

Thank you to our 2022 LeadingAge Kansas Partners



LeadingAge Kansas
Weekly Webinar
April 29, 2022



KFMC Health Improvement Partners

KFMC's Partnerships to Improve Quality of Care



4/29/2022



Who is KFMC Health Improvement Partners?

Kansas Foundation for Medical Care was founded in 1972 to ensure that health care services provided in Kansas were of acceptable professional quality

- **Our Mission**

- As health improvement partners, we inspire meaningful change and sustained high performance.

- **Our Vision**

- Best health outcomes for everyone.

- **Our Promise**

- As your health improvement partner, the expertise and knowledge we share, the actions we take, and the recommendations we make all lead to meaningful change in your organization. Together, we will ultimately improve health for everyone – for you, your staff, your organization, your patients and your community.



Your KFMC Team



Brenda Groves
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Advisor



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Project
Coordinator



CMS QIN-QIO Partners

- KFMC is a partner of the Health Quality Innovation Network.
- The Health Quality Innovation Network (HQIN) helps providers improve clinical and operational performance through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network- Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs.
- HQIN is operated by Health Quality Innovators which is funded by CMS to deliver improvement services at no cost to your organization.



Health Quality Innovation Network

HQIN participants are improving patient outcomes while contributing to national goals for:

- Improving care coordination
- Increasing patient safety
- Advancing nursing home quality
- Managing chronic disease
- Reducing opioid deaths
- Preventing COVID-19 and other infections
- Increasing access to behavioral health



Nursing Home Focus Areas and Benchmarks

- Current contract focus areas
 - Decrease opioid prescribing (for prescriptions ≥ 90 MME daily) in long-term care by 12.5%
 - Reduce the rate of ADE in nursing homes serving high risk FFS Medicare beneficiaries by 13%.
 - Reduce ADE in nursing homes by 15.2%
 - Improve by 11% the mean total quality score for all nursing homes, reduce by 41% the percentage of nursing homes with a total quality score of 1258 or less.
 - Reduce healthcare-related infections in nursing homes
 - Improve immunization rates for NH residents
 - *Developmental*: Reduce hospitalizations for nursing home onset C. difficile

CMS Targeted Quality Improvement Initiatives

- As part of the CMS response to COVID-19, HQIN also provides technical assistance to nursing homes that have been identified by CMS as a targeted referral due to an outbreak or low COVID-19 vaccination and/or booster rates
- Currently in Kansas
 - Active Outbreak Referrals- 103
 - COVID-19 Vaccine Referrals- 109
 - COVID-19 primary series for staff (20 homes)
 - COVID-19 booster for residents (89 homes)

HQIN Quality Improvement Resources and Tools- Medication Safety

- Medication Safety
 - Antibiotics
 - Anticoagulants
 - Antidiabetics
 - Opioids
 - Psychotropics

Opioid Adverse Drug Events Self-Assessment


Complete each field below to assess your organization's commitment to preventing opioid ADEs. Download the [Plan-Do-Study-Act Worksheet](#) to assist in your improvement efforts.

What are your program strengths?

What areas need improvement?

Are you willing to commit to implementing or reviewing your existing huddle process with direct care staff?

Question <i>(Check the "Y" and/or "NI" box(es) to designate Yes and if the area Needs Improvement)</i>	Y	NI	Comments
Is there an assessment and determination of pain etiology?			
Does the resident's pain management regime address the underlying etiology?			
For a change in mental status is there evidence that a physician conducted an evaluation of the underlying cause, including medications?			
Is there a system for ensuring that residents are routinely assessed for pain, including monitoring for effectiveness or pain relief and side effects of medication (e.g., over-sedation, constipation)?			
If receiving PRN and routinely, is there consideration for the timing of administration of the PRN?			
Can staff describe signs/symptoms of over sedation?			
Is there a system for ensuring "hand off" communication that includes the resident's pain status and time of last dose?			
Do the resident, family, and direct caregivers know signs and symptoms of over-sedation and steps to take if noted (e.g., alert the nurse)?			



Opioid Tip Sheet for Frontline Nursing and CMT Staff

Risk Factors


These increase the potential for ADEs. Multiple factors increase risk.

- PRN or routine use of opioid medication
- Opioids used in combination with sedatives or other opioids
- History of opioid abuse
- Opioid tolerance
- Severe pain
- Low fluid intake/dehydration
- Low body weight
- History of head injury, traumatic brain injury, or seizures
- Recent abdominal surgery
- Advanced age
- Diagnosis of dementia, Parkinson's, multiple sclerosis, or quadriplegia
- Decreased mobility

Signs and Symptoms

Any of these may indicate an ADE may have occurred.

<p><u>Change in mental status/delirium</u></p> <ul style="list-style-type: none"> • Falls • Hallucinations • Delusions • Disorientation or confusion • Light-headedness, dizziness, or vertigo • Lethargy or somnolence • Agitation • Anxiety • Unresponsiveness • Decreased BP, Pulse, Pulse Oximetry, Respirations 	<p><u>Prolonged constipation, ileus, or impaction</u></p> <ul style="list-style-type: none"> • Abdominal pain • Headaches associated with symptoms above • Diarrhea or leaking stool • Decreased bowel sounds • Nausea/vomiting • Decreased or absent ability to urinate • Rapid heartbeat • Sweating • Fever • Low or elevated BP
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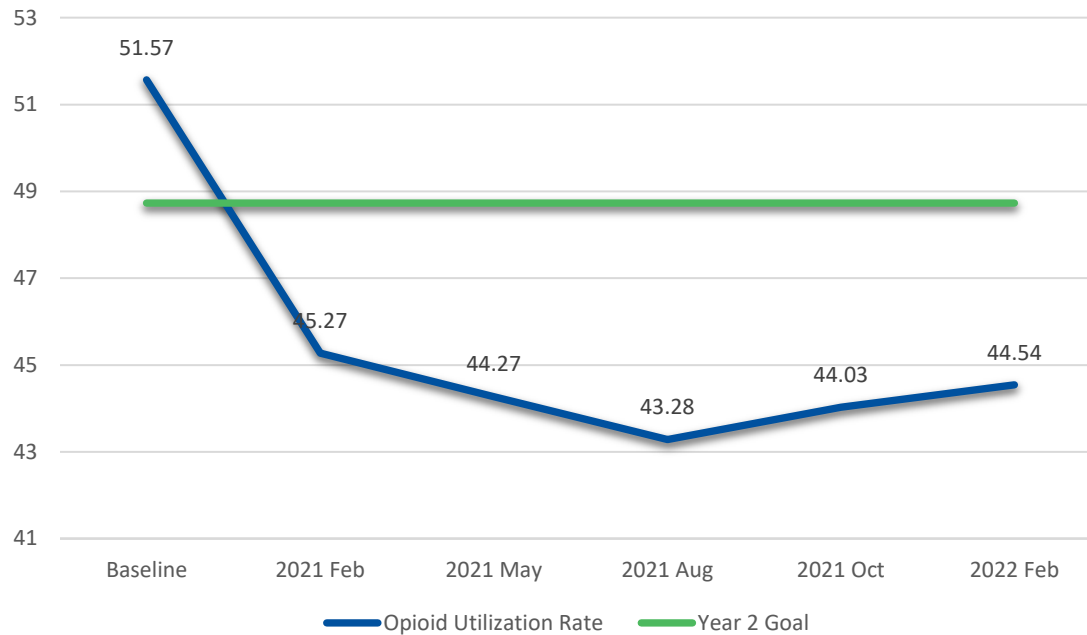


<https://hqin.org/resources/>

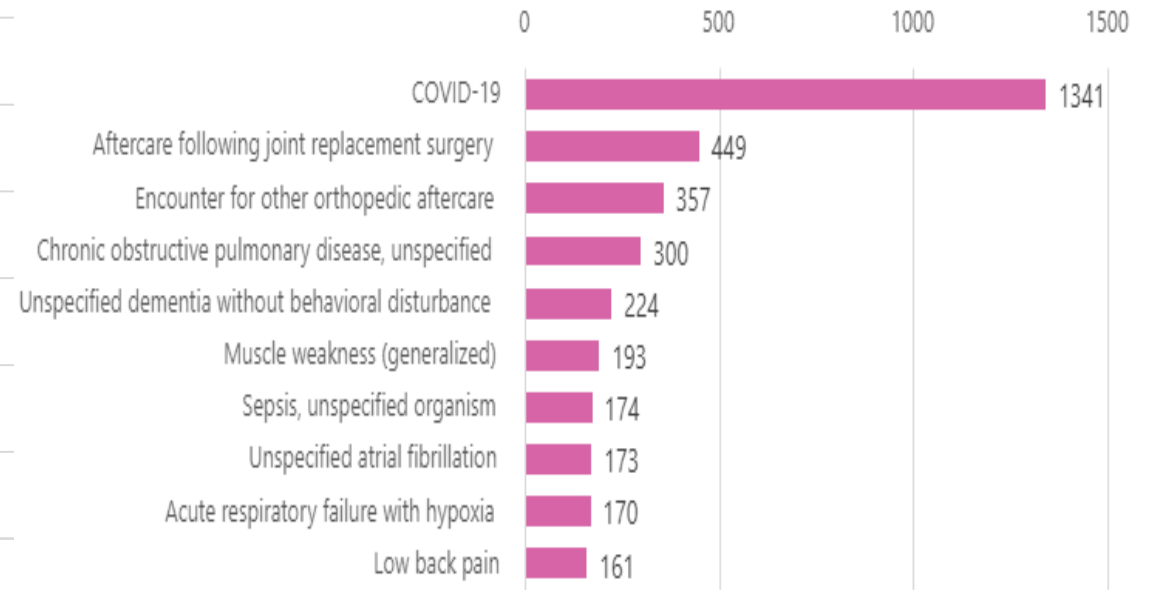
Opioid Utilization Rate in Kansas



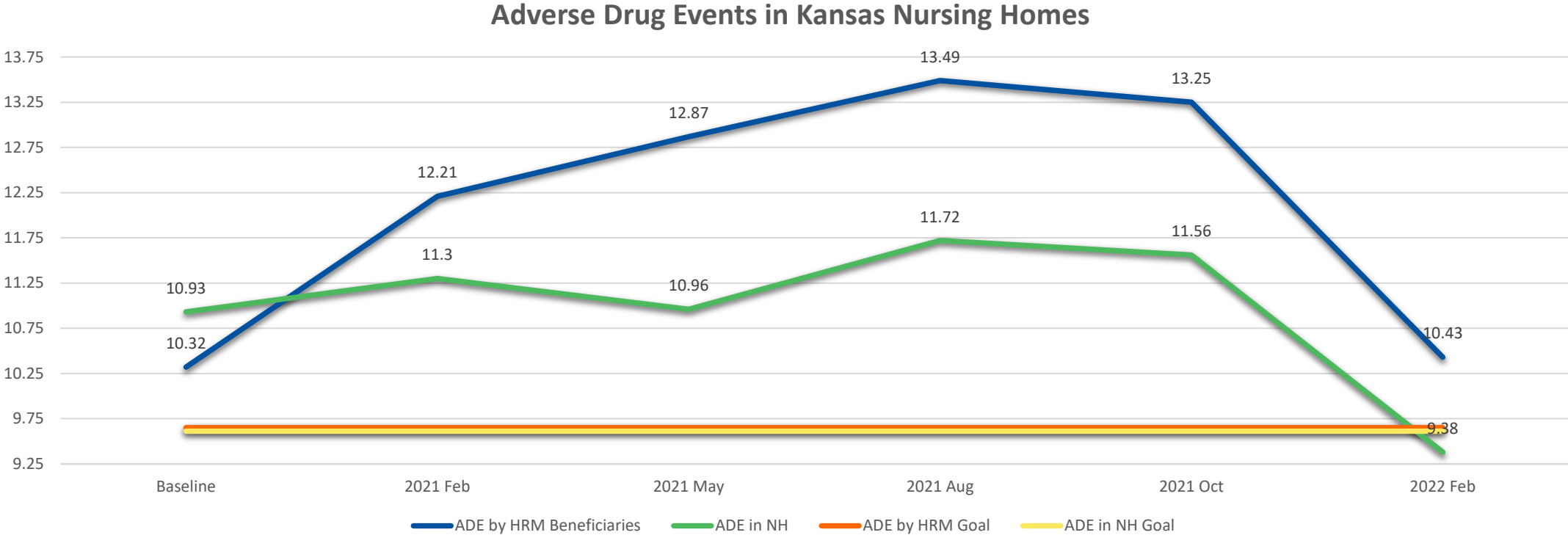
Opioid Utilization in Kansas Nursing Homes



Top MDS Diagnoses for Residents* Receiving Opioids

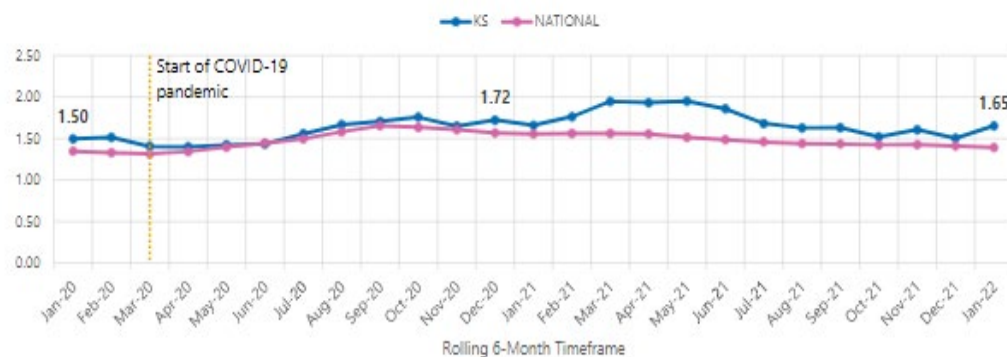


Adverse Drug Events in Kansas

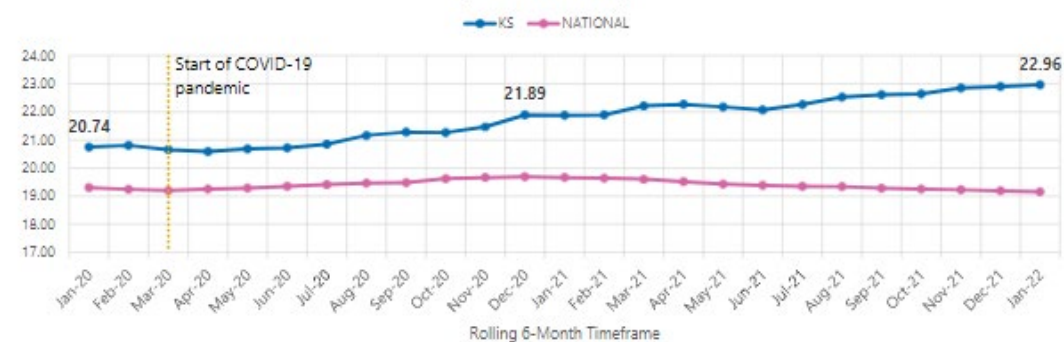


Psychotropic Medication Usage in Kansas NHs

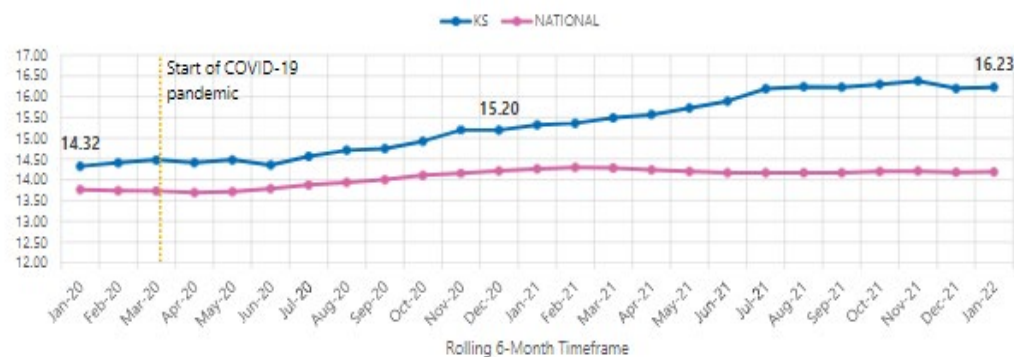
Percentage of Short-Stay Residents Who Newly Received an Antipsychotic Medication (CMS ID: N011.01)



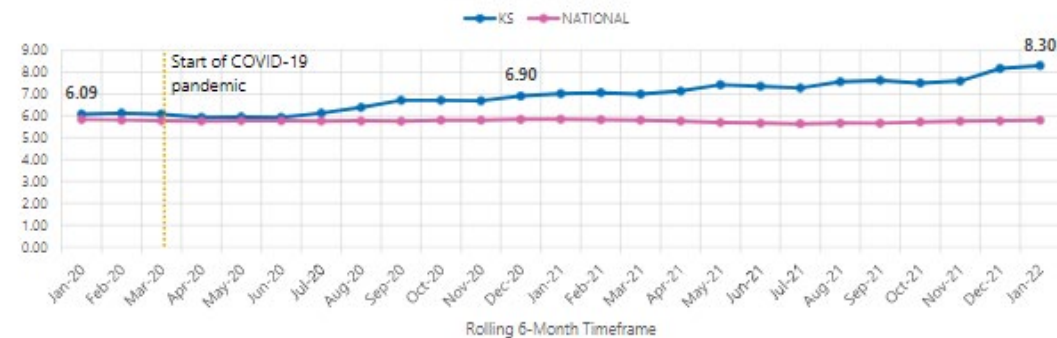
Percentage of Long-Stay Residents Who Used Antianxiety or Hypnotic Medication (CMS ID: N036.01)



Percentage of Long-Stay Residents Who Received an Antipsychotic Medication (CMS ID: N031.02)



Prevalence of Antianxiety/Hypnotic Use Among Long-Stay Residents (CMS ID: N033.01)



HQIN Quality Improvement Resources and Tools- Rehospitalizations and Sepsis

- Sepsis
 - Admission Risk Assessment
 - NH Sepsis Gap Analysis
 - Sepsis toolkit with pocket cards for staff education
 - Resident and family education guide
 - SBAR Communication tool
 - Toolkits for antibiotic stewardship
 - Webinar series

Nursing Home Sepsis Gap Analysis

Element	Yes	No	N/A	Comments
Leadership Support				
1. Do you have a sepsis program? If yes, please describe in comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does your sepsis program have leadership support, i.e. administrator, medical director, medical staff, clinical staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Committees				
4. Do you report on sepsis at?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Quality Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Infection Control Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you share infection or sepsis data with staff? If yes, list type of data under comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you share information with patients and families? List how under comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education				
7. Do you have a sepsis early recognition training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. If No, do you need assistance setting up a training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does nursing staff have an annual competency for sepsis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you utilize skills days for nursing assistant sepsis training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. What are the tools you use to train staff, i.e., INTERACT, Seeing Sepsis 100, or other? List under comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Do you have sepsis education materials for staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do you have sepsis education materials for patients and families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Early Identification of Sepsis & Infection Risk				
11. Does your admission nursing assessment include an infection and sepsis risk assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you audit the admission nursing assessment to ensure it is completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SBAR Communication for Possible Sepsis

SITUATION

My name is: _____
 I'm calling from (facility): _____
 Name of Physician/Prescriber contacted: _____
 I need to speak with you about resident (name): _____
 Resident Age: _____

BACKGROUND

The resident was admitted on _____(date) with the diagnosis of: _____
 The resident also has the following co-morbid conditions/diagnoses: _____
 The resident is now showing these signs of possible infection: _____

(describe the signs and potential source of infection)
 This started on _____(date)
 The resident is currently on, or recently completed PO or IV Antibiotics:
 • Antibiotic Name, Dose, Route: _____
 • Antibiotic Name, Dose, Route: _____
 The resident is allergic to: _____
 The resident's advance care directive is _____

ASSESSMENT (describe key findings)

My assessment of the situation is that the resident may be experiencing a new or worsening infection. Here are my findings.

Vital Signs	
Temp: _____	Heart Rate: _____ BP: _____
Respiratory Rate: _____	SpO2 % (Pulse Ox): _____
Current Weight: _____	
Other Factors	
Blood Sugar: _____	Foley (Y/N): _____ Last BM Date: _____
Current Labs/Recent Cultures: _____	

Mental status is (changed/OR unchanged) from baseline: _____
 Possible sources of infection: _____
(e.g., lung sounds, wound assessment, urine characteristics, other)

RECOMMENDATION (REVIEW AND NOTIFY)

I am concerned that this resident may have sepsis.
 Would you like to order any labs, IV fluids or treatments? _____
 How often should vital signs be performed? _____
 What vital signs parameters would initiate an immediate notification to you? _____
 If no improvement, when would you want us to call you again? _____
 Additional Orders received: _____

Before Calling the Prescriber

Evaluate the resident and complete this form.

- ✓ Check vital signs; be alert for early sepsis warning signs.
- ✓ Review the resident record; recent hospitalizations; lab values, medications and progress notes.
- ✓ Note any allergies.
- ✓ Be aware of the resident's advance care wishes.

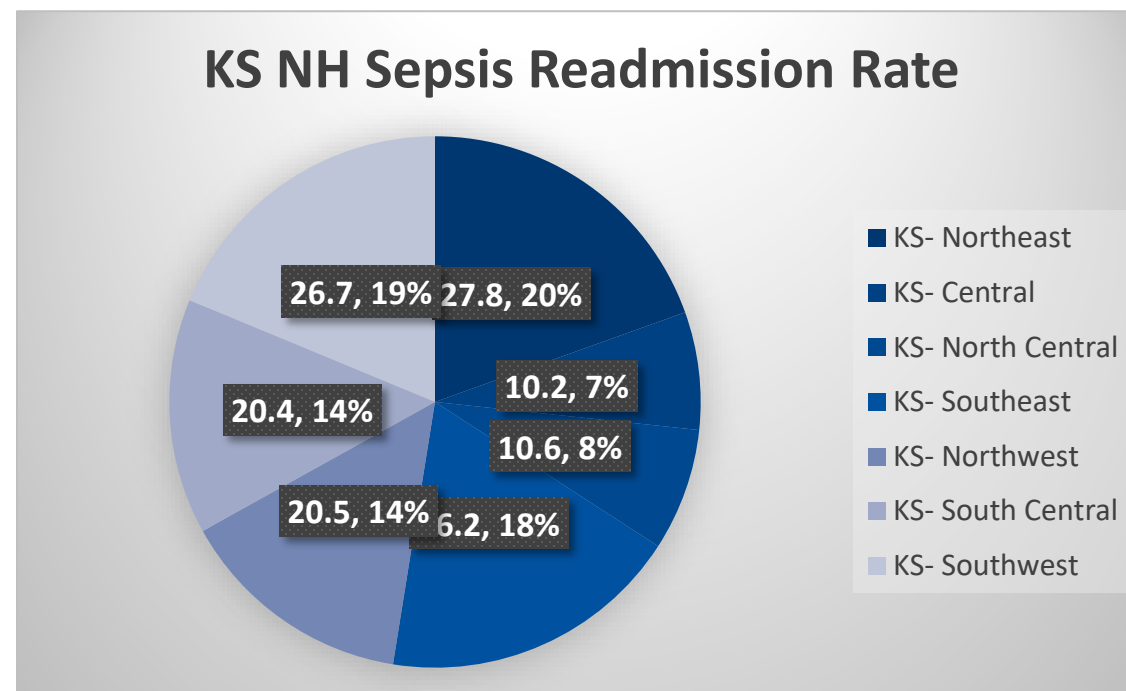
Sepsis Early Warning Signs

Temperature ≥ 100 F or ≤ 96.8 F
 Heart rate ≥ 100 bpm
 Respiratory rate ≥ 20 bpm
 White blood cell (WBC) count ≥ 12,000 µL⁻¹ or ≤ 4,000 µL⁻¹
 Altered mental status
 SpO2 (Pulse Ox) ≤ 90%
 Decreased urine output
 From recently drawn labs (within 24 hours)
 Creatinine > 2 mg/dl Bilirubin > 2 mg/dl
 Platelet count ≤ 100,000 µL⁻¹
 Lactate ≥ 2 mmol/L
 Coagulopathy INR ≥ 1.5 or aPTT > 60 secs

<https://hqin.org/resources/>

Readmissions and ED Utilization Rate- Sepsis

- HQIN is in the planning phases of a Sepsis workgroup
 - We are in the process of developing a Sepsis Sprint Series with the goal of launching in May 2022
 - Topic areas include early recognition of sepsis and Seeing Sepsis Toolkit
 - The series will include opportunities to engage both nursing homes and hospitals



HQIN Quality Improvement Resources and Tools- Quality Measures

- **Quality Measure Tip Sheets**
 - Long Stay Measures
 - Antipsychotic medication use
 - Catheter use
 - Depression
 - Fall with major injury
 - Flu and Pneumonia Vaccine
 - Incontinence
 - Percent of residents who need help with ADLs
 - Pressure injuries
 - Urinary Tract infections
 - Weight loss
 - Short Stay Measures
 - Changes in Skin Integrity
- **Pressure Injury Sprint Series**
- **Education on CMS 5 Star process**

Quality Measure Tip Sheet

Incontinence (Long Stay)

MDS Coding Requirements

- Look back period is 7 days.
- Frequently Incontinent of urine: resident was incontinent seven or more times but had at least one continent void.
- Frequently incontinent of bowel: resident was incontinent of bowel more than once but had at least one continent bowel movement.
- Always incontinent of urine and bowel: resident had no continent voids of urine or

Pressure Injury Inspection

Many studies show that darker pigmented skin is more likely to have pressure injuries discovered at Stage 2 or above. Identifying early skin damage by careful inspection is critical to positive outcomes.

A 2018 study by Kayser and colleagues found that the most common anatomic locations for medical device-related PIs are the ears and feet. The devices most likely to cause PIs include nasal oxygen tubes, casts and splints and CPAP/BiPAP masks. It's critical to inspect these areas more frequently.

Keep Your Eyes on the Skin!

You can make a difference in your daily routine to identify suspicious skin problems.

Don't work with blinders on - inspect the skin with every visit!

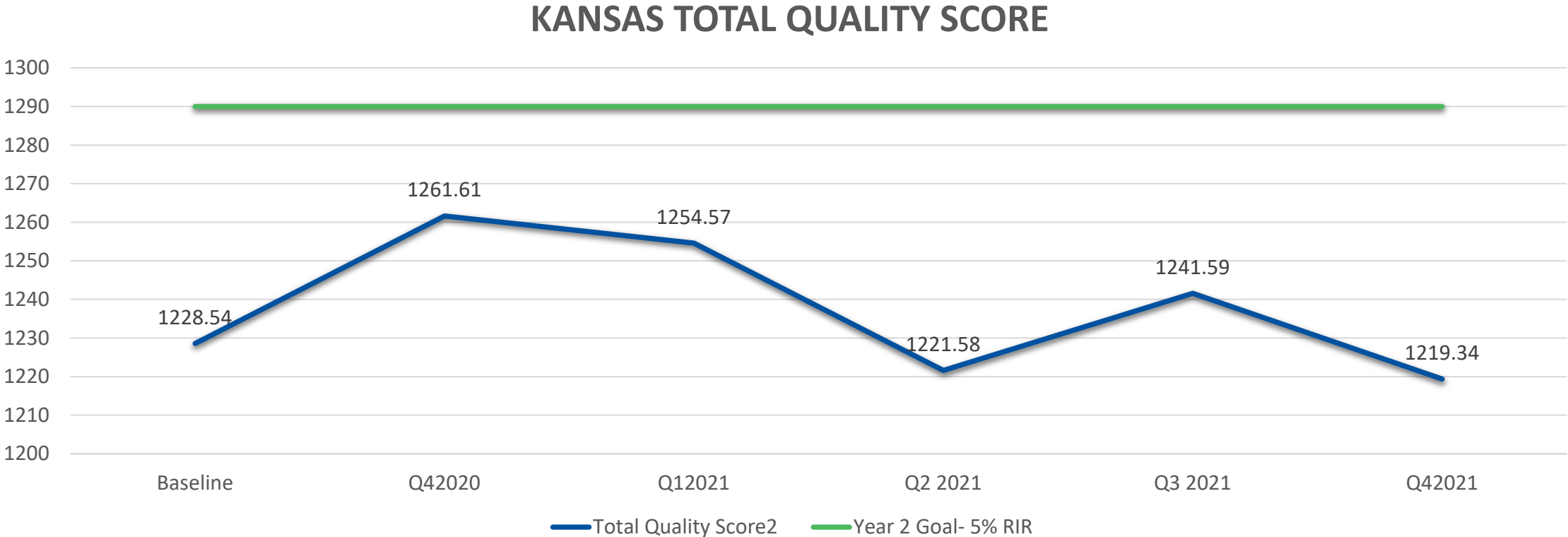
- Med pass: Is the resident positioned greater than 30°? Check skin under O2 tubing: is there pain or itching? During 1 p.m. med pass, is resident at same position noted at 9 a.m.?
- Pain assessment and decreased mobility (i.e., right hip fracture; needs right heel floated.)
- ADL care: Look at exposed bony prominences (heels, spine, etc.) **every time**. Report pain or itching.

Don't forget the basics!

- No positioning devices on bony prominences or PIs
- Use a flashlight and mirror for hard-to-see areas
- Careful inspection of all pressure points, including under medical devices, to identify signs of pressure
- Assess for blanching
 - In darkly pigmented skin, blanching by finger pressure may be inadequate as the pigment prevents visualization of blanching. Consider a clear plastic med cup to press on the areas so you can see blanching through the plastic.
- Touch areas to assess for redness, heat or cold, firm or boggy; especially important for darkly pigmented skin
- Ask resident about skin. Is there pain, itching, etc.? All are signs of early skin damage.
- Report all skin changes immediately so appropriate treatment can be initiated (i.e., drainage sock over ankle.)
- Don't forget to educate the resident and family

Do what you do best - take great care of your residents... they depend on you!

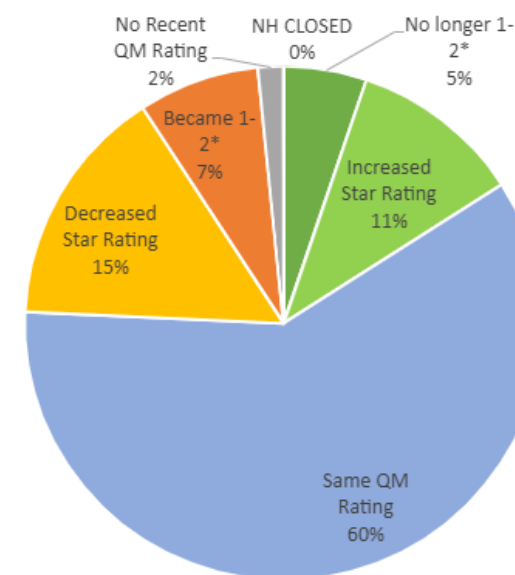
Total Quality Score for Kansas Nursing Homes



Quality Measures and Impact on CMS 5 Star Ratings

Measure Type	Data Source	Measure Description	Max Score	KS
Long-Stay	MDS	*Residents whose ability to move independently worsened	150	37.2%
Long-Stay	MDS	Residents whose need for help with activities of daily living has increased	150	39.9%
Long-Stay	MDS	Residents with one or more falls with major injury	100	44.6%
Long-Stay	MDS	Residents who received antipsychotic medications	150	49.4%
Short-Stay	SNF QRP	*Rate of successful return to home and community from a SNF (Claims based)	150	49.7%
Long-Stay	Claims	*Number of outpatient emergency department visits per 1,000 long-stay residents (Claims based)	150	50.8%
Long-Stay	MDS	Residents with a urinary tract infection	100	53.4%
Short-Stay	Claims	*Percent of short-stay residents who have had an outpatient emergency department visit (Claims based)	150	54.1%
Short-Stay	Claims	*Percent of short-stay residents who were re-hospitalized after a nursing home admission (Claims based)	150	55.6%
Long-Stay	Claims	*Number of hospitalizations per 1,000 long-stay resident days (Claims based)	150	58.8%
Short-Stay	SNF QRP	*Residents with new or worsened pressure ulcers	100	59.7%
Short-Stay	MDS	Residents who newly received an antipsychotic medication	100	62.5%
Long-Stay	MDS	*Residents with catheter inserted or left in bladder	100	63.4%
Long-Stay	MDS	High-risk residents with pressure ulcer	100	64.8%

CHANGE FROM LAST QUARTER



HQIN Quality Improvement Resources and Tools- Immunizations

- Immunizations
 - COVID-19
 - Influenza
 - Pneumococcal
- Resources and tools
 - Action Plans
 - National and local resources
 - QM toolkits
 - Webinar series

Infection Prevention and Control Action Plan Template

Facility Name: _____ Date: _____

TOPIC AREA		
<input type="checkbox"/> Antibiotic Stewardship	<input type="checkbox"/> Infection Control Surveillance	<input checked="" type="checkbox"/> Vaccination/Immunization
<input type="checkbox"/> Environmental Hygiene	<input type="checkbox"/> Staff Infection Exposure Prevention	<input type="checkbox"/> COVID-19 Staff Vaccination
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/> Testing/Screening, <u>Cohorting</u> Residents	<input type="checkbox"/> COVID-19 Resident Vaccination
<input type="checkbox"/> Isolation Precautions	<input type="checkbox"/> Visitors Restriction Infection Prevention	<input type="checkbox"/> Other



Conduct Root Cause Analyses for Each Identified Gap or Opportunity:

- Determine contributing factors, events, system issues and processes involved
- Utilize RCA tools as appropriate (e.g., 5 Whys, Fishbone, Cause & Effect Diagram)
- Conduct a Plan-Do-Study-Act (PDSA) to test the intervention, review results and adjust actions as needed

Identify Infection Prevention and Control Gaps & Areas of Opportunity:

- [Infection Prevention and Control Assessment Tool for Long-term Care Facilities \(CDC\)](#)
- Review previous survey findings, federal and state regulations and CDC updates for long term care facilities
- Check [CMS Quality Safety & Oversight \(QSO\) memos](#)

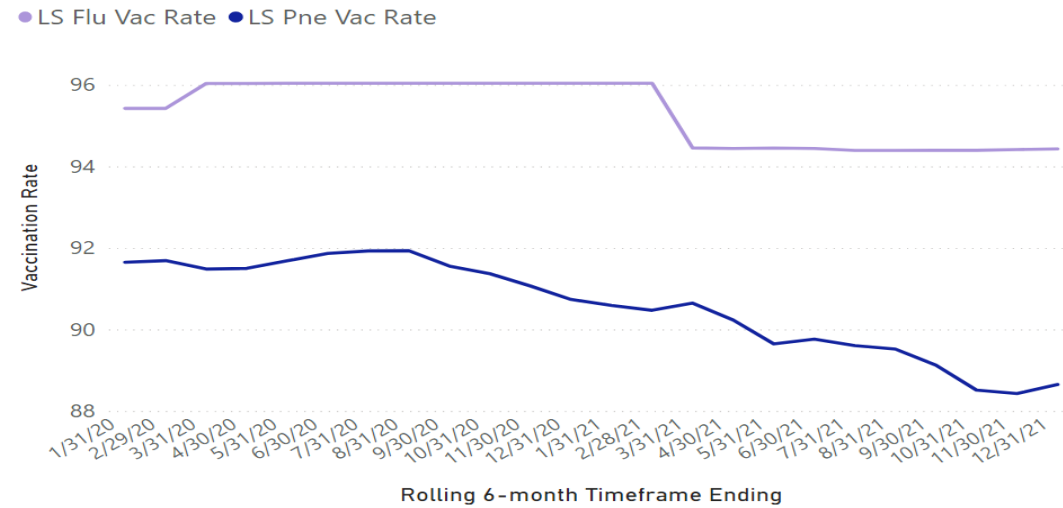
The sample RCA, actions, interventions, best practices and metrics illustrated here to address identified infection prevention areas of opportunity are solely intended as example guidance. Your team should perform an infection prevention gap analysis/risk assessment and build a customized action plan to best meet the needs of your specific organization and community.

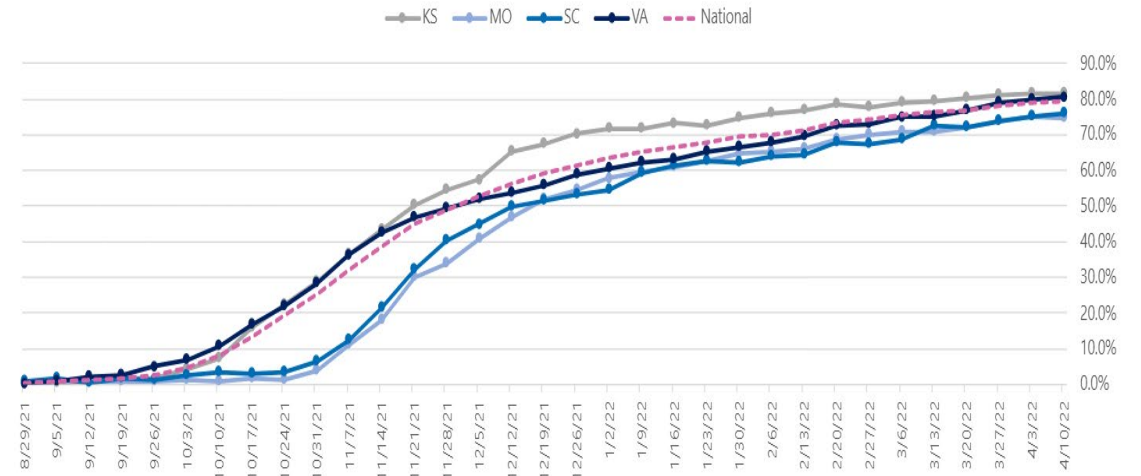
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Kansas NH Vaccination Rates

Long-Stay Influenza and Pneumococcal Vaccination Rates



Weekly Resident Booster Vaccine Rates for Statewide Nursing Homes

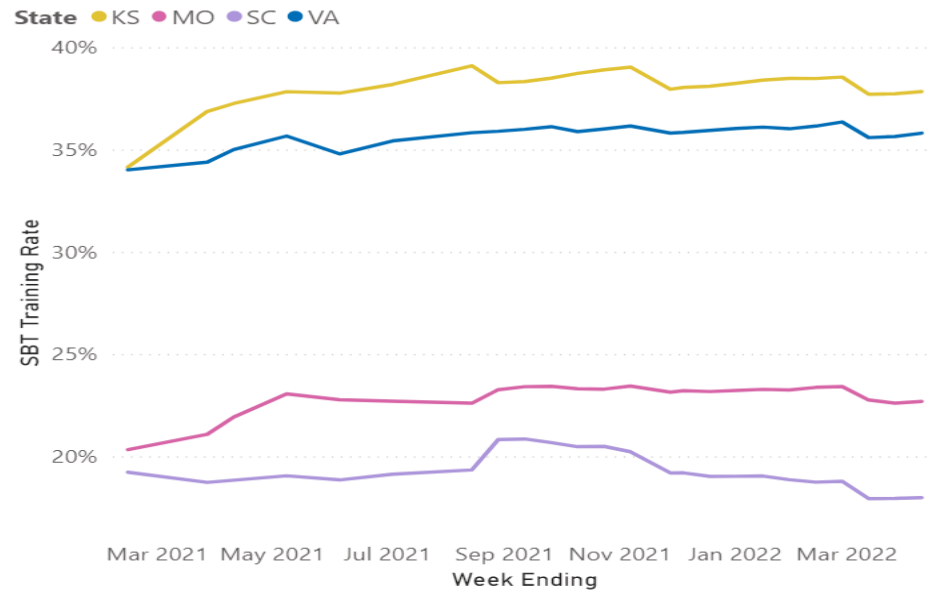


CMS Focus Area- Scenario Based Training

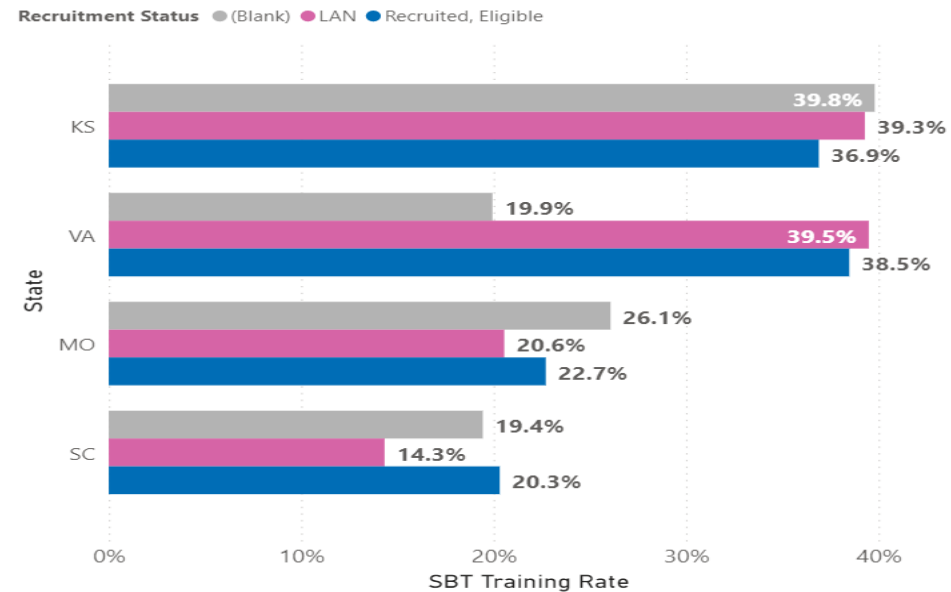
Scenario Based Training (SBT) Dashboard

4/10/22

SBT Training Rate for Recruited, Eligible Nursing Homes by State Over Time



SBT Training Rate by Recruitment Status and State for Most Recent Reporting Week



<https://qsep.cms.gov/>

Partnerships with Kansas Dept of Health and Environment

- KDHE – HAI
 - Open Office Calls
 - Project Firstline
 - APIC Reimbursement Program
 - ICAR assessments

KDHE

- Rapid Response Staffing Support Center



Open Office Hour Calls

Our open office hours will provide you access to mentors, resources and allow time to network with your peers.

We will:

- Listen and learn
- Ask questions freely and without judgement
- Problem-solve
- Learn from peers
- Share accomplishments and lessons learned



Project Firstline

This comprehensive infection control program is designed to provide foundational and practical knowledge to front line workers.

This 8 week series was facilitated over 30 minutes in a “lunch and Learn” format. The session topics covered in this series were:

- The Concept of Infection Control
- Basic Science of Viruses
- How Respiratory Droplets Spread COVID-19
- How Viruses Spread from Surfaces to People
- How COVID-19 Spreads: A Review – This session discusses how COVID-19 is spread.
- PPE Part 1: Eye Protection
- PPE Part 2: Gloves & Gowns
- Hand Hygiene



APIC Long-Term Care Infection Preventionist Essentials Reimbursement Program

The APIC essentials course provides in depth foundational content focusing on the building blocks of infection prevention and control knowledge and topics highlighted by CMS for IPs in long-term care. This offering provides 29.0 CNE's on completion and a certificate of course completion.

Eligibility Criteria:

- Applications will be reviewed on a first applied, first served basis as funding allows (limit \$270.00 per applicant).
- Applicants must provide their certificate of completion and receipt of training payment.
- Applicants must be taking the course for the first time; this funding is not applicable for repeat training costs.
- Individual has not received other funding in support of the reimbursement request in this application for funding (e.g. employer, grant funding).



Rapid Response Staffing Support Center (RRSSC)

- The Kansas Department of Health and Environment (KDHE) was awarded funds through the Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement funds to assist with supporting long-term care facilities, and state licensed homes, during their response to SARS-CoV-2 infections.
- RRSSC funds will be used to provide emergency, temporary staffing services to long-term care and state licensed nursing homes experiencing staffing shortages due to an active COVID-19 outbreak.

The RRSSC is only for staffing requests directly related to COVID-19 in which staff shortages are impacting resident care. Requests are submitted via a designated intake form, is limited to short term assistance, and is not intended to be a long-term staffing solution.



Partnership with KDADS

- Directed Plan of Correction
- KFMC Role
 - Our role is to provide free, individualized technical assistance with completion of the root cause analysis and systemic review of processes
 - It is not mandatory a home reach out to KFMC when a DPOC is received
 - KFMC does not share internal QI information with KDADS



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Better health outcomes for everyone.

Federal Update

- **CMS Nursing Home Calls.** CMS held a national nursing homes stakeholder call on April 27. See a summary of the call [here](#). On April 28, CMS held a SNF Open Door Forum on the SNF PPS Rule. Instant replay for this call is available until April 30 by calling 1-866-462-8997.
 - Individuals hired prior to June 7 must meet state-level requirements and pass the state exam by October 7 in order to continue working in the nursing home. Individuals hired on or after June 7 will have 4 months from the date of hire to become certified.
- **PRF Phase 4/ARP Rural Request for Reconsideration Deadline – Monday, May 2 at 11:59 PM ET**
- **Late Reporting for 2nd PRF Reporting Period:** HRSA has indicated that providers who failed to report on Provider Relief Funds received for the 2nd reporting period will have an opportunity to request the ability to report late.

State Update

- F888 federal inspector spotted in KC Area, no deficiencies noted this week
- KDHE plans to distribute excess inventory of POC tests to long term care facilities in May; details TBD
- Deadline at 5pm today (4/29) to apply for HCBS Workforce Incentive Program. Refer to <https://kdads.ks.gov/funding-opportunities> for guidance, files, and program information.

Legislative Update

Veto Session Update: Adjourned until May 23rd

- Budget committees approved an additional \$15 million in ARPA funds for nursing facilities to assist with staffing agency costs
- Exemption added for adult care homes in bill preventing mask requirements in government buildings
- Veto sustained for SB 286 which would have extended pandemic liability protections to January, 2023
- Legislature approved CCR 2387 which will prevent Governor from issuing a new RFP for MCO contracts

<https://bit.ly/3EEFTjP>

**OLDER
AMERICANS
MONTH**



AGE MY WAY: MAY 2022

OAM is an opportunity – a hook – to raise awareness of and share needed actions on two critical sets of issues:

- The lack of awareness of the many aging services options available to older adults seeking support
- The growing crisis in lack of access to those options for many older Americans as our country ages, the workforce shrinks and lack of funding keeps aging services options out of reach for many middle- and low-income families.

5-Star Reports for Nursing Homes

The 5-Star Analysis report explains the three components of the 5-Star rating including - inspections, staffing hours per resident day and the quality measures – and indicates where to focus improvement efforts to both improve resident care and increase your 5-Star rating.



LKS Member Benefit Spotlight

May 6th Weekly Webinar

Kansas Town Hall – LeadingAge National

- What are LeadingAge National's public policy priorities?
- What should they be moving forward?
- Your important input will be communicated with LeadingAge senior policy staff and the LeadingAge Board.

May 10th Webinar

Webinar: The Employee Retention Credit: The Biggest and Most Misunderstood Tax Incentive

Tuesday May 10th – 1:00 – 2:00

Presented by Silver Partner - alliantgroup

LeadingAge Kansas has partnered with alliantgroup to host an exclusive event to share updates regarding the single largest tax break available to American businesses, the Employee Retention Credit.

[Click to Register](#)

alliantgroup[®]

Live May 12th in Wichita

To register or learn more visit

[Resident To Staff Aggression Training \(leadingagekansas.org\)](http://leadingagekansas.org)

Resident to Staff Aggression: Prevention and Response Training



May 11th – June 15th Adult Care Home Operator Course

Brought to you by LeadingAge Kansas and GERTI

- *Mandatory Zoom Meetings May 11th and June 15th
- *Online classes run May 11th through June 14th

[Register Now](#)

Coupon code: LAKMAY2022 for a discount on your registration.

May 24th Webinar

A Path to Make Long-Term Care a Provider of Choice

1:00 – 2:00 PM

Define the important organizational attributes that meet the needs of the current workforce.

- Describe the “soft” benefits of working in aging services.
- Evaluate the employment culture of your organization.
- Identify actionable steps to reposition your employment readiness.

[Click to Register](#)

May 25th - New Member Orientation/ Refresher for Current Members

1:00 – 2:00 PM

Zoom

Join us to get to know LeadingAge Kansas staff, learn about the member benefits and hear about all the resources available to you.

[RSVP Here](#)

