

June 2023 Webinars

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Building the Digital Ecosystem: Understanding Foundations for Your Digital Transformation (G3031)

June 6 – 10 a.m.-11 a.m. Target Audience: CIO, IT

Speakers: Christopher Kunney, SVP Digital Acceleration, Divurgent

Sarah Brandt, VP Delivery, Divurgent

This webinar will show organizations how to advance their understanding of digital capacity. This session will also provide additional information on digital transformation in a way that engages stakeholders in support of the best outcomes for consumers, clinicians, and staff.

Learning Objectives

- Define and explain what impacts an organization's digital capacity.
- Discuss what stakeholders can do to engage with digital initiatives and why it is important.
- Explain your organization's definition of digital to gain buy-in and foster adoption.

Governance Responsibilities & Education (NC0607)

June 7 – 1 p.m.-2:30 p.m.

Target Audience: CEO, COO, CFO, CNO,CMO, board

Speaker: Pat Cook, BS, RPH, HACP, Senior Consultant, Head of Consulting Services, Courtemanche & Associates

Leading a health care organization is a team sport. It is essential that members of the Leadership Team understand their role of governance, their responsibilities, and what it takes to effectively run a healthcare organization. This webinar will address the essentials of effective governance and the ever-increasing focus on the top tier of health care leadership by regulatory agencies.

Restraint and Seclusion: Navigating CMS Standards and Proposed Changes (G3033)

June 13 – 9 a.m.-11 a.m.

Target Audience: CMO, CNO, compliance, ED, Joint Commission, medical records, quality improvement, risk, legal Speaker: Laura A. Dixon, BS, JD, RN, CPHRM, Risk Management and Safety expert

Restraint and Seclusion is a hot topic with both the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission (TJC) and is a common area where hospitals are cited for being out of compliance. Restraints are the number one area of deficiencies for a specific requirement in the CMS Conditions of Participation (CoPs). This program will discuss the most problematic standards in the restraint section.

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Any physician or provider who orders restraint must be trained in the hospital's policy. Both CMS and TJC require hospital staff to be educated on restraint and seclusion interpretive guidelines on an annual basis. CMS also says that restraint training must be ongoing, so the training should not only be provided at orientation.

CMS has 50 pages of interpretive guidelines on restraint and seclusion for hospitals. Every hospital that accepts Medicare patients must comply with the interpretive guidelines, even if the hospital is accredited by the Joint Commission, HFAP, CIHQ, or DNV Healthcare. This program provides a crosswalk to the Joint Commission standards.

Learning Objectives

- Define the CMS restraint requirement of what a hospital must document in the internal log if a patient dies within 24 hours of having two soft wrist restraints.
- Recall that CMS requires all physicians and others who order restraints must be educated on the hospital policy.
- Describe that CMS has restraint education requirements for staff.
- Discuss that CMS has specific things that need to be documented in the medical record for the one-hour face-to-face evaluation of patients who are violent and/or self-destructive.

Dialysis Requirements (NC0614)

June 14 – 1 p.m.-2:30 p.m.

Target Audience: CEO, COO, CMO, CNO, dialysis staff

Speaker: Chris Pratt, MS, BSN, HACP, Senior Consultant, Courtemanche & Associates

Dialysis services are a key area of focus for regulatory surveys. However, organizations often are unfamiliar with the requirements and common pitfalls of this specialized service. This webinar will cover key areas of survey focus and how leadership teams can ensure their Dialysis areas are survey ready.

Regulatory and Accreditation Updates (NC0621)

June 21 - 1-2:30 p.m.

Target Audience: CEO, COO, CMO, CNO, compliance, ED, Joint Commission, quality improvement, risk, legal Speaker: Chris Pratt, MS, BSN, HACP, Senior Consultant, Courtemanche & Associates

This presentation will provide the most current updates to regulatory standards and requirements. We'll also provide recommendations on strategies to ensure the effective implementation of these new standards to ensure your organization is survey ready.

The Leader's Role in Setting the Psychological Contract: Building High-Performance Teams for a Competitive Advantage (IA0621)

June 21 – 10 a.m.-11 a.m.

Target Audience: CEO, COO, CNO, CFO, CIO, CMO, vice presidents Speakers: Ryan Gallik, Founder, Ryan Gallik and Associates Michael Stahl, Founder, Motivational Concepts

In our modern health care system, psychological contracts between employers and workers are a critical component of creating commitment and improving the employee experience. This program looks at how to understand the psychological contract and, from a leadership perspective, the nuances of ensuring the expectations of the organization are met. This improves strategic resilience.

Learning Objectives

- Define strengthening organizational systems for resilience.
- Describe how to ensure psychological contracts are not breached in the organization so that strategic resilience is strong across the team.
- Discuss the difference between relationship building and relationship behavior and how to use both to build high-performance teams.
- Discuss what a psychological contract is and why it's important to an organization's relationships and commitment.
- Outline how to develop and maintain positive employee experiences that create memorable patient experiences for a competitive advantage.

CMS Hospital QAPI Standards 2023 (G3034)

June 22 - 9 a.m.-11 a.m.

Target Audience: CEO, COO, CMO, CNO, compliance, ED, Joint Commission, quality improvement, risk, legal Speaker: Laura A. Dixon, BS, JD, RN, CPHRM, Risk Management and Safety expert

Quality Assessment and Performance Improvement (QAPI) Conditions of Participation deficiencies are the third most frequently cited of the 24 Conditions for Medicare-certified hospitals. The Centers for Medicare & Medicaid Services (CMS) believes that a hospital with a well-designed and well-maintained QAPI program that is fully engaged in hospital-wide continuous assessment and improvement efforts can significantly enhance its ability to provide high quality and safe care to its patients, reduce the incidence of medical errors and adverse events throughout the hospital.

In 2020, CMS published updated QAPI standards, but the interpretive guidelines for the regulation were delayed. Some of the changes included a section in the QAPI standards that addresses patient safety and risk management. In March 2023, CMS issued new interpretive guidelines with information and directions for surveyors on assessing a hospital's QAPI program.

This program will discuss the revised CMS hospital QAPI standards and the new applicable interpretive guidelines. Included will be a discussion on CMS expectations for hospital leadership and the governing body with respect to oversight and execution of the QAPI.

Learning Objectives

- Recall that hospitals are receiving a high number of QAPI deficiencies and their common citations.
- Discuss that the governing body and hospital leadership are responsible for the QAPI program, its implementation, and completion.
- Recite key requirements for a QAPI program that will be reviewed and assessed during a survey.
- Describe areas to be assessed during a survey and what surveyors will be reviewing.
- Recall that CMS surveyors will review policies in place and observe the implementation of such policies and procedures.

Dietary, Food, and Nutrition Services: CMS CoPs, DNV, and TJC Requirements (G3035) June 27 – 9 a.m.-11 a.m.

Target Audience: CMO, CNO, dietary, food services, compliance, Joint Commission, quality improvement, risk, legal Speaker: Susan Seeley, RN, MSN, NEA-BC, Nash Healthcare Consulting

This program will discuss the Centers for Medicare and Medicaid Services (CMS) hospital and critical access hospital (CAH) conditions of participation (CoPs) requirements for dietary and food and nutrition services. This area has received increased scrutiny, especially in infection control.

This webinar will also cover the Joint Commission (TJC) provision of care chapter standards related to dietary and the TJC dietary tracer information. The tracer is used to assess the degree of compliance with standards and elements of

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performance related to nutrition care. The Det Norske Veritas (DNV) Healthcare dietary standards will also be discussed.

Learning Objectives

- Discuss that the Joint Commission has a tracer for food and dietary services.
- Describe that CMS has a section on food and nutrition services in the hospital CoP standards.
- Recall that the TJC provision of care chapter has several standards on dietary services.

CMS Regulatory Requirements for Emergency Preparedness Programs and TJC Compliance (G3036) June 29 – 9 a.m.-11 a.m.

Target Audience: CMO, CNO, compliance, ED, Joint Commission, quality improvement, risk, legal Speaker: Laura A. Dixon, BS, JD, RN, CPHRM, Risk Management and Safety expert

The COVID-19 pandemic and multiple natural and man-made disasters over the past few years have required hospitals to activate their emergency preparedness plans. In anticipation of patient injuries due to such disasters, the Centers for Medicare & Medicaid Services (CMS) revised the Conditions of Participation for hospitals in 2020.

This webinar will cover CMS regulations for a facility regarding emergency preparedness with the recent updates to include emerging infectious diseases. All covered facilities are required to have a written program to address the various natural and man-made emergencies that may impact the delivery of care and patient safety. This program will cover the required elements for compliance with CMS regulations, including mandatory testing and training of all personnel. There will also be a brief discussion of references and resources from The Joint Commission.

Learning Objectives

- Recall key definitions used in the regulations.
- Recite the 3 key essentials for emergency preparedness.
- Explain the 4 core elements of an emergency preparedness program.
- Discuss key responsibilities of a facility when the emergency preparedness plan is activated.

Cancellation Policy

The registration fee, minus a \$60 service charge, is refundable if notice is received before 4:00 p.m. five (5) business days prior to the program. No refunds will be issued for cancellations received after 4:00 p.m. five business days prior to the program. The cancellation/refund policy applies to registrations that indicate payment is being mailed prior to the program. No refunds will be issued for those who do not comply with this policy and the full registration amount will be due and owed to OHA.

Substitutions and Transfers

Registrants unable to attend may designate an alternate. Report substitutions to Amanda Bowen at abowen@okoha.com or Mary Winters at winters@okoha.com prior to the program. Transfers from one OHA educational program to another are not permitted.

Connecting to the Program

After you register for the program(s), you will receive a confirmation notice from OHA. Login instructions for online programs/webinars will be emailed 1-2 days prior to the program. If the program is recorded, each registrant will receive a copy, when it is available.

If you have not received a confirmation email 24 hours prior to the program, please email Amanda Bowen at abowen@okoha.com to confirm your registration has been received.

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Registration

Check the box next to the webinar title to register:

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☐ Building the Digital Ecosystem: Understanding Foundations for Your Digital Transformation (G3031)—June 6