66762

## Long Term CNE Provider Checklist

(K.A.R. 60-9-107)

Name of Provider:	Heart of America Professional Network/Kansas Nurse Assistance Program

Name of Program Coordinator: Dr. Paula Ellis

Date Received:	1/24/24
----------------	---------

**Date to CNE Committee:** March 2024

B	Approved	
	Not Approved:	
Date N	Natified:	

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	Dr. Paula Ellis	
Be a licensed professional nurse	X	
Have three years of clinical experience	X	
<ul> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
<ul> <li>Assessing the need and planning for CNE activities</li> </ul>	X	
Fee assessment	X	
<ul> <li>Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number:</li> </ul>	X	
<ul> <li>Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual</li> </ul>	X	

	y	
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	
<ul> <li>The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X	
<ul> <li>A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X	
<ul> <li>An offering evaluation that includes each participant's assessment of the following:</li> </ul>		
<ul> <li>The achievement of each objective</li> </ul>	X	
<ul> <li>The expertise of each individual presenter</li> </ul>	X	
An approved provider may award any of the following:		The Pilitage Co.
<ul> <li>Contact hours as documented on an offering agenda for the actual time attending, including partial credit for one or more contact hours</li> </ul>	X	
<ul> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X	
<ul> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X	
<ul> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>	X	
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:		
<ul> <li>The provider's name, address, provider number, and coordinator</li> </ul>		X
<ul> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>		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 STATE BOOK SE
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	
<ul> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	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	Д1	#2
The provider shall submit two proposed offerings, including the following:	#1 KNAP: Understanding the Impaired Provider Program	Serenity Model of Recovery: Understanding Behavioral

		and Chemical Addictive Disorders
A summary of planning	X	X
A copy of the offering announcement or brochure	X	X
The title and behavioral objectives	X	X
<ul> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	X
Each instructor's education and experience	X	X
A current bibliography	X	X
The offering evaluation form	X	X

12/2018

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~ private and confidential decrypted data ~

Reference No.: 25604 Date submitted: Jan 24 14:07 2024

12 files were uploaded with this form: <u>Serenity Model CNE Evaluation Example 2024.pdf</u>, <u>Program Evaluation Questions for Electronic Survey Example.pdf</u>, <u>CNE Offering Example-Impaired Healthcare Providers 2024.pdf</u>, <u>CNE Offering Example-Serenity Model 2024.pdf</u>, <u>CNE Impaired Healthcare Providers Sign-in Roster 1-8-2024 Example.pdf</u>, <u>CNE Impaired Healthcare Providers Certificate of Completion 1-8-2024 Example.pdf</u>, <u>Duane Olberding CV 1-24-2024 Example.pdf</u>, <u>Paula Ellis CV 1-12-2024.pdf</u>, <u>CNE Certificate of Completion 1-8-2024 Example.pdf</u>, <u>CNE Application 2024 Final Policies and Procedures.pdf</u>, <u>CNE Serenity Model Certificate of Completion 1-8-2024 Example.pdf</u>, <u>CNE KNAP Understanding the IPP Evaluation Example 2024.pdf</u>

#### www.ksbn.org

radio ~ Initial Application

Providername ~ Duane L Olberding

providernum ~ ~

legalbody ~ ~

address ~ 6405 Metcalf Ave, Bldg 3, Ste 502

adress2 ~ Overland Park KS 66202

**telephone** ~ 9132367575

email ~ duane@hapn.org

coordinator ~ Dr. Paula Ellis

**date** ~ 01-24-2024

planningce ~ The primary advisory group I will utilize to assess need and planning for CNE's is the Impaired Healthcare Professional Education Committee, IHPEC, consisting of myself, Duane Olberding, LSCSW, LCAC, Executive Director, of Heart of America Professional Network/Kansas Nurse Assistance Program, KNAP; Elizabeth Anderson, Elizabeth Anderson BSW, MSW, KNAP/HAPN Program Manager; Troy Butcher, Pharmacy Manager over Pharmacy Regulatory Compliance and Controlled Substance Diversion at the University of Kansas Medical Center; Dr. Paula Ellis, Addictions Registered Nurse; and Linda Davies, MSN, BSN, RN, Practice Specialist at the Kansas State Board of Nursing.

Duane Olberding's experience includes working in the addictive disorders and mental health field for 24 years including Therapist at Menninger Clinic Professionals in Crisis Clinic and at Advent Health Behavioral Health Inpatient Unit. I am also in Recovery for the past 26 years.

CNE/IV Therapy 204

Linda Davies is a second-career nurse with over 20 years of experience as a paralegal to attorneys in criminal defense, medical malpractice, and environmental law. Linda recently completed her MSN which she states, "allowed me to really dive into the SUD / addiction. I found a gap in literature in the reporting, consistency of reporting diversion/impairment."

Troy Butcher has been a pharmacist for over 30 years; Director of Pharmacy at St. Francis in Topeka for 12 years; and in his current position he oversee's pharmacy regulations and all things related to controlled substances at Kansas University Medical Center. He states, "I'm passionate about implementing barriers to help make sure good people don't make bad decisions. I'm also passionate about making sure we have opportunities to get people help who self-report." Elizabeth Anderson has over 25 years of experience working in corrections, doing field work and inside a court ordered, inpatient drug and alcohol treatment program. She states, "My work has led me to studying and removing barriers to success which has been inordinately rewarding." Elizabeth is the KNAP Program Manager Dr. Ellis holds Certification as an Addictions Registered Nurse through the International Nursing Society on Addiction as well as Board Certification as a Nurse Executive-Advanced through the American Nursing Association's Credentialing Center. She has been a member of the Kansas Nurse Assistance Program Board of Directors for 30 years and has served as board president for over 20 years.

We will be meeting periodically, in person, and remotely to go over our Continuing Nursing Education topics and needs. I will also include "Suggestions for future Continuing Education Presentations" see "CNE Evaluation Example" which will be discussed with the IHPEC committee.

**feeassessment** ~ All HAPN/KNAP CNE's will be provided free of charge as part of our mission for education and advocacy.

Advertisement ~ All CNE Offerings will be announced on our Kansas Nurse Assistance Program website. In addition to this HAPN has contact information the KSNB; Kansas University School of Nursing; Kansas University Medical Center; Advent Health Shawnee Mission Medical Center; Johnson County Community College School of Nursing; Washburn University School of Nursing; Baker University School of Nursing, and many other medical centers. HAPN will email each medical professional contact with CNE offerings. The CNE Offering announcement will contain the name of the Provider, Heart of America Professional Network, HAPN: "Heart of America Professional Network is approved as a provider of continuing nurse 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 CNE/IV Therapy 205

1/24/2024, 1:50 PM

of Nursing provider number "\_\_\_\_\_" **approvalprocess** ~ Policy and Procedure for Offering Approval:

Prior to approval of the CNE offering HAPN/KNAP will provide to the KSBN Education Committee: a Summary of Planning taken from the IPHEC committee notes, the Impaired Healthcare Provider Education Committee. This will include: the Behavioral Objectives of the Offering; the Content of the CNE offering; Documentation of each instructor's experience and education along with a bibliography of each presentation; an Evaluation Form that the learner uses to assess achievement of the objectives and expertise of the presenter. (See attached CNE Evaluation Example)

contacthours ~ Policy and Procedure for Awarding Contact Hours: In accordance with KAR 60-9-107 (e). (e) An approved provider may award any of the following: (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours; (2) credit for fractions of hours over 30 minutes to be computed towards a contact hour; (3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum; (4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or (5) clinical hours.

In order to verify participation and completion of CNE offering our attendance roster will have

Name:	; Signature;
License Number	
Sign-in time	; Sign-out
time	and notation that only fractions of hours
over 30 minutes will b	e counted toward final CNE contact hours.

(See attached CNE Impaired Healthcare Providers Certificate and Sign In Roster Examples.)

**verifycompletion** ~ Policy and Procedure for Certificate of Attendance and CE transcript:

Each participant will sign in (see attached CNE Impaired Healthcare Providers Sign-In Roster example) which asks for name, email address, license number, signature, Time in, Time out, Time In Time out, which will take into account break time, and Total contact hours.

The Certificate of Completion (see attached Impaired Healthcare Providers Certificate of Completion 1-8-2024 Example) will Include: The Name and address of the approved provider with provider number, date, name of participant, license number of participant, Title of

CNE/IV Therapy 206

Offering, Objectives, and name and signature of the presenter.

HAPN/KNAP will not provide independent study.

**recordkeeping** ~ Policy and Procedure for Certificate of Attendance and CE transcript: A certificate of attendance will be issued to each participant upon completion of the CNE offering.

To provide a CE transcript all CNE Sign-In Rosters will be scanned into a yearly folder. The CE transcript will be compiled from these CNE Sign-in Rosters and will contain: the title of the offering; the date or dates of attendance and completion; the number of contact hours awarded and/or instructor contact hours awarded; a signature of who provided the CE Transcript and the participants name and license number.

Policy and Procedure for Recordkeeping and Storage: HAPN/KNAP will scan the following documents from each CNE offering: The CNE Sign-in Roster; a Copy of the CNE Offering brochure; all of the CNE's Participants Evaluations; the CNE Powerpoint related to that offering; a Copy of the Certificate of Completion; the instructor (s) CV's; and the bibliography for the CNE. These documents will be retained for a minimum of two years. HAPN/KNAP will scan all CNE offering's evaluations and Sign-in Rosters for a minimum of two years. All CNE Records will be stored on HAPN/KNAP's S Drive which has a cloud backup. The IT is maintained by Jensen Communications, LLC who has been vetted and an IT provider for HAPN/KNAP for 7 years. Only HAPN/KNAP Staff have access to our S Drive which ensures confidentiality.

**noticeofchange** ~ Policy and Procedure for Change of Coordinator or Change in Policies and Procedures:

In the event of a change in coordinator the Impaired Healthcare Professional Education Committee, IHPEC, will meet to discuss possible Coordinator Candidates. These candidates can be established members of IHPEC, and/or members of the nursing profession who have expressed interest in, and/or aided IHPEC in creating presentations and education offerings in the past. We will utilize the entire nursing profession in Kansas with which we have had contact. In the case of the possible Coordinator candidate not being an established member of IHPEC, membership will be offered and must be accepted. The chair of the Impaired Healthcare Professional Education Committee, Duane Olberding, will review the policies and procedures on January 15th each year and will present these, with any changes noted, to the entire committee for approval. The Nurse Coordinator, Dr. Paula Ellis, will then provide these policies and changes to the KSBN Education Committee within 30 days for approval.

**programevaluation** ~ Policy and Procedure for Program Evaluation: The chair of the Impaired Healthcare Professional Education Committee, Duane Olberding, will in early January compile statistics from a random selection of CNE Evaluations and will also do an

CNE/IV Therapy 207

electronic evaluations survey of at least 25 participants in the past calendar year. These results will be presented to the IHPEC committee. See "CNE Evaluation Example" and see "Program Evaluation Questions for Electronic Survey Example."

**Submission date**  $\sim 01-24-2024 \ 14:07:13$ 

**Form ID** ~ 1672730

Please describe what advisory groups or planning committees were formed and what factors were reviewed to determine what CNE subjects should be presented and how those presentations will meet the definition of CNE in KSA 65-1117 (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.

#### Policy and Procedure for Assessing the need and planning for CNE activities:

The primary advisory group I will utilize to assess need and planning for CNE's is the Impaired Healthcare Professional Education Committee, IHPEC, consisting of myself, Duane Olberding, LSCSW, LCAC, Executive Director, of Heart of America Professional Network/Kansas Nurse Assistance Program, KNAP; Elizabeth Anderson, Elizabeth Anderson BSW, MSW, KNAP/HAPN Program Manager; Troy Butcher, Pharmacy Manager over Pharmacy Regulatory Compliance and Controlled Substance Diversion at the University of Kansas Medical Center; Dr. Paula Ellis, Addictions Registered Nurse; and Linda Davies, MSN, BSN, RN, Practice Specialist at the Kansas State Board of Nursing.

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#### Policy and Procedure for Fee Assessment:

All HAPN/KNAP CNE's will be provided free of charge as part of our mission for education and advocacy.

#### Policy and Procedure for Advertisements or Announcement of CNE's

Describe what material will be distributed or used to announce your CNE. Include all information sources used and
media used, printed or electronic. Copies of each announcement must be attached. All announcements are required
to contain the required language in KAR 660-9-107 (b)(3) 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 forcontact hours applicable for RN, LPN, or LMHT
relicensure. Kansas State Board of Nursing Provider Number:

All CNE Offerings will be announced on our Kansas Nurse Assistance Program website. In addition to this HAPN has contact information the KSNB; Kansas University School of Nursing; Kansas University Medical Center; Advent Health Shawnee Mission Medical Center; Johnson County Community College School of Nursing; Washburn University School of Nursing; Baker University School of Nursing, and many other medical centers. HAPN will email each medical professional contact with CNE offerings. The CNE Offering announcement will contain the name of the Provider, Heart of America Professional Network, HAPN: "Heart of America Professional Network is approved as a provider of continuing nurse 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

#### Policy and Procedure for Offering Approval:

Please verify in writing that all information listed below will be completed for each offering before it is presented. 1. Summary of Planning 2. Behavioral Objectives of the Offering 3. The content of the offering meets the definition of CNE pursuant to KSA 65-1117 4. Documentation is received of each instructor's experience and education; 5. The bibliography of each presentation is received and up to date; 6. The evaluation form for the learner to assess achievement of the objectives and expertise of the presenter. KAR 60-9-107 (d)

Prior to approval of the CNE offering HAPN/KNAP will provide to the KSBN Education Committee: a Summary of Planning taken from the IPHEC committee notes, the Impaired Healthcare Provider Education Committee. This will include: the Behavioral Objectives of the Offering; the Content of the CNE offering; Documentation of each instructor's experience and education along with a bibliography of each presentation; an Evaluation Form that the learner uses to assess achievement of the objectives and expertise of the presenter. (See attached CNE Evaluation Example)

**Procedure and Process for Awarding Contact Hours:** Describe the method of calculating hours of actual attendance that will be awarded for each presentation, utilizing the attendance roster. This must include your method for calculating partial credit, more than one hour, because of early departures or late arrivals. Describe also how instructor credit is calculated and how independent study credit is calculated. **HAPN/KNAP will not provide independent study credit.** 

Policy and Procedure for Awarding Contact Hours: In accordance with KAR 60-9-107 (e). (e) An approved provider may award any of the following: (1) Contact hours as documented on an offering agenda for the actual time attended, including partial credit for one or more contact hours; (2) credit for fractions of hours over 30 minutes to be computed towards a contact hour; (3) instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding any standardized, prepared curriculum; (4) independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results; or (5) clinical hours.

Name:	; Signature	; License Number
Sign-in time	; Sign-out time	and notation that only fractions of hours

(See attached CNE Impaired Healthcare Providers Certificate and Sign In Roster Examples.)

#### Policy and Procedure for Change of Coordinator or Change in Policies and Procedures:

In the event of a change in coordinator the Impaired Healthcare Professional Education Committee, IHPEC, will meet to discuss possible Coordinator Candidates. These candidates can be established members of IHPEC, and/or members of the nursing profession who have expressed interest in, and/or aided IHPEC in creating presentations and education offerings in the past. We will utilize the entire nursing profession in Kansas with which we have had contact. In the case of the possible Coordinator candidate not being an established member of IHPEC, membership will be offered and must be accepted.

The chair of the Impaired Healthcare Professional Education Committee, Duane Olberding, will review the policies and procedures on January 15<sup>th</sup> each year and will present these, with any changes noted, to the entire committee for approval. The Nurse Coordinator, Dr. Paula Ellis, will then provide these policies and changes to the KSBN Education Committee within 30 days for approval.

#### Policy and Procedure for Verifying Participation and Completions of Offering

Each participant will sign in (see attached CNE Impaired Healthcare Providers Sign-In Roster example) which asks for name, email address, license number, signature, Time in, Time out, Time In Time out, which will take into account break time, and Total contact hours.

The Certificate of Completion (see Impaired Healthcare Providers Certificate of Completion 1-8-2024 Example) will Include: The Name and address of the approved provider with provider number, date, name of participant, license number of participant, Title of Offering, Objectives, and name and signature of the presenter.

HAPN/KNAP will not provide independent study.

**Policy and Procedure for Certificate of Attendance and CE transcript:** A certificate of attendance will be issued to each participant upon completion of the CNE offering.

To provide a CE transcript all CNE Sign-In Rosters will be scanned into a yearly folder. The CE transcript will be compiled from these CNE Sign-in Rosters and will contain: the title of the offering; the date or dates of attendance and completion; the number of contact hours awarded and/or instructor contact hours awarded; a signature of who provided the CE Transcript and the participants name and license number.

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#### Paula Marie Newell Ellis 9199 K4 Highway Meriden, Kansas 66512 Paulaellis2018@gmail.com

#### Education

Diploma in Nursing, High Honors, Stormont-Vail School of Nursing, Topeka, Kansas, 1977

Bachelor of Science in Nursing, GPA 3.87, St. Mary College (now University of St. Mary), Leavenworth, Kansas, 1982

Master of Science in Nursing, GPA 4.0, University of Kansas College of Health Science, Kansas City, Kansas, 1993

Doctor of Nursing Practice, GPA 4.0, University of Kansas School of Nursing, Kansas City, Kansas, 2012

#### Certification/Licensure

Kansas State Board of Nursing, Registered Nurse License, 13-09918-092

Addictions Nursing Certification Board, Certified Addictions Registered Nurse, Number 980, Expires December 31, 2024

American Nurses Association, Nurse Executive-Advanced Board Certified, Expires December 31, 2027

#### **Work Experience**

F W Huston Medical Center, Winchester Kansas, August 2022 to March 2023 (interim role)

#### Interim CEO

- Directed financial changes saving a small, critical access hospital over \$35K/month
- Hired a full-time family medicine physician
- Eliminated multiple, redundant roles while streamlining operations; focused on quality management
- Doubled inpatient census, increased outpatient volumes and clinic visits, optimized
   Senior Living Center capacity

Saint John Hospital, Leavenworth, Kansas, February 2016 to January 2022 (retired)

CEO – January 2018 to January 2022

- Ended tenure with an average EBITDA of 12.25% annually
- Improved referrals to physicians within the system by 30%

- Added podiatry, dermatology, GI, cardiology, general surgery, and neurology clinics to campus
- Increased ambulatory surgeries by 70%

#### CNO/Hospital Administrator – February 2016 to January 2018

- Directed financial changes resulting in break-even in 2016 to positive EBITDA in 2017
- Worked with nurse managers, nursing supervisors, and hospitalists to develop a "yes" mentality to potential admissions
- Worked with ED physicians to determine what types of cases to admit rather than transferring
- Increased geropsych capacity from 12 beds to 30 beds

#### St. Francis Health Center, Topeka, Kansas, September 1987 to February 2016

#### Executive Director, Accountable Care Organization – January 2013 to February 2016

- Completed application with CMS acceptance as a Medicare Shared Savings Program
- Created infrastructure required for ACO leadership and program support

#### Director, Community Health – January 2013 to February 2016

- Conducted a community health needs assessment (CHNA) in conjunction with Topeka Shawnee County Health Department and crafted a hospital-specific implementation strategy to meet identified needs
- Created a primary care clinic to serve patrons of Valeo Behavioral Health Care

#### Director, Physician Recruitment – January 2013 to February 2016

- Focus on Family Medicine, Urology, Pulmonology, Oncology, and Pediatrics recruitment
- Developed a physician retention plan for each new physician including a physician mentor, understanding practice issues, and integration into Medical Staff Leadership
- Created a successful partnership with Stormont-Vail to provide 24/7 Pediatrician coverage

### Director, Transportation Services - November 2008 to January 2013

- Developed contract with vendor providing valet services to patients and visitors
- Developed internal transporters into a cohesive team
- Assured external transporters met goals for nuclear medication delivery

### Director, Hospitalist Program – November 2007 to February 2016

- Developed group of 10 hospitalists into a highly functioning team covering approximately 100 inpatients per day
- Improved hospitalist work model and schedule
- Integrated hospitalists into Medical Staff Leadership

#### Director, Medical Staff Office – August 2005 to January 2013

• Hired NAMSS certified supervisor

- Responsible for adherence to The Joint Commission (TJC) Medical Staff standards
- Assisted Medical Staff Leadership in revision of the Medical Staff Bylaws

#### Director, Clinical Resource Management – March 2003 to January 2013

- Implemented "Admit Per Case Management" protocols
- Focused on targeted DRGs to meet GMLOS
- Provided role clarity and division of responsibilities
- Coordinator of University of Massachusetts multi-national study designed to assess prevalence of VTE risk in the acute hospital setting

## Director, Midwest Rehabilitation Associates – March 1999 to October 2003

- Provided oversight of physiatry office practice for three physicians including off-site clinics
- Focused on increased communication with patients and rapid turnaround of phone messages
- Managed transition from a hospital-owned practice to a physician-owned practice

#### Director, Ask A Nurse, August 1997 to September 2003

- Provided oversight of 24/7 RN-staffed call center
- Implemented contracts with physician groups providing after-hours call coverage
- Developed support improvement initiatives with OB and Cancer Center product lines
- Managed transition plan to close the call center

#### Interim Director, Marian Clinic – April 1997 to July 1997

- Managed transition from original program founder/director to new leadership
- Improved processes including orientation, patient access and eligibility, and chart flow
- Increased transparency to clinic board

#### Director, Home Care Services – August 1992 to January 2013

- Provided 12,000 skilled visits annually to 700 patients supplied by 16 clinical and three administrative professionals
- Developed numerous contracts and preferred provider arrangements
- Developed annual departmental strategic plan in conjunction with Hospital Strategic Plan
- Created Home Infusion Therapy Services
- Developed internal billing and coding services
- Implemented electronic health record

## Director, Chemical Dependency Treatment Services – May 1989 to September 2008 (Name changed to The Recovery Center at St. Francis in 2004)

- Guided team of professionals through very turbulent reimbursement environment and challenges in accessibility to treatment
- Developed "private-practice mentality" for all staff centered in a service-oriented approach

- Developed annual departmental strategic plan in conjunction with Hospital Strategic Plan
- Project Director for a five-year research project in conjunction with Kansas State
   University regarding the efficacy of skill building modules in continuing care
- Expanded services to include treatment for smoking cessation, gambling, weight control and domestic violence
- Managed transition plan to close services

Patient Care Manager, Chemical Dependency Treatment Services – September 1987 to May 1989

- Oversight of provision of 24/7 nursing care to patients in detoxification unit, and inpatient and outpatient addictions rehabilitation services
- Integrated nursing staff into the interdisciplinary team
- Developed unit specific standards, protocols, procedures, and guidelines for nursing care of the patient with substance-use issues

#### Colmery-O'Neil Veterans Administration Medical Center, Topeka, Kansas – January 1978 to September 1987

Nurse Coordinator, Psychiatric Services – March 1985 to September 1987

- Supervision of 24/7 nursing care to a 64-bed acute inpatient veteran population with a variety of psychiatric illnesses
- Direct supervision of 40 FTEs
- Member of two units' interdisciplinary teams
- Coordinated the development of new programs, groups, and activities to meet a changing population with DRG challenges
- Rotated as evening, night, and weekend house supervisor

Staff Nurse, Psychiatric Services – January 1978 to March 1985

- Nurse on an interdisciplinary treatment team
- Provided comprehensive nursing assessments and planning for patients assigned to primary care
- Group leader for daily small group sessions and multiple specialty groups
- Provided Individual counseling with a long-term psychiatric patient
- Member, Nurse Professional Standards Board
- Primary investigator for my research proposal "Behavioral Indicators for the Use of Restraints and Seclusion"

### Lawrence Memorial Hospital, Lawrence, Kansas – June 1977 to January 1978

Staff Nurse, Labor and Delivery

 Provided comprehensive nursing care for women and their partners in labor through delivery and post-partum

#### **Honors and Awards**

High Honors graduate, Stormont-Vail School of Nursing, 1977 Delta Epsilon Sigma, National Honor Society, St. Mary College, 1982 Outstanding Performance Award, Colmery-O'Neil VAMC Sigma Theta Tau, Excellence in Nursing Practice Award, 1990 Phi Kappa Phi, National Honor Society, University of Kansas, 1993 Sigma Theta Tau, Creativity in Nursing Award, 1996

YWCA Woman of Excellence Award, 1997

Sisters of Charity of Leavenworth Health System Leadership Academy, Fellow of the Advisory Board Company recognition, 2008

Sigma Theta Tau, Excellence in Writing Award, 2008

# Leadership, Organizational Participation and/or Community Involvement

#### **Professional**

Member, Sigma Theta Tau International, 1988 to present

Fellowship Committee Member, 2004 to present

Sigma Theta Tau Fellow, 2005 to present

Virginia Henderson Fellow, 2001 to present

Billye Brown Fellow, 2005 to present

Eta Kappa Chapter at Large Secretary, 1995-1998

Eta Kappa Chapter at Large President-Elect, 1998-2000

Eta Kappa Chapter at Large President, 2000-2002

Former Chair, Fundraising Committee

Former Member, Program Committee

Former Member, Eligibility Committee

Current Member, Past Presidents Council

Member, Kansas Nurses Assistance Program Board, 1998 to present

Board Chair, 2002 to present

Member, Heart of America Professional Network Board, 2002 to present

Board Chair, 2004-2005

Member, University of Kansas Alumni Association

### Community

Member, YWCA of Topeka Board of Directors, 2002-2007

Member, YWCA of Topeka Executive Committee, 2005-2007

Secretary, YWCA of Topeka Board of Directors, 2005-2007

Member, Meriden Community Church Board, 2005-present

Treasurer, Meriden Community Church Board, 2008-present

Member, Leavenworth County Development Corporation (LCDC), 2016-2022

Member, Leavenworth County Development Corporation Executive Committee, 2020-2022

### **Public Presentations/Publications**

"Investigating Drug Diversion on a Hospital Unit: A Team Approach," <u>Kansas Nurse</u>, Vol. 68, No. 7, August, 1993.

"Addictive Gambling Program," <u>Kansas Alcoholism and Drug Addiction Counselors Quarterly,</u> Spring 1997

"Continuing Care: A Collaborative Chronic Disease Meeting, San Diego, September 2006.

"Measuring Organizational Effectiveness: Learning to 'Do Outcomes Well'" in <u>Relationship-Based Care Field Guide.</u> Minneapolis, Minnesota: Creative Health Care Management, pages 621-628.

"The Clinical Nurse Leader as Guide to Decrease Unnecessary Hospital Admissions: A Quality Improvement Project," Public presentation of Doctoral Research, University of Kansas Medical Center, November 30, 2012.

"How Has Strategy Changed Over the Last 16 months?" Live recorded Becker Podcast, May 12, 2021.

"How to Bake High-Performing Teams Into All Levels of the Organization," Panel presentation at Becker's 12<sup>th</sup> Annual Meeting, April 26, 2022, Chicago, Illinois.

"Rural Healthcare CEO Playbook: Top Strategies in Tough Times," Panel presentation at Becker's 11<sup>th</sup> Annual CEO + CFO Roundtable, November 13, 2023.

# Duane Leo Olberding 8045 Belleview Avenue Kansas City, Missouri 64114 duane@hapn.org

#### **Education**

Master's degree – Clinical Social Work, GPA 4.0 | 5/21/1999 | Washburn University Bachelor's degree – Human Resource Management | 5/15/1996 | Friends University **Licenses** 

- · Licensed Clinical Addictions Counselor (LCAC) KS
- · Licensed Specialist Clinical Social Worker (LSCSW) KS

#### **Work Experience**

**Executive Director**: Heart of America Professional Network/Kansas Nurse Assistance Program: October 16, 2023, to present.

In charge of all day-to-day operations; policy making; human resource management; direct contact and communications with all contracted State of Kansas Boards; Clinical decision making regarding all participants in the monitoring programs.

**Psychotherapist**: Advent Health Shawnee Mission Inpatient Behavioral Health Unit: April 2018 to October 2023

Provision of Case Management; Clinical Coordination between all members of Clinical Teamie., Psychiatrists, Clinical Coordinators, Nurses, Pharmacists, and Behavioral Health Associates; Crisis Intervention; Psych-Social Assessments; along with delivering Group, Individual, and Family therapy.

**Executive Director**: Professional Treatment Services: April 2007 to December 2017 As Executive Director founded and developed two Outpatient/Intensive Outpatient Addictions Clinics serving between 500 to 700 patients per year.

**Clinical Coordinator**: St. Francis Health Center: June 2001 to July 2007 Clinical Supervision position for the Partial Hospitalization and Outpatient programs. Received two 100% scores on JACHO audits.

**Adjunct Professor** | Washburn University | January 2003 to May 2007 Taught both clinical group therapy and clinical internship classes.

# Leadership, Organizational Participation and/or Community Involvement

I have held leadership positions in the Kansas Mental Health and Substance Use Disorder field including: Executive Board Member of the Kansas Association of Addiction Professionals; Board Member of the Kansas Family Partnership; President of the Kansas Coalition on Problem Gambling; Member of the Behavioral Sciences Health Regulatory Boards Addiction Advisory Committee; and, Citizens Committee for the Kansas SRS.

#### **Public Presentations:**

I have presented innumerable presentations related to mental health and addictive disorders including at conferences; health centers; communities; industry; and colleges. (A list is available on request)

# Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

The Serenity Model of Recovery: Understanding Behavioral and Chemical Addictive Disorders

Date: April 23, 2024 1 PM - 3 PM

M Two CNE contact hours provided

Provider: Heart of America Professional Network #111111

Presenter: Duane Olberding

Coordinator: Dr. Paula Ellis

#### Sign-In Roster

Please Print Name and email	License Number	Signature	Time In	Time Out	Time In	Time Out

Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

# **Certificate of Completion**

	This is to certify that on	
		Date
	Name	License Number
Kans Objectives: The attendee will:	as Nurse Assistance Program: Understand	ling the Impaired Provider Program
A. Learn about Kansas Risk M     B. Learn the definition of an ir     C. Learn what an Alternative t     D. Learn about Professional/E	anagement Law legislating Impaired Profess mpaired healthcare provider, types, and sco to Discipline program is and provides. thical responsibilities of Healthcare Provide onitoring Program provides: including Expe	ppe of the problem.
Dr. Paula Ellis. CNE Coordinator	_	Total Contact CNE Hours Provided

Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

## **Certificate of Completion**

	Certificate of Co	mpiction	
	This is to certify that on _		
		Date	
	Name	License Number	
The Sero	enity Model of Recovery: Understanding B	ehavioral and Chemical Addictive Disorde	ers
B. Increase assessment ski	and theory of addiction that improves the ur lls. f addiction and treatment techniques for eac		ddictive disorders.
Dr. Paula Ellis, CNE Coordinator	w	Total Contact CNE Hours Provided _	

# Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

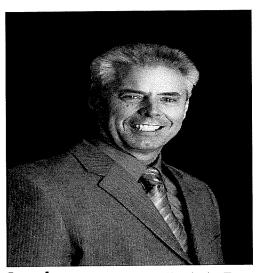
Program Evaluation Questions for Electronic Survey Example

Thank you for participating in our CNE/CEU Offerings. The following survey questions are for program evaluation and improvement.

Not satisfied			ŀ	Extremely Sa	atisfied
1	2	3	4	5	(please circle)
How satisfied we	re you with the	presenter (s) exp	ertise?		
Not satisfied	•			Extremely Sa	atisfied
1	2	3	4	5	(please circle)
How satisfied we	ere you with the	ease of enrolling	; in the CEU's off	ered?	
Not satisfied				Extremely Sa	atisfied
1	2	3	4	5	(please circle)
How would you	rate the HAPN a	nd/or KNAP web	sites for ease of	use and i	nformation?
Poor				Ex	cellent (please circle)
1	2	3	4	5	
tions for improve	ment:				
	How satisfied we Not satisfied 1  How satisfied we Not satisfied 1  How would you see 1	How satisfied were you with the Not satisfied  1  How satisfied were you with the Not satisfied  1  2  How would you rate the HAPN as Poor	How satisfied were you with the presenter (s) expression of th	1 2 3 4  How satisfied were you with the presenter (s) expertise?  Not satisfied  1 2 3 4  How satisfied were you with the ease of enrolling in the CEU's off Not satisfied  1 2 3 4  How would you rate the HAPN and/or KNAP websites for ease of Poor  1 2 3 4	How satisfied were you with the presenter (s) expertise?  Not satisfied  1 2 3 4 5  How satisfied were you with the ease of enrolling in the CEU's offered?  Not satisfied  1 2 3 4 5  How would you rate the HAPN and/or KNAP websites for ease of use and in the Poor  1 2 3 4 5  Extremely Satisfied  Extremely Satisfied  2 3 4 5  Extremely Satisfied  Extremely Satisfied  2 3 4 5  How would you rate the HAPN and/or KNAP websites for ease of use and in the Poor  2 3 4 5  Extremely Satisfied  Extremely Satisfied  2 3 4 5  How would you rate the HAPN and/or KNAP websites for ease of use and in the Poor  2 3 4 5 5 6 6 7 7 8 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8

A. How satisfied were you with the CNE/CEU Course Offerings in 2024?

# Kansas Nurse Assistance Program: Understanding the Impaired Provider Program



**Speaker:** Duane Olberding is the Executive Director of Heart of America Professional Network/Kansas Nurse Assistance Program.

He is the past president of the Kansas Coalition on Problem Gambling: past member of the Kansas Association of Addiction Professionals Executive Board; served on the Kansas Social and Rehabilitative Services Kansas Citizens Committee; and past board member of Kansas Family Partnership.

Mr. Olberding has 24 years of mental health and addictive disorders experience and has presented at numerous conferences, colleges, and health centers.

Heart of America Professional Network 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 \_\_\_\_\_\_.

Learning Objectives: The participants will learn:

- 1) About the Kansas Risk Management Law legislating Impaired Professional Monitoring Programs.
- 2) Learn the definition of an impaired healthcare provider, types, and scope of the problem.
- 3) Learn what an Alternative to Discipline program is and what it provides.
- 4) Learn about Professional/Ethical responsibilities of Healthcare Providers and Ethical Lapses.
- 5) Learn about what the KNAP Monitoring Program provides: including Expertise, Education and Training, and Advocacy.

**DATE and TIME:** April 23, 2024, Friday at 1:00 PM- 3:00 PM with two 10-minute breaks. 2 CNE Units will be provided.

LOCATION: 6405 Metcalf Ave., Bldg. 3, Conference Room 1 (turn left at the fountain). Overland Park, KS 66202

**COSTS:** This presentation and CNE's are free and provided under the HAPN/KNAP advocacy and education mission.

#### To Register:

To contact Duane Olberding please e-mail duane@hapn.org or call 913-236-7575.

Heart of America Professional Network/Kansas Nurse Assistance Program

Kansas Nurse Assistance Program: Understanding the Impaired Provider Program Evaluation

Presenter: Duane Olberding, LSCSW

Coordinator: Dr. Paula Ellis

#### References

Kansas Nurse Practice Act, Nurse Practice Act | ksbn.kansas.gov; 60-3-110 Unprofessional Conduct; 2023.

Practice and Advocacy, Nursing Excellence, Ethics; www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses Published online by American Nurses Credentialing Center.

Substance Use Disorder in Nursing, A Resource Manual and Guidelines for Alternative and Disciplinary Monitoring Programs; 2011 National Council of State Boards of Nursing, Inc. Chapter 4 Regulatory Management of Nurses with a Substance Use Disorder, pp 25-38; Chapter 7 Types of Programs, pp 79-91

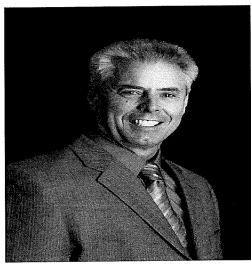
# Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

# Kansas Nurse Assistance Program: Understanding the Impaired Provider Program Evaluation

Object	ives: The attend	dee will:				
A.	Learn about K	ansas Risk Mana	gement Law leg	gislating Impaire	d Professio	onal Monitoring Programs.
Did not i	meet objective					Met Objective (please circle)
	1	2	3	4		5
В.	Learn the defi	nition of an imp	aired healthcare	e provider, types	, and scop	e of the problem.
	meet objective	·				Met Objective (please circle)
	1	2	3	4		5
C.	Learn what an	Alternative to [	Discipline progra	ım is and what it	t provides.	
Did not	meet objective					Met Objective (please circle)
	1	2	3	4		5
D.	Learn about P	rofessional/Ethi	cal responsibilit	ies of Healthcare	e Providers	and Ethical Lapses.
Did not	meet objective					Met Objective (please circle)
	1	2	3	4		5
E.	Learn about wh	at HAPN Monit	oring Program p	rovides: includir	ng Expertis	e, Education and Training, and Advocacy
Did not	meet objective					Met Objective (please circle)
	1	2	3	4	5	
F.	Presentation (	Overall Rating (D	uane Olberding	<u>;</u> )		
	Poor					Excellent (please circle)
	1	2	3	4		5
Sugges	stions for future	Continuing Edu	ıcation			

# The Serenity Model of Recovery: **Understanding Behavioral and Chemical Addictive Disorders**



**Speaker:** Duane Olberding is the Executive Director of Heart of America Professional Network/Kansas Nurse Assistance Program.

He is the past president of the Kansas Coalition on Problem Gambling: past member of the Kansas Association of Addiction Professionals Executive Board; served on the Kansas Social and Rehabilitative Services Kansas Citizens Committee; and past board member of Kansas Family Partnership.

Mr. Olberding has 24 years of mental health and addictive disorders experience and has presented at numerous conferences, colleges, and health centers.

Mr. Olberding created the Serenity Model of Recovery.

Heart of America Professional Network 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

Learning Objectives: The participants will learn:

- 1) Learn a unifying model and theory of addiction that improves the understanding of behavioral and chemical addictive disorders.
- 2) Increase assessment skills and awareness relating to behavioral and chemical addictive disorders.
- 3) Learn the three stages of addiction and treatment techniques for each stage.

DATE and TIME: DATE and TIME: April 23, 2024, Friday at 1:00 PM- 3:00 PM with two 10-minute breaks.

2 CNE Units will be provided.

LOCATION: 6405 Metcalf Ave., Bldg. 3, Conference Room 1 (turn left at the fountain). Overland Park, KS 66202

**COSTS:** This presentation and CNE's are free and provided under the HAPN/KNAP advocacy and education mission.

#### To Register:

To contact Duane Olberding please e-mail duane@hapn.org or call 913-236-7575.

# Heart of America Professional Network/Kansas Nurse Assistance Program

The Serenity Model of Recovery: Understanding Behavioral and Chemical Addictive Disorders

Presenter: Duane Olberding, LSCSW

Coordinator: Dr. Paula Ellis

#### References

McLeod, S. (Updated on January 10, 2024). *Classical Conditioning: How It Works With Examples,* Published online in Simply Psychology.org, <a href="https://www.simplypsychology.org/classical-conditioning.html">https://www.simplypsychology.org/classical-conditioning.html</a>

Ruggiero, G.M, Spada, M.M., Caselli, G., and Sassarli, S.; *A Historical and Theoretical Review of Cognitive Behavioral Therapies: From Structural Self-Knowledge to Functional Processes.*Published online 2018 Apr 13.doi:10.1007/s10942-018-0292-8 in Journal of Rational Emotional Cognitive Behavioral Therapy, 2018; 36 (4) 378-403.

# Heart of America Professional Network/Kansas Nurse Assistance Program

6405 Metcalf, Suite 502, Bldg. #3, Overland Park, Kansas 66202 phone (913) 236-7575 fax (913) 236-7779

# The Serenity Model of Recovery: Understanding Behavioral and Chemical Addictive Disorders

Objectiv	VC3. 1111	e attent	dee Will:							
			ng mode	l and the	ory of ac	diction	that imp	roves	the under	standing of behavioral and chemical addictive disorders.
Did not m	neet obje	ctive								Met Objective (please circle)
		1		2		3		4		5
В.	Increas	e asses	sment sl	kills and	awarene	ss relati	ng to bel	havior	al and che	mical addictive disorders.
Did not m	neet obje	ctive								Met Objective (please circle)
		1		2		3		4		5
C.	Learn t	he thre	e stages	of addic	tion and	treatme	ent techr	niques	for each s	stage.
Did not m	neet obje	ctive								Met Objective (please circle)
		1	2		3		4		5	
D.	Presen	tation (	Overall R	ating (D	uane Olb	erding)				
	Poor									Excellent (please circle)
		1		2		3		4		5
Suggest	tions fo	r future	Continu	iing Edu	cation					

# Long Term CNE Provider Checklist

(K.A.R. 60-9-107)

Name of Provider: Pulse Transport, LLC

Name of Program Coordinator: Jodi Cregger, BSN, RN

**Date Received:** 1/15/24

**Date to CNE Committee:** March 2024

_ 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	Jodi Cregger	
Be a licensed professional nurse	X	
Have three years of clinical experience	X	
<ul> <li>Have one year of experience in developing and implementing nursing education</li> </ul>	X	
<ul> <li>Have a baccalaureate degree (unless held this position for the provider at least five years immediately prior to January 1, 1977)</li> </ul>	X	
Policies & Procedures:		
Written policies and procedures, including at least the following areas:		
<ul> <li>Assessing the need and planning for CNE activities</li> </ul>	X	
Fee assessment	X	
<ul> <li>Advertisements or offering announcements. Published information shall contain the following statement: "(name of provider) is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course offering is approved for contact hours applicable for APRN, RN, or LPN relicensure. Kansas State Board of Nursing provider number:</li> </ul>	X	
<ul> <li>Notice of change of coordinator or required policies and procedures. The program coordinator shall notify the board in writing of any change of the individual</li> </ul>	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:	X
A summary of the planning  The basis of the	X
The behavioral objectives	Λ
<ul> <li>The content, which shall meet the definition of CNE in KSA 65-1117</li> </ul>	X
<ul> <li>The instructor's education and experience, documenting knowledge and expertise in the content area</li> </ul>	X
<ul> <li>A current bibliography that is reflective of the offering content. The bibliography shall include books published within the past 10 years, periodicals published within the past five years, or both</li> </ul>	X
<ul> <li>An offering evaluation that includes each participant's assessment of the following:</li> </ul>	
<ul> <li>The achievement of each objective</li> </ul>	X
<ul> <li>The expertise of each individual presenter</li> </ul>	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
<ul> <li>Credit for fractions of hours over 30 mins to be computed towards a contact hour</li> </ul>	X
<ul> <li>Instructor credit, which shall be twice the length of the first-time presentation of an approved offering, excluding an standardized, prepared curriculum</li> </ul>	X
<ul> <li>Independent study credit that is based on the time required to complete the offering, as documented by the provider's pilot test results</li> </ul>	X
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:	
<ul> <li>The provider's name, address, provider number, and coordinator</li> </ul>	X
<ul> <li>The date and title of the offering, and the presenter or presenters</li> </ul>	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	
<ul> <li>The participant's name and license number, and the number of contact hours awarded</li> </ul>	X

The title of the offering		X
<ul> <li>The title of the offering</li> <li>The date on which the offering was completed</li> </ul>		X
The state of the s	- Annual Control of the Control of t	
Either the completion of a positest of a return demonstration		X
Certificate of Attendance/CE Transcript		19 mg
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	
<ul> <li>The number of contact hours awarded and, if applicable, the designation of any independent study or instructor contact hours awarded</li> </ul>	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 state of
The provider shall submit two proposed offerings, including the following:	#1 ACLS	#2 PALS
A summary of planning	X	X
A copy of the offering announcement or brochure	X	X
The title and behavioral objectives	X	X

<ul> <li>The offering agenda or, for independent study, pilot test results</li> </ul>	X	X
Each instructor's education and experience	X	X
A current bibliography	X	X
The offering evaluation form	X	X

12/2018

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radio ~ Initial Application

**Providername** ~ Pulse Transport

providernum  $\sim \sim$ 

**legalbody** ~ Pulse Transport LLC

address ~ 10203 W. 1st Street

adress2 ~ Pratt, KS 67124

**telephone** ~ 6207929666

email ~ jcregger@pulsetransportllc.com

coordinator ~ Jodi Cregger BSN/RN

**date** ~ 01-15-2024

planningce ~ As a provider of continuing education, we are responsible for identifying the target population, current trends in clinical practice, and for seeking input from participants to determine areas of interest and need that exist for course offerings. The Education Coordinator meets at least monthly with the Pulse Transport educators where current trends are discussed, and ideas generated. Participants are also encouraged to list any suggestions for future programs at each individual offering. The Education Coordinator will use information from these sources to plan programs throughout the year. Recognizing that continuing nursing education means learning experiences intended to build upon the education and experimental bases of the registered professional and licenses practical nurse for the CNE/IV Therapy 234

enhancement of practice, education, administration, research, or theory development to the end of improving the health of public, offerings must include content that is above the basic preparation at the level of the current licensure. No continuing education credit will be given for in-service education, on-the-job training, orientation, or institution-specific courses. The following steps will be taken by the Education Coordinator in planning a continuing education offering: Identify target audience. Establish a planning committee if applicable using organization wide experts in the topic identified. Establish a date and time. Secure a location. Identify the speaker(s)- (see Instructor Selection Policy). Obtain or develop the following with the speaker(s). Measurable objectives. Agenda with time frames. Curriculum vita. Current bibliography related to topic, handouts, send confirmation letter and AV checklist to speaker (s). Calculate the number of contact hours- (See awarding contact hours policy) and prepare estimated budget.

**feeassessment** ~ Fees for the continuing education program will be discussed and implemented upon the education request. The registration fee may accompany the pre-registration form or paid online with the QR code that is provided or may be paid on site the day of the course (see fees below). Pre-arrangements to have an employer invoiced are also acceptable. All information on the pre-registration form should be as it appears on the participant's license. Participants may assume confirmation of registration unless notified. Calculations of Fees-Continuing education offerings will be provided on a sliding scale, depending on the type of course and resources needed. Income will be matched as closely as possible with expenses. Expenses may include faculty honorarium and expenses (mileage, meals, accommodations, etc.). Facility rent-if off hospital premises. Printing, mailing, materials (xeroxing, tape rental, books, etc.). Refreshments and education coordinator's time.

Pulse Transport will strive to fairly price all courses based on expenses projected. If a specialty speaker is obtained, a contract will be provided to outline expenses and will be signed by both Pulse Transport and the speaker. Registrations Fees: Pre-registered non-Pulse Transport participants including physicians-full fees except for the program speakers. Walk -in non-Pulse Transport participants-full fees plus \$5.00 additional charge. Pulse Transport employees and contract instructors-no charge in most cases. The offerings in which expenses are projected to be high. Part-time Pulse Transport employees may attend at Pulse Transport employee rate if they have worked within 30 days prior to a scheduled offering. Pulse Transport students will follow the same policies as Pulse Transport employees if seating is available. Certificates will be issued only upon request and no contact hours will be provided CNE/IV Therapy 285

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unless a specific request is made.

Students from other nursing educational institutions may attend if seating is available, a flat fee of \$75.00 per student will be charged to cover refreshments, xeroxing, etc. These individuals must be full-time students in an accredited school of nursing to qualify for this rate. Certificates will be issued only upon request, but no contact hours will be provided.

Pulse Transport employees on leave of absence or FMLA may attend at Pulse Transport employee rate for 6 months. After 6 months, the employee will be expected to pay the stated non-Pulse Transport registration fee.

advertisement ~ Pulse Transport will advertise all courses that are being offered on Pulse Transport LLC website. For special events being offered a brochure or post card will be designed that can be sent to local hospitals. All offerings that are posted will contain the projected number of hours being offered, price of course, course location, dates and times, modules covered and objectives for the course. If the participant needs to obtain a book, do pre-course work or any special instructions will be included in the announcement or the brochure. Email address and phone number for course coordinator will be provided for any questions or concerns regarding the offering. approvalprocess ~ Any department within Pulse Transport may contact the Education Coordinator if continuing nursing education credit is requested. An organization not directly affiliated with the hospital may also request continuing education credit through our providership. This request should be submitted at least 90 days prior to the scheduled program. There will be no fee attached for hours offered by Pulse Transport staff. There will be a \$100 minimum fee to utilize Pulse Transport providership for other workshops. The fee will include an initial planning meeting, rosters, evaluations, certificates, and a followup evaluation meeting if necessary. Any additional responsibilities can be negotiated and if applicable, will be in writing, signed by both parties prior to the workshop. A summary of the planning must include need identification and target audience. The Education Coordinator must be actively involved in the planning and administration of any continuing education program sponsored by Pulse Transport. The behavioral objectives-stated in measurable terms. Agenda/content of program with time frames-recognizing that 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, offerings must include content that is above the basic preparation at the level of the current licensure. No continuing education credit will be given for in-service education, onthe-job training, orientation, or institution-specific courses.

CNE/IV Therapy 236 Instructor(s) name, credentials, education and experience, documenting knowledge and expertise in the content area. Current bibliography-must include books no more than ten years old and/or periodicals published within the past five years. An offering evaluation that includes each participant's assessment of the learner achievement of each objective and evaluation of individual presenters and their expertise on the subject matter. The Education Coordinator will evaluate all materials to verify appropriateness for continuing nursing education credit and determine the number of contact hours to be awarded. (See Process of Awarding Contact Hours Policy).

contacthours ~ A contact hour means fifty (50) minutes of participation in a learning experience. Time for introduction of speakers, breaks and evaluations is not calculated into contact hour time. The Education Coordinator will determine the number of contact hours to be awarded, based on the proposed agenda, and this number will be listed on the offering announcement and rosters. Only in case of an emergency may partial credit be granted with the approval of the Education Coordinator. Scheduled work time is not considered an emergency. Pulse Transport employees as well as other attendees scheduled to work should plan with co-workers for coverage until completion of the offering. If more than 15 minutes are missed of any 50 minutes of the presentation, one hour will be deducted from the participant's credit. An offering shall consist of a minimum of 30 minutes (0.6 hours). Fractions of hours over 30 minutes may be given with the approval of the Education Coordinator based on 0.1 contact hours for every 5 minutes of presentation time. Participants can be no more than 15 minutes late to a continuing education offering and must attend the entire offering to receive contact hour credit. Exception: Participants must attend the entire time for offerings of one contact hour or less. Instructor Credit-a presenter who prepares and presents a course for an approved offering may be given two contact hours for each hour of first-time preparation and presentation, excluding standardized prepared curriculum (ACLS, PALS, TNCC, ENPC, etc.) The attendance roster and certificate will be clearly stated on a separate certificate. An instructor may earn credit as a participant for the remaining portion of the program. This will be clearly stated on a separate certificate.

Independent Study Credit-Independent study credit will be based on the time required to complete the offering. If the offering is presented in a DVD format, credit will be based on the length of the program using the fifty (50) minute hour as above. If the offering is in a different format, contact hour credit will be based on a minimum of four pilot testers representative of the target population. The time it took each pilot tester to complete the offering will be totaled and divided by the number of pilot testers to establish the number of contact hours awarded.

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**verifycompletion** ~ Pulse Transport occasionally offers courses for independent study for employees only. The Education Coordinator will review these courses to verify the appropriateness for continuing education credit. The number of contact hours awarded will be based on the time required to complete the offering using pilot testers (See awarding contact hours policy) Participants must schedule a time to complete the independent study offerings. Following completion of the independent study course and successful completion of the posttest or return demonstration, the participant will complete a course evaluation and sign the attendance roster. A certificate of attendance will be awarded to the participant indicating "Independent Study" credit. The post-test, sign-in roster, and participant evaluation will be maintained in a secure manner in the Education Department for a period of two years.

recordkeeping ~ Registration information is maintained by Pulse Transport Education Coordinator. All other records are kept in individual program folders on Pulse Transport private server by date of the offering title. Each individual continuing education folder will contain the following as applicable: a summary of the planning, workshop agreement, income and expense sheet. A copy of the offering announcement or brochure. The title and objectives. The offering agenda or, for independent study, pilot test results, if applicable; each instructor's education and experience. A bibliography, copies of handouts. Rosters, including signed roster. A summary of the participants' evaluations and all correspondence regarding the workshop. These records are maintained on a password protected server with limited access and a zip drive maintained by the Education Coordinator and kept in a secure location. To assist in future planning, continuing education folders will be kept intact for a period of five years.

**noticeofchange** ~ The continuing nursing Education Program Coordinator must be a registered nurse with three years of clinical experience, a baccalaureate degree and at least one year of experience developing and implementing educational offerings. The program coordinator must notify the Kansas State Board of Nursing in writing of any changes of the individual responsible for the providership and procedures within 30 days of the change.

**programevaluation** ~ A total program evaluation will be completed annually evaluating all components of the provider ship. The total program evaluation will be done annually and submitted to the KSBN with the annual report.

The total program evaluation will include the following components:

a.Organization and Administration

b.Policies: Needs Assessment and Planning

c.Policies: Fee Assessment d.Policies: Announcements

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e.Policies: Offering Approval Process f.Policies: Awarding Contact Hours

g.Policies: Verifying Participation/Completion

h.Policies: Record Keeping

i.Policies: Notification of Changes

j.Total Program Evaluation

**Submission date**  $\sim 01-15-2024 \ 07:47:41$ 

**Form ID** ~ 1672730



Policy Title: Continuing Education	n Coordinator	
Section: 60-9-107b(1)(A), 60-9- 107b(1)(B), 60-9-107b(2), 60-9- 107c(1)	Approved:	
Policy No: 2	Reviewed:	
Revision:	Effective: 1-1-2024	

Define Continuing Education Coordinator and credentials.

**Pulse Transport** 

10203 W. 1st Street

Pratt, Kansas 67124

(620) 792-9666

#### **SCOPE** 11.

**Education Coordinator** 

**Pulse Transport Education Department** 

10203 W. 1st Street

Pratt, Kansas 67124

(620) 792-9666

#### **POLICY STATEMENT** III.

Education Coordinator must have appropriate credentials per the Kansas State Board of Nursing Nurse Practice Act

#### IV. **PROCEDURES**

Pulse Transport Long Term Provider Program Manager:

Jodi. L. Cregger

10203 W. 1st Street

Pratt, KS 67124

RN/ADN:

1991

Paramedic: 2004

RN/BSN:

2019

RN-Central Kansas Medical Center/University of Kansas Medical Pavilion, Great Bend, KS 1990-Current

RN-Association for Continuing Education, Great Bend, KS 1994-2015

RN-LifeSave/Air Methods Flight RN/Education Director/Coordinator, Wichita, KS 2003-2024

RN-Pulse Transport RN/BSN/Education Director/Coordinator, Pratt, KS 2024-CNE/IV Therapy 240



Policy Title: Assessing Need and I Offering	Planning for Continuing Education
Section: 60-9-107b(3)(A)	Approved:
Policy No: 10	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

As a provider of continuing education, we are responsible for identifying the target population, current trends in clinical practice, and for seeking input from participants to determine areas of interest and need that exist for course offerings. The Education Coordinator meets at least monthly with the Pulse Transport educators where current trends are discussed, and ideas generated. Participants are also encouraged to list any suggestions for future programs at each individual offering. The Education Coordinator will use information from these sources to plan programs throughout the year.

#### II. SCOPE

Pulse Transport Education Coordinator, educators

#### III. POLICY STATEMENT

Recognizing that continuing nursing education means learning experiences intended to build upon the education and experimental bases of the registered professional and licenses practical nurse for the enhancement of practice, education, administration, research, or theory development to the end of improving the health of public, offerings must include content that is above the basic preparation at the level of the current licensure. No continuing education credit will be given for in-service education, on-the-job training, orientation, or institution-specific courses.

#### IV. PROCEDURES

The following steps will be taken by the Education Coordinator in planning a continuing education offering:

- A. Identify target audience
- B. Establish a planning committee if applicable using organization wide experts in the topic identified
- C. Establish a date and time
- D. Secure a location
- E. Identify the speaker(s)- (see Instructor Selection Policy). Obtain or develop the following with the speaker(s)
  - a. Measurable objectives
  - b. Agenda with time frames
  - c. Curriculum vita
  - d. Current bibliography related to topic
  - e. Handouts
  - f. Send confirmation letter and AV checklist to speaker (s)
  - g. Calculate the number of contact hours- (See awarding contact hours policy)
  - h. Prepare estimated budget

## V. ADDITIONAL CONSIDERATIONS

Market program

- A. Offering Announcement- (see Offering Announcement Policy)
- B. Interoffice communication
- C. E-mail

# **VI. RESPONSIBLE PARTIES**

**Assigned Pulse Transport Education** 

Coordinator

**Assigned Pulse Transport Educators** 



Policy Title: Advertisement or An	nouncement
Section: 60-9-107(b)(3)(C	Approved:
Policy No: 12	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

Pulse Transport will utilize different methods to assure all continuing education offerings are advertised

#### II. SCOPE

Pulse Transport Education Coordinator

#### III. POLICY STATEMENT

Pulse Transport recognizes the need for education and will utilize the internet, social media and brochures or postcards to advertise.

#### IV. PROCEDURES

The following steps will be taken to advertise all courses offered by Pulse Transport

- A. Pulse Transport LLC. Website, education tab that will show all courses offered on a calendar
- B. For special events being offered a brochure or postcard will be designed and sent to local hospitals or handed out during marketing events.

#### V. ADDITIONAL CONSIDERATIONS

All offerings will contain the following:

- A. Projected number of hours being offered
- B. Price of course
- C. Course location
- D. Dates and times
- E. Modules covered
- F. Objectives for the course
- G. Need to obtain a book, pre-course work and any other special instructions
- H. Email address and phone number for course coordinator

#### VI. RESPONSIBLE PARTIES

**Assigned Pulse Transport Education** 

Coordinator

**Assigned Pulse Transport Educators** 



Policy Title: Approval of Continui	ing Education Offerings
Section: 60-9-107b(3)(D), 60-9- 107d	Approved:
Policy No: 1	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

To facilitate attendance by those working various shifts, attempts will be made to schedule continuing nursing education offerings at various times of the day.

#### II. SCOPE

Any department within Pulse Transport may contact the Education Coordinator if continuing nursing education credit is requested.

#### III. POLICY STATEMENT

An organization not directly affiliated with the hospital may also request continuing education credit through our providership. This request should be submitted at least 90 days prior to the scheduled program. There will be no fee attached for hours offered by Pulse Transport staff. There will be a \$100 minimum fee to utilize Pulse Transport providership for other workshops. The fee will include an initial planning meeting, rosters, evaluations, certificates, and a follow-up evaluation meeting if necessary. Any additional responsibilities can be negotiated and if applicable, will be in writing, signed by both parties prior to the workshop.

#### IV. PROCEDURES

- A. A summary of the planning must include need identification and target audience. The Education Coordinator must be actively involved in the planning and administration of any continuing education program sponsored by Pulse Transport.
- B. The behavioral objectives-stated in measurable terms.
- C. Agenda/content of program with time frames-recognizing that 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, offerings must include content that is above the basic preparation at the level of the current licensure. No continuing education credit will be given for in-service education, on-the-job training, orientation, or institution-specific courses.
- D. Instructor(s) name, credentials, education and experience, documenting knowledge and expertise in the content area.
- E. Current bibliography-must include books no more than ten years old and/or periodicals published within the past five years.
- F. An offering evaluation that includes each participant's assessment of the learner achievement of each objective and evaluation of individual presenters and their expertise on the subject matter.

# V. ADDITIONAL CONSIDERATIONS

The Education Coordinator will evaluate all materials to verify appropriateness for continuing nursing education credit and determine the number of contact hours to be awarded. (今年月10年長春20年日 2016年).

Once the program has been approved, the Education Coordinator will notify the department or organization and provide the sign-in rosters and offering evaluation. Certificates will be provided following the offering after sign-in sheets, a copy of handouts and completed evaluations are provided to the Education Department.

#### **VI. RESPONSIBLE PARTIES**

Assigned Pulse Transport Education Coordinator Assigned Pulse Transport Instructor



Policy Title: Awarding Contact Hoofferings	ours for Continuing Education
Section: 60-9-107b (3)E, 60-9- 107e	Approved:
Policy No: 9	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

A contact hour means fifty (50) minutes of participation in a learning experience. Time for introduction of speakers, breaks and evaluations is not calculated into contact hour time. The Education Coordinator will determine the number of contact hours to be awarded, based on the proposed agenda, and this number will be listed on the offering announcement and rosters.

#### II. SCOPE

All Pulse Transport educators

#### III. POLICY STATEMENT

Only in case of an emergency may partial credit be granted with the approval of the Education Coordinator. Scheduled work time is not considered an emergency. Pulse Transport employees as well as other attendees scheduled to work should plan with co-workers for coverage until completion of the offering. If more than 15 minutes are missed of any 50 minutes of the presentation, one hour will be deducted from the participant's credit.

## IV. PROCEDURES

- **A.** An offering shall consist of a minimum of 30 minutes (0.6 hours). Fractions of hours over 30 minutes may be given with the approval of the Education Coordinator based on 0.1 contact hours for every 5 minutes of presentation time.
- **B.** Participants can be no more than 15 minutes late to a continuing education offering and must attend the entire offering to receive contact hour credit. Exception: Participants must attend the entire time for offerings of one contact hour or less.

#### V. ADDITIONAL CONSIDERATIONS

- A. Instructor Credit-a presenter who prepares and presents a course for an approved offering may be given two contact hours for each hour of first-time preparation and presentation, excluding standardized prepared curriculum (ACLS, PALS, TNCC, ENPC, etc.) The attendance roster and certificate will be clearly stated on a separate certificate. An instructor may earn credit as a participant for the remaining portion of the program. This will be clearly stated on a separate certificate.
- B. Independent Study Credit-Independent study credit will be based on the time required to complete the offering. If the offering is presented in a DVD format, credit will be based on the length of the program using the fifty (50) minute hour as above. If the offering is in a different format, contact hour credit will be based on a minimum of four pilot testers representative of the target population. The time it took each pilot tester to complete the offering will be totaled and divided by the number of pilot testers to establish the number of contact hours awarded.

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# VI. RESPONSIBLE PARTIES

Assigned Pulse Transport Education Coordinator



Policy Title: Registration/Fees fo	r Continuing Education Offerings
Section: 60-9-107b(3)(B)	Approved:
Policy No: 11	Reviewed:
Revision:	Effective: 1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

Registration and Fees for the continuing education program will be discussed and implemented upon the education request.

#### II. SCOPE

**Pulse Transport Education Coordinator** 

## III. POLICY STATEMENT

Pre-registration is required for most continuing education offerings and will be so stated on the offering announcement. The registration fee may accompany the pre-registration form, paid online with the QR code that is provided or may be paid on site the day of the course (see fees below). Pre-arrangements to have an employer invoiced are also acceptable. All information on the pre-registration form should be as it appears on the participant's license. Participants may assume confirmation of registration unless notified.

Waiting List-In the case of over-registrations, a waiting list will be started, and the individual notified. If cancellations occur, the first person on the waiting list will be taken. If unable to contact the individual within a 24-hour time frame the next person will be contacted.

Walk-ins-Walk-ins are accepted at continuing education offerings if seating is available (see fees below).

#### IV. PROCEDURES

- **A.** Calculations of Fees-Continuing education offerings will be provided on a sliding scale, depending on the type of course and resources needed. Income will be matched as closely as possible with expenses. Expenses may include:
  - a. Faculty honorarium and expenses (mileage, meals, accommodations, etc.).
  - **b.** Facility rent-if off hospital premises.
  - c. Printing.
  - d. Mailing.
  - e. Materials (xeroxing, tape rental, books, etc.).
  - f. Refreshments.
  - g. Education coordinator's time
- B. Pulse Transport will strive to fairly price all courses based on expenses projected.
- **C.** If a specialty speaker is obtained, a contract will be provided to outline expenses and will be signed by both Pulse Transport and the speaker.
- D. Registrations Fees
  - a. Pre-registered non-Pulse Transport participants including physicians-full fees except for the program speakers.
  - b. Walk -in non-Pulse Transport participants-full fees plus \$5.00 additional charge.
  - c. Pulse Transport employees and contract instructors-no charge in mast/cosessales in which expenses are projected to be high.

- d. Part-time Pulse Transport employees may attend at Pulse Transport employee rate if they have worked within 30 days prior to a scheduled offering.
- e. Pulse Transport students will follow the same policies as Pulse Transport employees if seating is available. Certificates will be issued only upon request and no contact hours will be provided unless a specific request is made.
- f. Students from other nursing educational institutions may attend if seating is available, a flat fee of \$75.00 per student will be charged to cover refreshments, xeroxing, etc. These individuals must be full-time students in an accredited school of nursing to qualify for this rate. Certificates will be issued only upon request, but no contact hours will be provided.
- g. Pulse Transport employees on leave of absence or FMLA may attend at Pulse Transport employee rate for 6 months. After 6 months, the employee will be expected to pay the stated non-Pulse Transport registration fee.

#### V. ADDITIONAL CONSIDERATIONS

- A. Children/Non-registered Persons-Participants attending continuing education offerings have paid for learning experience. Due to limited seating and because children can be distracting to others, children and non-registered persons will not be allowed at continuing education offerings unless they are part of the teaching material for the course, i.e.: patients or subject matter experts.
- B. Insufficient Fund Checks-If it is known prior to the program that a check did not clear the bank, the CNE certificate will be held until the participant pays for the course in cash. Any checks which do not clear the bank following the program will be referred to the Pulse Transport accounts receivable representative to attempt to collect payment for the program.
- C. Cancellations/Refund-If pre-registered for a program and unable to attend, the registration fee will be refunded if the Pulse Transport Education Coordinator is notified at least 24 hours prior to the offering. There is a \$5.00 charge for processing cancellations.
- D. Cancellations of the program-If an offering must be canceled due to inclement weather, speaker illness, etc. Pulse Transport will notify all participants as soon as possible. A full refund of tuition fees will be made.

#### VI. RESPONSIBLE PARTIES

Assigned Pulse Transport Education Coordinator



Policy Title: Rosters of Participan	ts at Continuing Education Offerings
Section: 60-9-107b(3)(F), 60-9- 107f, 60-9-107g	Approved:
Policy No: 7	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference:

Rosters will be computer generated through the Education Department and dispersed to the appropriate instructors.

#### II. SCOPE

All Pulse Transport Educators

#### III. POLICY STATEMENT

Participants will be required to sign daily attendance roster during registration of the offering. Sign-in sheets are collected withing fifteen (15) minutes of the start of the offering. At no time are sign-in sheets left unattended in a public place.

#### IV. PROCEDURES

- A. Each roster shall include the following:
  - a. The provider's name, address, phone number, provider number and name of coordinator
  - b. The title of the offering, date(s) presented, APRN credit if applicable, location and the name of the presenter(s)
  - c. The participant's name, address, occupation, license number, and number of contact hours awarded.

# V. ADDITIONAL CONSIDERATIONS

If instructor credit is given, the roster will indicate "Instructor Credit" as part of the title of the offering. If the offering was an independent study, the date on the roster will reflect the date of completion and will indicate "Independent Study" as part of the title of the offering. The posttest or documentation of return demonstration will be attached to the roster.

# VI. RESPONSIBLE PARTIES

Assigned Pulse Transport Education

Coordinator



<b>Policy Title: Certificates for Conti</b>	nuing Education Offerings
Section: 60-9-10b(3)(F), 60-9- 107f, 60-9-107g	Approved:
Policy No: 7	Reviewed:
Revision:	Effective: 1/1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

Certificates of attendance will be awarded to each participant after completion of a continuing education offering.

#### II. SCOPE

All Pulse Transport educators

#### III. POLICY STATEMENT

The Education Coordinator is the only individual authorized to make changes or corrections on a certificate from a Pulse Transport sponsored offering. Participants will be instructed at each offering to check their certificates to assure their name and license number are correct. Each correction will be initiated.

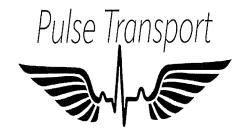
#### IV. PROCEDURES

- A. Certificates will be complete before distribution to participants and will contain:
  - a. Provider's name, address and provider number.
  - **b.** Title of the offering.
  - c. Date(s) of attendance or completion.
  - d. Number of contact hours awarded.
  - e. Signature of the Education Program Coordinator.
  - f. Name and license number of the participant.
  - g. APRN credit if applicable.
  - h. Clear identification of independent study or instructor contact hours awarded if any.

#### V. RESPONSIBLE PARTIES

**Assigned Pulse Transport Education** 

Coordinator



Policy Title: Records of Continuin	g Education Offerings
Section: 60-9-107b(3)(G), 60-9- 107h	Approved:
Policy No: 6	Reviewed:
Revision:	Effective: 1/2024
Created by: J. Cregger BSN/RN	CAMTS Reference: NA

Registration information is maintained by Pulse Transport Education Coordinator

#### II. SCOPE

**Pulse Transport Education Coordinator** 

#### III. POLICY STATEMENT

All other records are kept in individual program folders on Pulse Transport private server by date of the offering title.

#### IV. PROCEDURES

- A. Each individual continuing education folder will contain the following as applicable:
  - a. a summary of the planning.
  - b. Workshop agreement.
  - c. Income and expense sheet.
  - d. A copy of the offering announcement or brochure.
  - e. The title and objectives.
  - f. The offering agenda or, for independent study, pilot test results, if applicable; each instructor's education and experience.
  - g. A bibliography.
  - h. Copies of handouts.
  - i. Rosters, including signed roster.
  - j. A summary of the participants' evaluations.
  - k. All correspondence regarding the workshop.

#### V. ADDITIONAL CONSIDERATIONS

These records are maintained on a password protected server with limited access and a zip drive maintained by the Education Coordinator and kept in a secure location. To assist in future planning, continuing education folders will be kept intact for a period of five years.

# VI. RESPONSIBLE PARTIES

**Assigned Pulse Transport Education** 

Coordinator



Policy Title: Total Program Evaluation Offerings	ation for Continuing Education		
Section: 60-9-107b (3)(1)	Approved:		
Policy No: 5 Reviewed:			
Revision:	Effective: 1/1/2024		
Created by: J. Cregger BSN/RN	CAMTS Reference: NA		

#### I. PURPOSE

A total program evaluation will be completed annually evaluating all components of the provider ship.

#### II. SCOPE

All education staff.

#### III. POLICY STATEMENT

The total program evaluation will be done annually and submitted to the KSBN with the annual report.

#### IV. PROCEDURES

- A. The total program evaluation will include the following components:
  - a. Organization and Administration
  - b. Policies: Needs Assessment and Planning
  - c. Policies: Fee Assessment
  - d. Policies: Announcements
  - e. Policies: Offering Approval Process
  - f. Policies: Awarding Contact Hours
  - g. Policies: Verifying Participation/Completion
  - h. Policies: Record Keeping
  - i. Policies: Notification of Changes
  - j. Total Program Evaluation

#### V. RESPONSIBLE PARTIES

**Assigned Pulse Transport Education** 

Coordinator



Policy Title: Independent Study C	Continuing Education		
Section: 60-9-107b(3)(F), 60-9- 107f, 60-9-107g	Approved:		
Policy No: 3 Reviewed:  Revision: Effective: 1/1/2024			

#### I. PURPOSE

Pulse Transport occasionally offers courses for independent study for employees only. The Education Coordinator will review these courses to verify the appropriateness for continuing education credit.

#### II. SCOPE

All Pulse Transport medical crew personnel

#### III. POLICY STATEMENT

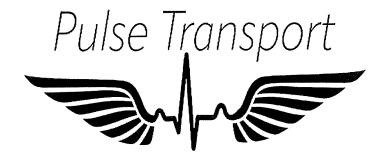
The number of contact hours awarded will be based on the time required to complete the offering using pilot testers (See awarding contact hours policy)

#### IV. PROCEDURES

- A. Participants must schedule a time to complete the independent study offerings.
- **B.** Following completion of the independent study course and successful completion of the posttest or return demonstration, the participant will complete a course evaluation and sign the attendance roster.
- C. A certificate of attendance will be awarded to the participant indicating "Independent Study" credit.
- **D.** The post-test, sign-in roster, and participant evaluation will be maintained in a secure manner in the Education Department for a period of two years.

#### V. RESPONSIBLE PARTIES

Assigned Pulse Transport Education Coordinator



# PLANNING SUMMARY FOR ACLS & PALS

#### 1/2024

The Pulse Transport Clinical Education Coordinator and Pulse Transport Chief Operating Officer met to discuss the course schedule for 2024 for AHA courses requested. After talking about the various needs and locations for these courses, it was decided that we would hold them in the requested facilities.

After further discussion, it was determined that the course size would be administered at the 1 instructor for every 6 students and that each class would never exceed 12 students. The education coordinator will assign a lead instructor for each course with support instructors as needed. For each class, the education coordinator will be available by phone if not teaching the course. The Pulse Transport Medical Director will be available by phone should a need arise.

Fees were discussed and listed in the brochure for advertising. Equipment is readily available for each class.

Upon approval of the course from the Chief Operating Officer, it will be advertised and opened for enrollment.



Course: ACLS	
Revision:	Effective: 1/1/2024

#### I. PURPOSE

American Heart Association Advanced Cardiac Life Support class focusing on acute coronary syndrome, stroke, cardiac arrest with airway and medication management.

#### II. SCOPE

Registered nurses, licensed practical nurse, paramedics, EMT-I, EMT

#### III. COURSE OBJECTIVES

- 1. RECOGNIZE AND INITIATE EARLY MANAGEMENT OF PERI-ARREST CONDITIONS THAT MAY RESULT IN CARDIAC ARREST OR COMPLICATE RESUSCITATION OUTCOMES.
- 2. DEMONSTRATE PROFICIENCY IN PROVIDING BLS CARE, INCLUDING PRIORITIZING CHEST COMPRESSIONS AND INTEGRATING AED USE.
- 3. MANAGE CARDIAC ARREST UNTIL RETURN OF SPONTANEOUS CIRCULATION, TERMINATION OF RESUSCITATION, OR TRANSFER OF CARE.
- 4. IDENTIFY AND TREAT ISCHEMIC CHEST PAIN AND EXPEDITE THE CARE OF PATIENTS WITH ACUTE CORONARY SYNDROMES. IDENTIFY INFERIOR MI'S ON THE 12 LEAD EKG AND DISCUSS PROPER MEDICATIONS FOR THE ACUTE MI PATIENT.
- 5. RECOGNIZE OTHER LIFE-THREATENING CLINICAL SITUATIONS, SUCH AS STROKE, AND PROVIDE EFFECTIVE INITIAL CARE AND TRANSFER TO REDUCE DISABILITY AND DEATH.
- 6. DEMONSTRATE EFFECTIVE COMMUNICATION AS A MEMBER OR LEADER OF A RESUSCITATION TEAM AND RECOGNIZE THE IMPACT OF TEAM DYNAMICS ON OVERALL TEAM PERFORMANCE.
- 7. INTEGRATE THE NEW ACLS SCIENCE AS IT APPLIES TO VARIOUS THERAPIES AND TREATMENT DURING ACLS
- 8. APPLY THE ACLS PRIMARY AND SECONDARY SURVEY
- 9. REACH A THOROUGH UNDERSTANDING OF THE ACLS ALGORHYTHM AND UTILIZE THEM
- 10. EVALUTE BOTH 12 LEAD EKG'S AND 4 LEAD EKG RATE AND RHYTHMS AND DETERMINE APPROPRIATE MEDICATIONS, DOSES AND ELECTRICAL THERAPY

## Advanced Cardiac Life Support

ACLS is designed to aid in making healthcare professionals more comfortable in taking care of a variety of cardiac related health problems.

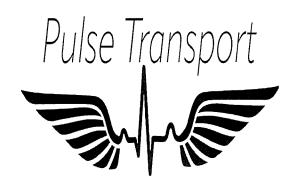
"When Your Life Is on The Line, We Save You Time"

Recipient Name Address City, ST

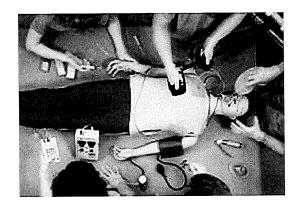
Contact Us Jodi Cregger

10203 W. 1st. Street

## Pulse **Transport Continuing Education**



Pulse Transport is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved 10 contact hours applicable for APRN, RN, LPN, or re-licensure, Kansas State Board of Nursing Provider number



#### **MODULES COVERED**

Acute Coronary Syndrome

Stroke

Airway Management

Rhythm Strips

**BLS** 

Team Approach to Cardiac Care

I/O

Cardiac Monitor

"I have a better understanding of the medications and the process after the hands-on mega-code."

#### Course Objectives

DEMONSTRATE PROFICIENCY IN PROVIDING BLS CARE, INCLUDING PRIORITIZING CHEST COMPRESSIONS AND INTEGRATING AED USE.

MANAGE CARDIAC ARREST UNTIL RETURN OF SPONTANEOUS CIRCULATION, TERMINATION OF RESUSCITATION, OR TRANSFER OF CARE.

IDENTIFY AND TREAT ISCHEMIC CHEST PAIN AND EXPEDITE THE CARE OF PATIENTS WITH ACUTE CORONARY SYNDROMES. IDENTIFY INFERIOR MI'S ON THE 12 LEAD EKG AND DISCUSS PROPER MEDICATIONS FOR THE ACUTE MI PATIENT.

RECOGNIZE OTHER LIFE-THREATENING CLINICAL SITUATIONS, SUCH AS STROKE, AND PROVIDE EFFECTIVE INITIAL CARE AND TRANSFER TO REDUCE DISABILITY AND DEATH.

#### **Course Fees**

Course + Book \$155.00

Course Only \$120.00

#### **Course Offering**

April 2-3, 2024

0830-1700 Day one

0830-1530 Day two

Clara Barton Hospital

Hoisington, KS

#### Contact Us

Jodi Cregger
Pulse Transport
10203 W. 1<sup>st</sup>. Street
Pratt, KS 67124
620-792-9666
jcregger@pulsetransportllc.gmail.
com



#### Sample Agenda for ACLS Traditional Course

#### 1/16-17/2024

#### Clara Barton Hospital

	Day 1	The state of the s		
8:30 Lesson START:	Welcome, Introductions, and Course Administration			
8:45 <b>Lesson 1:</b> ACLS	Course Overview and Organization			
8:55 Lesson ACLS-T	raditional 2: Systems of Care			
9:05 Lesson ACLS-T	raditional 3: The Science of Resuscitation			
	raditional 4: Systematic Approach			
9:35 Lesson ACLS-T	raditional 5: CPR Coach	NHE AS		
Divide class	Lesson 6	Lesson 6		
into 2 groups	Learning/Testing Station: High-Quality BLS	Learning/Testing Station: High-Quality BLS		
	(Lesson 2 in ACLS Lesson Plans)	(Lesson 2 in ACLS Lesson Plans)		
9:45	Group 1	Group 2		
10:30 <b>Break</b>				
Divide class	Lesson 7	Lesson 7		
into 2 groups	Learning/Testing Station: Airway Management	Learning/Testing Station: Airway Managemen		
		(Lesson 3 in ACLS Lesson Plans)		
	(Lesson 3 in ACLS Lesson Plans)	(2000)		
	Group 2  Small groups)  Inology Review (Lesson 4 in ACLS Lesson Plans )	Group 1		
One large group (or 2 s         11:25       Lesson 8: Tech         11:40       Lesson 9: Record	Group 2	Group 1		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco	Group 2  Small groups) Innology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10	Group 1		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class	Group 2  Small groups)  Innology Review (Lesson 4 in ACLS Lesson Plans )  Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace)	Group 1 ditional 6) Lesson 11		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups	Group 2  Small groups) Innology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10  Learning Station: Acute Coronary Syndromes	Group 1  ditional 6)  Lesson 11  Learning Station: Acute Stroke		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups	Group 2  Small groups) Innology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)	Group 1  ditional 6)  Lesson 11  Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups 11:50 12:20	Group 2  Small groups) Innology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)  Group 1	Group 1  ditional 6)  Lesson 11  Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)  Group 2		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups 11:50 12:20 12:50 Lunch	Group 2  Small groups) Inclogy Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)  Group 1  Group 2	Group 1  ditional 6)  Lesson 11  Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)  Group 2		
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One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups 11:50 12:20 12:50 Lunch One large group (or 2 s 1:35 Lesson 12: High 2:05 Break	Group 2  Small groups) Incology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)  Group 1  Group 2  Small groups) Sh-Performance Teams (Lesson 7 in ACLS Lesson Plans )  Lessons 13 Learning Station: High-Performance Teams: Cardiac Arrest and	Group 1  Lesson 11 Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)  Group 2  Group 1  13 Learning Station: High-Performance Teams: Cardiac Arrest and		
One large group (or 2 s 11:25 Lesson 8: Tech 11:40 Lesson 9: Reco Divide class into 2 groups 11:50 12:20 12:50 Lunch One large group (or 2 s 1:35 Lesson 12: High 2:05 Break	Group 2  Small groups) Inclogy Review (Lesson 4 in ACLS Lesson Plans ) Degnition: Signs of Clinical Deterioration (Lesson ACLS-Trace)  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)  Group 1  Group 2  Small groups) Sh-Performance Teams (Lesson 7 in ACLS Lesson Plans )  Lessons 13 Learning Station: High-Performance Teams: Cardiac Arrest and Post—Cardiac Arrest Care	Group 1  Lesson 11 Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)  Group 2  Group 1  13 Learning Station: High-Performance Teams: Cardiac Arrest and Post-Cardiac Arrest Care		
One large group (or 2 s  11:25	Group 2  Small groups) Incology Review (Lesson 4 in ACLS Lesson Plans ) Organition: Signs of Clinical Deterioration (Lesson ACLS-Trace  Lesson 10 Learning Station: Acute Coronary Syndromes (Lesson ACLS-Traditional 7)  Group 1  Group 2  Small groups) Sh-Performance Teams (Lesson 7 in ACLS Lesson Plans )  Lessons 13 Learning Station: High-Performance Teams: Cardiac Arrest and	Group 1  Lesson 11 Learning Station: Acute Stroke (Lesson ACLS-Traditional 8)  Group 2  Group 1  13 Learning Station: High-Performance Teams: Cardiac Arrest and		

	Day 2			
Divide class into 2 groups	Lesson 14 Learning Station: Preventing Arrest: Bradycardia (Lesson 5 in ACLS Lesson Plans)	Lesson 15 Learning Station: Preventing Arrest: Tachycardia (Stable and Unstable) (Lesson 6 in ACLS Lesson Plans)		
8:30	Group 2	Group 1		
9:30	Group 1	Group 2		
10:30 Break				
Divide class into 2 groups	Lesson 16  Learning Station: High-Performance Teams:  Megacode Practice  (Lesson 9 in ACLS Lesson Plans)	Lesson 16 Learning Station: High-Performance Teams: Megacode Practice (Lesson 9 in ACLS Lesson Plans)		
10:45	Group 2	Group 1		
1:05 Lunch				
Divide class into 2 groups	High-Performance Teams: Megacode Testing and Megacode Testing Details (Lessons T2-T4 in ACLS Lesson Plans)	High-Performance Teams: Megacode Testing and Megacode Testing Details (Lessons T2-T4 in ACLS Lesson Plans)		
2:00	Group 1	Group 2		
3:15 Break				
One large group (as state) 3:25 Exam (T5-T6) 4:10 Remediation/	udents finish Megacode Test) Class Ends			

# Pulse Transport

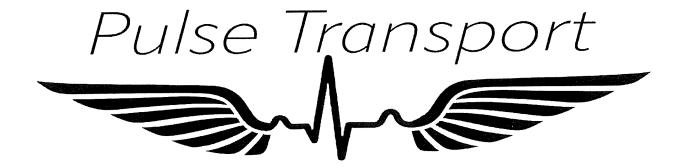


10203 W 1st St, Pratt, KS 67124

This certificate is being   NSG#	presented as proof that KS EMS#
has successfu	ully completed
Advanced Cardi	iac Life Support
and is awarded 10.0 EMS Contact Hou	t Hours and 10.0 Nursing Contact urs.
Sponsored by Pulse Transpor	rt, instructed by Jodi Cregger.
	 Date
Pulse Transport, LLC Training Officer	







#### **BIBLIOGRAPHY FOR**

#### **PALS & ACLS**

AHA (2020) PEDIATRIC ADVANCED LIFE SUPPORT. DALLAS, TX: AMERICAN HEART ASSOCIATION PRINTING, INCORPORATED 2020

AHA (2020) ADVANCED CARDIAC LIFE SUPPORT. DALLAS, TX: AMERICAN HEART ASSOCIATION PRINTING, INCORPORATED 2020

## Pulse Transport Evaluation

Date:	Program: ACLS				
RN	_ LPN SW RT Other				
1. Rate	e the content of this program. Very Good Good	Fair	Poo	r	
2. Was	the information presented timely and of value to you? Yes	s No			
3. To y	what extent do you think these objectives were met? (Please	check the be	oxes belov	v)	
Late:		Fully	Partly	Barely	Not at all
1.	Recognize & initiate early management of peri-arrest conditions that may result in cardiac arrest or complicate resuscitation outcomes.				
2.	Demonstrate proficiency in providing BLS care including prioritizing chest compressions.				
3.	Manage cardiac arrest until return of spontaneous circulation, termination of resuscitation, or transfer of care.				
4.	Recognize other life-threatening clinical situations, such as stroke, and provide effective initial care and transfer to reduce disability and death.				
5.	Demonstrate effective communication as a member or leader of a resuscitation team and recognize the impact of team dynamics on overall team performance.				
6.	Identify and treat ischemic chest pain and expedite the care of patients with acute coronary syndrome and integrated AED use.				
4. Plea	use rate the speaker(s). Consider their speaking ability, know	vledge of sul	oject, and	visual aides	used.
2.18		Excellent	Good	Fair	Poor
Jodi Cı	regger BSN/RN/Paramedic				
Greg B	arnes Paramedic				
5. Hov	w would you rate this program overall? Very Good	Good	_ Fair	Poor	
6. We:	re the facilities adequate? Yes No (If NO, pl	ease explain	.)		
7. If y	ou have additional comments or suggestions, please write th	em in the sp	ace below.		•
8. Sug	gestions for future workshops / seminars:				
-			CNE/	IV Therapy	263

7.	If you have additional comments or suggestions, please write them in the space below.		
8.	Suggestions for future workshops / seminars:		

## PEDIATRIC ADVANCED LIFE SUPPORT Recert Course

PALS is designed to make the healthcare provider more comfortable in care of the sick or injured pediatric patient

"When Your Life Is On The Line, We Save You Time" Recipient Name Address City, ST ZIP Code

Jodi Cregger Pulse Transport 10203 W. 1<sup>st</sup>. Street Pratt, KS 67124 Street Address City, ST ZIP Code

## LifeSave Continuing Education



Pulse Transport is approved as a provider of continuing nursing education by the Kansas State Board of Nursing. This course is approved 7.0 contact hours applicable for APRN, RN, LPN or re-licensure. Kansas State Board of Nursing Provider number



#### **MODULES COVERED**

Cardiopulmonary Failure

Shock

CPR

Rhythm Review

I/O Skills

Medication Review

Respiratory Arrest

Megacode Skills

"I FEEL SO MUCH MORE CONFIDENT TAKING CARE OF A PEDIATRIC PATIENT AFTER TAKING THS COURSE"

#### **OBJECTIVES**

RECOGNIZE AND INITIATE EARLY
MANAGEMENT OF PERI-ARREST CONDITIONS
THAT MAY RESULT IN CARDIAC ARREST OR
COMPLICATE RESUSCITATION OUTCOMES

DEMONSTRATE PROFICIENCY IN PROVIDING BLS CARE, INCLUDING PRIORITIZING CHEST COMPRESSIONS AND INTEGRATING AED USE

DISCUSS THE IMPORTANCE OF A CPR COACH AND WHAT THAT POSITION WOULD MEAN FOR YOUR TEAM

MANAGE CARDIAC ARREST UNTIL RETURN OF SPONTANEOUS CIRCULATION, TERMINATION OF RESUSCITATION, OR TRANSFER OF CARE

IDENTIFY AND TREAT RESPIRATORY
DISTRESS/FAILURE AND LEARN HOW TO CARE
FOR EACH RESPIRATORY CATEGORY

#### **Course Fees**

Course + Book \$125.00

Course Only \$75.00

#### **Course Offering**

April 1, 2024

0830-1700

Clara Barton Hospital

Hoisington, KS

#### Contact Us

Jodi Cregger
Pulse Transport
10203 W. 1st. Street
Pratt, KS 67124
620-792-9666
jcregger@pulsetransportllc@gmail.co
m



#### **PALS Traditional Course Agenda**

#### 4/1-2/2024 Clara Barton Hospital

		Day 1					
8:00-8:05	Course Introduction						
8:05-8:10	Lesson 1: Course Overview						
8:10-8:20	Lesson 2: Science of Pediatric Resuscitation						
8:20-8:45	Lesson 3A: Child High-Quality BLS Practice						
8:45-9:10	Lesson 3B: Infant High-Qualit	y BLS Practice					
9:10-9:40	Lesson 4: CPR Coach and High	n-Performance T	eams				
9:40-9:50	Break						
Divide class	Lessons 5A and 5B: BLS Test	ing Stations:		and 6B: Overview of Systematic			
into 2	Child and Infant High-Quality	y BLS Tests*	Approa	ch; Secondary Assessment			
groups							
9:50-10:50	Group A		Group B				
10:50-11:50	Group B	Group A					
11:50-12:20	Lunch						
Divide class into 3 groups	Lessons 7A-7C: Management of Respiratory Emergencies; Respiratory Video Case Discussions; Learning Station: Airway Management	of Shock Emer Video Case Learning Stat	: Management gencies; Shock Discussions; ion: Vascular ess	Lessons 9A-9C: Management of Arrhythmia Emergencies; Arrhythmia Video Case Discussions; Learning Station: Rhythm Disturbances/ Electrical Therapy			
12:20-1:20	Group A	Gro	ир В	Group C			
1:20-2:20	Group B	Group C		Group A			
2:20-2:30	Break						
2:30-3:30	Group C	Gro	up A	Group B			
3:30-3:45	Lesson 10: Management of P	ost–Cardiac Arre	est Care				
3:45-4:05	Lesson 11: Learning Station: (	Coping With Dea	th (Optional)				
4:05-4:15	End-of-Day Debriefing						

	Day 2
8:00-8:10	Recap
Divide class into 3 groups	Lesson 12: Case Scenario Practice With Simulations
8:10-10:40	6 case scenarios per group
10:40-10:50	Break
10:50-12:05	
Divide class into 3 groups	Lesson 13: Scenario Testing
12:05-1305	Lesson 14: Exam
1305-1330	Class ends and remediation



Course: PEDIATRIC ADVANCED LIFE SUPPORT

Revision: 1/1/2024 Effective: 1/1/2024

#### I. PURPOSE

American Heart Association Pediatric Advanced Life Support focusing on respiratory, cardiac, and shock emergencies.

#### II. SCOPE

Registered nurses, licensed practical nurse, paramedics, EMT-I, EMT, RT'S

#### III. COURSE OBJECTIVES

- 1) RECOGNIZE AND INITIATE EARLY MANAGEMENT OF PERI-ARREST CONDITIONS THAT MAY RESULT IN CARDIAC ARREST OR COMPLICATE RESUSCITATION OUTCOMES.
- 2) DEMONSTRATE PROFICIENCY IN PROVIDING BLS CARE, INCLUDING PRIORITIZING CHEST COMPRESSIONS AND INTEGRATING AED USE.
- 3) DISCUSS THE IMPORTANCE OF A CPR COACH AND WHAT THAT POSITION WOULD MEAN FOR YOUR TEAM
- 4) MANAGE CARDIAC ARREST UNTIL RETURN OF SPONTANEOUS CIRCULATION, TERMINATION OF RESUSCITATION, OR TRANSFER OF CARE.
- 5) IDENTIFY AND TREAT RESPIRATORY DISTRESS/FAILURE AND LEARN HOW TO CARE FOR EACH RESPIRATORY CATEGORY.
- 6) RECOGNIZE OTHER LIFE-THREATENING CLINICAL SITUATIONS, SUCH AS SHOCK, AND PROVIDE EFFECTIVE INITIAL CARE AND TRANSFER TO REDUCE DISABILITY AND DEATH.
- 7) DEMONSTRATE EFFECTIVE COMMUNICATION AS A MEMBER OR LEADER OF A RESUSCITATION TEAM AND RECOGNIZE THE IMPACT OF TEAM DYNAMICS ON OVERALL TEAM PERFORMANCE.
- 8) INTEGRATE THE NEW PALS SCIENCE AS IT APPLIES TO VARIOUS THERAPIES AND TREATMENT
- 9) APPLY THE PALS PEDIATRIC ASSESSMENT TRAINAGLE
- 10) EVALUATE RHYTHM STRIPS AND APPLY THE APPROPRIATE THERAPY WHETHER IT BE MEDICATIONS OR ELECTRICAL THERAPY



# Pulse Transport



10203 W 1st St, Pratt, KS 67124

This certificate is being	presented as proof that
NSG#	KS EMS#
has successfu	ully completed
Pediatric Advan	ced Life Support
	et Hours and 10.0 Nursing Contact urs.
	ort, instructed by Jodi Cregger.
<u>opunsuled by Fulse Transpo</u>	rt, mondocod by oddi Oroggor.
	Date
Pulse Transport, LLC Training Officer	



Pulse Transport is an approved provider of EMS Continuing Education hours \_\_\_\_\_\_
Pulse Transport is a provider of Continuing Nursing Education by the KSBN. Provider #



CNE/IV Therapy 2

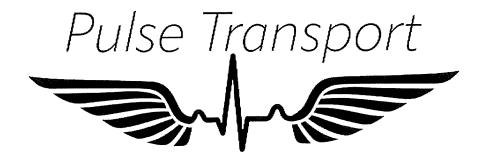
#### **BIBLIOGRAPHY OF SOURCES:**

AHA (2020) PEDIATRIC ADVANCED LIFE SUPPORT. DALLAS, TX: AMERICAN HEART ASSOCIATION PRINTING, INCORPORATED 2020

AHA (2020) ADVANCED CARDIAC LIFE SUPPORT. DALLAS, TX: AMERICAN HEART ASSOCIATION PRINTING, INCORPORATED 2020

### Pulse Transport Evaluation

Date	e: Program: PALS				
RN_	LPN SW RT Other				
1. F	ate the content of this program. Very Good Good	d Fair_	Poor_		
2. V	Vas the information presented timely and of value to you?	/esNo	)		
3. T	o what extent do you think these objectives were met? (Plea	ase check the b	oxes below)	1	<b>1</b>
		Fully	Partly	Barely	Not at all
1.	RECOGNIZE AND INITIATE EARLY MANAGEMENT OF PERI-ARREST CONDITIONS THAT MAY RESULT IN CARDIAC ARREST OR COMPLICATE RESUSCITATION OUTCOMES				
2.	DEMONSTRATE PROFICIENCY IN PROVIDING BLS CARE, INCLUDING PRIORITIZING CHEST COMPRESSIONS AND INTEGRATING AED USE				
3.	DISCUSS THE IMPORTANCE OF A CPR COACH AND WHAT THAT POSITION WOULD MEAN FOR YOUR TEAM				
4.	MANAGE CARDIAC ARREST UNTIL RETURN OF SPONTANEOU CIRCULATION, TERMINATION OF RESUSCITATION, OR TRANSFER OF CARE	S			
5.	IDENTIFY AND TREAT RESPIRATORY DISTRESS/FAILURE AND LEARN HOW TO CARE FOR EACH RESPIRATORY CATEGORY				
6.	RECOGNIZE OTHER LIFE-THREATENING CLINICAL SITUATION SUCH AS SHOCK, AND PROVIDE EFFECTIVE INITIAL CARE AND TRANSFER TO REDUCE DISABILITY AND DEATH	1			
7.	APPLY THE PALS PEDIATRIC ASSESSMENT TRAINGLE				
8.	EVALUATE RHYTHM STRIPS AND APPLY THE APPROPRIATE THERAPY WHETHER IT BE MEDICATIONS OR ELECTRICAL THERAPY				
4. F	lease rate the speaker(s). Consider their speaking ability, kn	owledge of su	bject, and vi	sual aides	used.
		Excellent	Good	Fair	Poor
Jodi	Cregger BSN/RN/Paramedic				
Kati	e Sparks RN				
	Now would you rate this program overall? Very Good			_ Poor	



#### **INSTRUCTOR'S**

#### **EDUCATION AND EXPERTISE**

#### **JODI CREGGER**

**424 NE 10 AVENUE** 

GREAT BEND, KS 67530

RN: 1991

BSN: 2019

FLIGHT NURSE FOR 20.5 YEARS, LIFESAVE EDUCATION COORDINATOR

BLS/ACLS/PALS/TNCC/ENPC/NRP/PHTLS/AMLS INSTRUCTOR CERTIFICATES

#### **KATIE SPARKS**

365 Arrowhead Road

**CLYDE, KS 66938** 

RN: 1991

FLIGHT NURSE FOR 15 YEARS LIFESAVE

ACLS/PALS/TNCC INSTRUCTOR CERTIFICATES

#### **GREG BARNES**

611 S. High

Pratt, KS 67124

Paramedic: 1991

FLIGHT PARAMEDIC FOR 19 YEARS

ACLS/PALS INSTRUCTOR CERTIFICATES