

PALTC22 EVALUATION RESPONSES TO WHAT ISSUES / PROBLEMS DO YOU WANT AMDA TO ASSIST WITH

What issue(s)/problem(s) in your practice do you want the Society's education to help you resolve? (i.e. How to implement QAPI meetings.)	Who is involved in with the issue(s)/problem(s)? Check all that apply:	Other:	What strategies have you implemented to overcome the issue(s)/problem(s)?
Affiliated Organizations/Relationships with Other Organizations/Providers			
How better to work with affiliated entities so that I can better understand their needs, barriers, and objectives. (NHs, hospitals, assisted living, home care, specialty areas (especially dialysis, transfusion centers, imaging, transportation, etc)	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician; Other:	insurer (especially with value-based programs, like ISNP)	A lot of discussion with a lot of internal and external entities
How to improve hospital: SNF relationships	Entire Staff		Tried many but cultures and goals are so different....
Interface with hospice programs.	Administrator; DON; Medical Director; Other:	Hospice organizations.	
Navigating the interaction between academic institutions and LTC facilities/getting support from academics to teach in this setting	Administrator; DON; Attending Physician		
Behavior Management/Mental Health			
Management of behavior in Dementia			
Access to mental health services in LTC have worsened and this is devastating during times of isolation such as the pandemic.	Administrator; Medicare		Telemedicine visits and attempting to involve medical students in patient interactions
Behavioral health	Administrator; DON; Entire Staff; Family; Medical Director; Patient		
How to teach behavioral mgmt to nurse aides.	DON; Entire Staff		
I think hands on approaches to BPSD. Too much of the lectures are on medications (use and disuse) but not enough is on actual hands-on techniques. Teepa snow has an amazing program	Administrator; DON; Entire Staff; Family; Medical Director; Patient; Attending Physician		PIP on Antipsychotics, robust activities and therapy techniques, music and memory, positive approach to care certification
Provide more education re: complex behavioral issues to front-line staff.	Entire Staff		STAR-VA training, one on one education, deep dives of ongoing behavioral issues
Clinical			
Changing orthopedic standards to hip replacement (total or partial) after hip fracture instead of pinning	Entire Staff		Spoke to some orthopedic colleagues

CMS's QMs need review and restructure. They are out of date relative to the people we care for, the style of care we provide and the medications we now have access to.	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician; Other:	CMS, FDA	
Compliance with C 2 management. I really need to find out how to better serve patient when transitioning from hospital to SNF. I do pain management and addiction medicine at multiple SNF's. I worry about compliance. DEA does not have a "three day rule" to send opioid to a new patient arriving to a facility.	Other:	DEA	Lawyers and consultants
Deprescribing (4)	Entire Staff; Family; Attending Physician		Meeting with pharmacist on weekly bases to review patients' medications. Educating patients about their own medications use and the adverse effects of Polypharmacy. Educating the nursing staff and DON about Polypharmacy.
Further information on the evidence for cannabis for symptom management and the various forms in which it might be available if the evidence suggests efficacy and a risk benefit value.	Administrator; DON; Entire Staff; Family; Patient; Attending Physician; Other:	APPs	None until there is a change in federal statutes
How to move beyond covid.	Administrator; DON; Attending Physician		None Yet.
How to reconcile DC meds from hospital while admitting a new patient to SNF - can pharmacy coordinate accurate med list from hospital pharmacists	Administrator; Medical Director; Attending Physician		Trying to get pharmacy help with that
Up-to-date with recent trends and evidence-based practice	DON; Family; Medical Director; Patient; Attending Physician		
Seizure management.	Administrator; Medical Director; Attending Physician		Began to increase knowledge in seizure management.
Lecture topic: Management of the geriatric alcoholic in post-acute care after detox. Need resources and framework for after SNF care and how to approach addiction in SNF while in post-acute setting.	Entire Staff; Medical Director; Attending Physician		
More involvement with other clinicians in facilities to meet goals- such as antibiotic and antipsychotic stewardship.	Administrator; DON; Medical Director; Attending Physician		
Ongoing support for recognizing and acting on change in condition.	Administrator; DON; Entire Staff; Family; Medical Director; Patient; Attending Physician		Conversations with nursing leadership

Our biggest problem where I work right now are numerous medication errors happening at time of transition, usually from hospital to paltc.	DON; Attending Physician; Other:	PA/ NP	My colleague and I (we are both APPs) have taken upon ourselves to see each new admission to our SAR unit within 1-3 days after arrival for a TOC visit to review and adjust errors in med lists.
SDOH, sex among residents	Entire Staff		
Wound care (3)	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician		I plan to improve the current situation of nursing home of falls and UTI
Culture Change			
Bringing leadership together	Administrator; DON; Medical Director		none
Dealing with an administration that doesn't want or respect my input.	Administrator		Personal meetings. Tried to contact other medical directors without success.
Disconnect between Nursing working with CNAs in the collaborative care of patients	Administrator; DON; Entire Staff; Medical Director; Attending Physician		
Engaging all staff. Would love to see Life Care Centers send representatives from Nursing, CNA, DON, MSS, etc.	Administrator; DON; Entire Staff; Family; Medical Director; Other:	Corporate	Discussed recommendation at monthly Process Improvement Meetings.
Getting admin & DON buy-in to focus more on issues I feel are helpful for real clinical outcomes and not just scoring well on state survey	Administrator; DON; Family; Attending Physician		
Be a more effective leader	Administrator; DON; Entire Staff; Family; Patient; Attending Physician		I continue to learn better ways to listen and bring ideas that people want to engage in.
How to set better rapport with medical directors when you are an adjunct MD/NP team. Should we have monthly or quarterly meetings? How do we request when Med Dir is not very involved in a building where we see patients?	Medical Director; Attending Physician; Other:	NP/PA	
I would like to see more offerings on interprofessional practice.	Administrator; DON; Entire Staff; Medical Director		Open communication, will now work on bringing the nonviolent communication to my centers
IDT engagement, expertise and accountability	Administrator; Entire Staff; Medical Director; Attending Physician		Education; Meetings
Leadership education	Administrator; Medical Director		Adjustment of leadership style
My employer does not recognize the value of APPs in our setting	Administrator		

Navigating crucial conversations, when your boss or administrator creates an unreasonable ask of you or staff	Administrator		
Once again, corporate ownership of nursing homes is stymieing medical director efforts. We need to send a message to them to be collaborative and not authoritarian.	Administrator; DON; Entire Staff; Medicare; Medical Director; Attending Physician		
Physicians overseeing care and NOT administration. Admin does not consult with us regarding patient care and makes decisions based on the cost of the bed, not the outcome of the patient	Administrator		There aren't any that I know of. that is why I would like the Society to address it more often
Providing leadership and professional development to difficult clinicians	Administrator; Other:	COO and other physicians in leadership	Direct communication with the provider, offered alternative solutions, but no behavior changes yet
Resistance from staff	Entire Staff		Education
Ethics			
Ethics issues in SNF patient management	Medical Director		Inconsistent availability of hospital committees
EHR/IT			
I have some documentation templates but would like to know what others are doing in gEHRiMed, PCC and Matrix.			
Use of PCC for only EMR on site. Currently using PCC for nursing and orders but Practice fusion for documentation & billing	Administrator; Medical Director		Don't have a voice at the table
Use of telemedicine in PALTC			
Customizing PCC dashboard to physicians getting data from pcc in a useful fashion	Other:	IT	complaining
EHR interoperability	Entire Staff		Tntc
EMR interoperability and Immunization record.	Administrator; Other:	Federal, state govt	
How to document difficult situations in the medical record	Entire Staff		Documentation in progress note by RN supervisor
Would like to see comprehensive session on how to maximize use of Point Click Care as a medical director since it is in 95% of my homes.	Administrator; DON; Entire Staff; Medical Director; Attending Physician		Learn more about PCC
Medical Directorship			
Appreciation as Medical Director & empowering Medical Directors (3)	Entire Staff		Improved involvement in processes at the facility.
Assist with medical director standardization/define role within my facility (2)	Administrator; DON; Entire Staff; Medical Director; Attending Physician		Task force to solve this for our group
Align Medical Director priorities with other key stakeholders (DON, ED, COO, CEO, CFO)	Administrator; DON; Medical Director; Other:	CEO, COO, CFO	

Make CMD a requirement (4)	Medicare; Government; Medicaid		
Continue to advocate and develop innovative ideas for facilities to improve the quality of care they provide. Ensuring medical directors are a key part of this process as we all come out of the COVID pandemic hopefully	Administrator; DON; Entire Staff; Medical Director		
Continue to help ownership also understand the value of medical directors. There is more profit organization ownership that needs to pay attention to the value of the Medical Director and not just the referring source potential.	Administrator; DON; Entire Staff; Family; Medical Director; Patient; Attending Physician		And ongoing problem and I dynamic corrective potential. Continue to show the quality care generates referrals and not just politics. Need total building cooperation to get a good result product. Again and so dynamic process that needs to continually be updated.
Ongoing CMD challenges	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician		Emotional intelligence
Once again, corporate ownership of nursing homes is stymieing medical director efforts. We need to send a message to them to be collaborative and not authoritarian.	Administrator; DON; Entire Staff; Medicare; Medical Director; Attending Physician		
How to survive a Medicare Audit	Medicare		
Integration of the medical director in the rapidly evolving face of long-term care; ACO etc.	Entire Staff; Medicare; Medical Director		
Medical direction in small nursing homes.	Administrator; DON; Entire Staff; Medical Director; Patient; Attending Physician		
What makes an ideal medical Director report	Medical Director		
Medico-Legal			
More medico-legal seminars to help Medical Directors and facilities avoid legal problems	Administrator; DON; Medical Director; Attending Physician		Discussed at QAPI meetings when relevant
Other Practice Types/Assisted living			
Rise of ISNPs	Entire Staff; Medicare		
Structures basic physician and provider need to know skills and training that highlights how different it is in SNF/LTC than other practice environments.	Attending Physician		I train a very limited dedicated group myself.
ACO's, Health care financial issues, home care, hospital at home	Administrator; DON; Medical Director; Attending Physician		Work with my state AMDA affiliate
AMDA/PALTC needs to lead in the reimagining of long-term care in this nation. SNF/LTC institutions are on the wane, but what does the "replace" look like, how does it work, and how is it paid for?	Entire Staff; Family; Medicare; Patient; Other:	Legislators at both the State and Federal levels.	Working with multiple, aligned organizations.
Anything related to assisted living, particularly appropriate quality measures and medical oversight.	Administrator; Medical Director; Patient; Attending Physician		

Competencies for providers working in ALFs	Attending Physician; Other:	APPs	Regular meetings with our practice manager and ALF leadership
Patient-Centered Care			
Continued process improvement regarding family and patient communication.	Administrator; DON; Medical Director; Patient		Continued QAPI and staff feedback.
How to best address D/E/I issues in the nursing facilities.	Administrator; DON; Entire Staff; Family; Medical Director; Patient; Attending Physician		nothing
How to do value-based care	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician		Frailty score Telemedicine
Patient/Family			
Continued process improvement regarding family and patient communication.	Administrator; DON; Medical Director; Patient		Continued QAPI and staff feedback.
Managing difficult administrative staff and families.	Administrator; DON; Family		Nothing yet.
Not to be intimidated by families Do the right things Good attitude towards patients	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient		More interaction with families and other team members
Pt family	Entire Staff; Family		
QAPI/QI			
How to implement QAPI meetings (4)	Entire Staff		
How to be more effective in QAPI (3)	Administrator; Entire Staff; Medical Director		Ask each member of the IDT appropriate questions when it's their turn to increase their contribution to the meeting. Difficult due to high turnover in leadership
Develop and implement a practical stepwise process to assist our QAA Committee. to truly progress from ongoing QA to true QAPI	Administrator; DON; Entire Staff		Attempted to introduce QAPI tools/processes at QAA mtgs. gradually over the yrs. with minimal traction obtained.....primarily related to absence of any Corporate/NHA/and/or DON/Staff support.....
How to evaluate outcomes from QAPI projects and to use those outcome measures towards future research studies.	Other:	Its system issue as LTC is heavily regulated.	
How to identify motivated staff or motivate staff to pursue QAPI programs. Tips on motivational interviewing to help residents better understand and accept change.	Entire Staff		As a pharmacist, I revised my monthly note to focus on deprescribing. I created a workgroup composed of staff nurses, NP, and PharmD (myself) to advance non-pharmacological

			measures in our units. Then COVID hit, our service chief left, our NP relocated, and our nurses were understaffed.
Quality improvement	Administrator; Entire Staff; Medical Director; Patient; Attending Physician		Interdisciplinary meeting
Training new staff for QAPI, improving culture around QAPI	DON; Entire Staff; Medical Director; Patient		
Would love more QAPI info - this year's "Cwazy for QAPI" was one of my favorite sessions			
Use of quality tools such as run charts.			
Regulatory			
Advocacy to state regulators who make the rules without any input from medical providers	Other:	state regulatory bodies	
Keep up with the policy and procedure advice. I also follow emails closely including the PULSE, ALTC, CMS, CDC and others.	Administrator; DON; Entire Staff; Medical Director; Attending Physician		Fostering teamwork and keeping sharing of resources for the Committee
Upcoming Regularity scrutiny in our homes	Administrator; Entire Staff; Medical Director; Patient; Attending Physician		
Reimbursement/Financial			
Billing/Coding (4)	Entire Staff		
How do we access civil penalty monetary funds for program development in the nursing home. I've not been successful even with established programs such as bathing without a battle and music and memory. Why is it so difficult? I'm not a professional grant writer I just want to help my residents.			
ACO's, health care financial issues	Administrator; DON; Medical Director; Attending Physician		Work with my state AMDA affiliate
How to manage medical expenses in the ALF setting.	Administrator; DON; Medicare; Patient; Attending Physician		troubleshooting lab ordering/reporting processes
Research/Data			
Improving medical care through dissemination of outcomes of clinical trials in PALTC.	Medical Director; Attending Physician		I attend AMDA annual conference and read JAMDA and use new knowledge to improve practice in my facility.
Recruitment of participants in programs and research	Entire Staff		
Utilize data	Administrator; DON; Entire Staff; Family; Medicare; Medical Director; Patient; Attending Physician		None

Staffing

Continue to address the role of the CNA in general care and care plan delivery efforts. (2)	Administrator; DON; Entire Staff; Medical Director; Patient; Attending Physician		I have created a questionnaire that I will try to give to a group of CNA's that will explore their training, morale, team membership, and career satisfaction.
Creation of Nursing homes Medical Staff Bylaws	Administrator; DON; Medical Director; Attending Physician		
Frontline tools, CNA education/engagement	Administrator; DON; Medical Director		
More money for CNAs and better educational opportunities for nursing. Would like to see AMDA help administrators as much as physicians.	Administrator; DON; Medical Director		
Staffing is an issue (3) Help to improve the recognition, pay reform for CNAs and LPNs in LTC: WE NEED THESE FOLKS current generation would rather work at fast food or big box stores - no more career CNAs			
Recruiting - obviously a big ask	Administrator; Medical Director		
Speak to leadership regarding turnover in administrator	Other:	corporate leadership	Have spoken to CEO Will set up meeting with individual
Like everyone else, staffing is the main issue we deal with today. The Society per se can't resolve it however heading the best practices and solutions our colleagues have come up with is very valuable.	Administrator; DON; Entire Staff; Family; Medical Director; Patient; Attending Physician		Education, training, recognition and support for staff, has helped with retention.
How to provide MD/NP/PA coverage to a SNF when number of residents varies as well as acuity over time and need to make sure clinicians are productive	Medical Director		