

**Colorado Medical Directors Association 2011 Annual Meeting  
Evaluation Summary**

Legend: 5 = Strongly Agree; 4 = Agree; 3 = No Opinion; 2 = Disagree; 1 = Strongly Disagree

**Managing Diabetes in LTC –  
Don Murphy, MD and Roger Bermingham, MD, CMD**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	28	14	1		
The speaker(s) presented content in an effective manner.	29	17			
Content was appropriate for my experience level.	32	15	2		
Content provided practical approaches to implementation.	32	15	3	1	
Presentation style facilitated my learning.	31	17	3		
Commercial support/grantor was disclosed (if applicable).	30	17			
Content presented was balanced and unbiased.	30	17			

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Replace sliding scales with fixed dosage alternatives
- I will petition MD's to D/C SSI.
- Re-evaluate use of SSI.
- Reduce use of sliding scales. (10)
- Already have program to stop sliding scale. (4)
- Attempt to educate families and physicians of culture change of diabetes treatment in LTC facility.
- Be more aggressive as to orders.
- Look up article.
- Share and discuss information with staff. (4)
- Rescue insulin for periodic hyperglycemia.
- Look to give guidance to providers about looser Alc limits/targets.
- Start with assessing how many residents are on a SSI regimen in the facility.
- Speak with hospitalists in our main hospital referral sources to create awareness, educate, and not routinely use SS.
- Work with Medical Director to implement protocol.
- No longer order SS insulin.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Nursing concerns (3)
- Tough to change behaviors.
- Educating other staff
- Changing established culture
- Resistance from nurses. (5)
- Other doctors who practice at same facility
- Physicians order preferences
- Resistance of MDs
- Old habits die hard.

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- Anchoring of views
- Staff/family/patient resistance
- Expectation of tight glucose control
- Nurses attitudes; patient and family pressure.
- Resistance from NH/Hospital staff

### What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?

- Materials from today
- Evidence based practice
- Education about how others have done this before
- Support/buy-in from facility staff
- Education pieces for family and physicians (2)
- Discussion with hospitalists
- Education of staff re: rationale
- QA with/Teaching for nurses (3)
- Tight control adverse outcomes
- EBM guideline and summary sheet to give to providers
- Need orders.
- Set up specific protocols for the use/or non-use of SS for our facility and educate all parties.
- CPE. DM from AMDA are very helpful.

### Comments:

- Scope of presentation was largely limited to insulin and lack of need for right control. More issues could have been addressed.
- Great presentation. Thank you.
- Great job — thanks for all you do.
- Very good
- Excellent presentation
- I loved the short presentations giving a “PEERL” approach.
- Spent too much time on sliding scales; should also have discussed other diabetic issues, should be using Ace inhibitors, statins.
- Dr. Murphy is an excellent presenter. Very engaging with relevant information.

### Psychoactive Drug Use and Regulations in LTC – Greg Gahm, MD

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	29	10			
The speaker(s) presented content in an effective manner.	40	11		1	
Content was appropriate for my experience level.	43	12			
Content provided practical approaches to implementation.	41	15			
Presentation style facilitated my learning.	38	12			
Commercial support/grantor was disclosed (if applicable).	37	13	2		
Content presented was balanced and unbiased.	40	11	1		

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### **What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Make risk/benefit statement REAL and implement a psych review committee to prevent duplicate therapy, too many meds, and take them off the meds timely if not effective. TRAIN FOR DEMENTIA BEHAVIORS.
- This reinforced my current practice. (2)
- Excellent presentation
- Will look at residents on Depakote and ask doctors to evaluate need. (2)
- Decrease use of psych meds.
- More accurate dosing of psych meds (9)
- Persistent dosage of psychotropic
- My Medical Director and second main PCP were here – they can; I can't.
- Appropriate behaviors/medications
- More communication with nurse re: behaviors of residents
- Share information with behavior committee.
- Educate staff.
- Re-evaluate patterns of psychotropic meds.
- More time limited prescribing (time goal to see response).

### **What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Resistance from NH/Psych facility staff (2)
- Nurses attitudes and resistance (2)
- Facility, nurses, family issues (2)
- Multiple prescribers including prescribers who use polypharmacy
- Collaboration with nursing about behaviors and treatment of them
- Knowledge barrier with staff and family
- Fear to reduce medication that might increase behaviors.
- None except for consistent documentation of behaviors

### **What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Psychoactive drugs!
- Surveyors need to give some accommodation for
- Evidence-based practice
- More facility education and nurse education on culture change
- Ideas, strategies for educating, collaborating with nurses to treat behaviors and avoid use of anti-psychotics.
- Need education on how best to communicate with staff (2)
- Need behavior monitoring sheets for nursing staff standardized for classes of medications.
- Continued encouragement

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**Comments:**

- Dr. Gahm – thank you for your GREAT presentation, your ability to add humor and laughter, and your excellent presentation slides.
- So what do we do with aggressive, combative behaviors? Geri psych will put the patient back on psychotropic.
- Good program
- Could not attend – would have liked handouts.
- Great!
- I truly liked how the information was presented by the MD.
- Excellent presentation
- Would have liked a handout for this lecture. Maybe it can be made available on CMDA website.
- Great presenter with very important content.
- I disagree with Presenter about staff and family input re: the input they provide. I believe family/staff really do want to do what is best for families and just need education.

**Cardiology Update (CHF / AF) – Michael Wasserman, MD and Roger Bermingham, MD, CMD**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	22	10	5	1	
The speaker(s) presented content in an effective manner.	32	14	2		
Content was appropriate for my experience level.	34	16	2		
Content provided practical approaches to implementation.	30	17	1		
Presentation style facilitated my learning.	26	15	4		
Commercial support/grantor was disclosed (if applicable).	31	14	4		
Content presented was balanced and unbiased.	32	14	2		

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Not to eliminate edema completely – not feasible
- Reduce Rx for HTN — do not worry so much about keeping BP low.
- None — already aware of information. (3)
- Increase ability to deal with acute episodes.
- Less aggressive treatment of HTN/HCP
- Decrease or taper BP meds/goal of BP 150/80. (2)
- Systolic vs. diastolic dysfunction and specific treatment (2)
- Re-evaluate cardiac meds
- Would be the doctor’s decision
- Allow increased BP to help better perfusion of brain.
- Re-evaluate goals for BP management.
- Update information.
- Staff in-servicing
- Get endocardiogram results or have one done. No NSAIDS.
- Review all residents on multiple HTN medications.

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- Review/educate on SE of alpha blockers in the elderly (and Clonidine).
- Re-evaluate goals for BP management.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Staff/family education (2)
- Getting older provider to reduce use

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- National guidelines
- Single page document summarizing study (2)
- Simple statements/facts to give to staff and family
- Education (2)
- Have doctor assist.

**Comments:**

- Great presentation.
- Great job!
- Thank you for the handouts. I did not get to go.
- Really sorry there was no discussion on Afib.
- Not clear that this presentation followed objectives.

**Pneumonia in LTC and ID Updates (UTIs)**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	27	11	1	1	
The speaker(s) presented content in an effective manner.	35	12	2		
Content was appropriate for my experience level.	36	13		2	
Content provided practical approaches to implementation.	34	16	1	1	
Presentation style facilitated my learning.	34	16	1	2	
Commercial support/grantor was disclosed (if applicable).	34	15	1	1	
Content presented was balanced and unbiased.	31	12	2		

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Educate staff about better recognition (3)
- Appreciate UTI poster (2)
- Share handout with nurses
- Will do training to floor nurses and managers
- Will use speech therapists less often.
- Incorporate information
- Order fewer UA's if possible (2)

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- Discuss keeping residents in facility to treat pneumonia (2)
- Less aggressive treatment
- Already implementing
- Better instruction to nurses on when to do UA/call
- Triple effect for recurrent pneumonia
- Review Ace inhibitor use to decrease pneumonias.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Staff concerns (3)
- Family pressures, nurses' stress
- Old habits
- MD's
- Education of staff (2)
- I am a nurse. I know nurses will be a barrier.
- Use of McGee's Criteria check list
- Diet, fluid restrictions, nurses sending residents out

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Educate (2)
- Antibiotic resistance
- Nice to have lists of criteria for pneumonia and UTI
- Protocols, good oral care

**Comments:**

- Very enlightening. Great Presentation!
- Too basic, slides not legible. Thanks for the handouts.
- Very good.
- Objective #3 touched on by default; not specific for objective.

**Examination of QA Process in QIS Survey Mode**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	8	10	4	1	
The speaker(s) presented content in an effective manner.	15	13	4		
Content was appropriate for my experience level.	14	12	4		
Content provided practical approaches to implementation.	12	13	7		
Presentation style facilitated my learning.	14	9	4		

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Commercial support/grantor was disclosed (if applicable).	15	9	1
Content presented was balanced and unbiased.	15	13	4

### What will you begin to implement or how will your practice/job be impacted as a result of this education activity?

- We use Abaqis
- First, please define what QIS stands for; did not say in handout.
- Action form for QAA meetings; tool kits, clinical guidelines
- Look at Point Right for QA
- May refer to MD's 3.0 data reports in interviews with QAA during survey.
- Continue to improve our Improvement Processes.
- Obtain MDS 3.0 data and apply.
- Facilitating resident interviews as a preliminary research of resident concerns
- I am survey staff.
- Reassess entire facility QA process and implement changes.

### What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?

- Time
- Colleague resistance to change
- As a surveyor, knowledge here more applicable to MD at facility – wish we could survey to "best practice".
- Complex/time constraints
- Getting staff to stay on board or not fall back into old practices
- Lack of time
- Ability to educate all departments on QIS

### What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?

- A lot of information for QIS survey
- Resources
- Have already had facility in-service and education on QIS.

### Comments:

- Would have liked examples of QIS Survey.
- You did an excellent job in assuring the presentations were timely and effective.
- Good presentation re: QA but not much link to QIS process itself other than further QI/QM data not available for some time.
- Discussion assumes certain level and knowledge to begin with.
- A lot of information in a short time. If not familiar with the information, it would be hard to follow without additional instruction.

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**Ethics: Panel Discussion on Autonomy in the New Age of Health  
Care Reform – Fred Feinsod, MD, CMD; David Koets, MD;  
Shelley Hitt, State Ombudsman; Carol Manteuffel, JD, RN**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	5	7	2		
The speaker(s) presented content in an effective manner.	9	11			
Content was appropriate for my experience level.	8	9	1		
Content provided practical approaches to implementation.	5	9	5		
Presentation style facilitated my learning.	7	5	6		
Commercial support/grantor was disclosed (if applicable).	8	6	4		
Content presented was balanced and unbiased.	9	11			

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- I am a surveyor.
- Ethical practices always a concern on what is best for the patient to provide quality of care. Education to staff to make sure understanding and identifying POA.
- Greater involvement of Ethics Committee
- Try to utilize the MOST form prior to admission.
- Knowing that every situation is different
- Consider pain and suffering caused by treatment. Ensure voice of resident is heard.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Ethics always a matter of personal interpretation; understanding of staff and development of additional active listening.
- Public ignorance
- Yes — attempt to visit values with the residents.
- Very complex area
- Families resistant to education/lack of support to staff by PCP.

**Comments:**

- Good panel — well organized and addressed issues.
- Was too quick; would like a more in-depth review.

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Use of Social Service Department and Ombudsman for additional staffing questions and concerns
- Public needs to be taught that medical futility is a real issue.
- Support from Medical Director; Utilization Review

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**Pain Management in LTC – Nora Reznickova, MD**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	7	5	2	1	
The speaker(s) presented content in an effective manner.	11	15		3	
Content was appropriate for my experience level.	12	12	1	2	1
1Content provided practical approaches to implementation.	9	16	1	3	
Presentation style facilitated my learning.	8	14	2	2	
Commercial support/grantor was disclosed (if applicable).	13	9	1		1
Content presented was balanced and unbiased.	11	15	1	3	

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Anxiety, mood assessments
- “Start low, go slow”
- Improve pain management as able/better medication prescribing.
- Information regarding equivalencies and other clinical aspects of pain meds helpful as background knowledge to support surveyor interpretation of clinical records.
- Already aware; not very useful
- Pain management requires continual monitoring and implementation.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Finding out about it soon enough
- Physician needs to implement
- Family, staff will find it difficult to accept that exercise is a treatment for acute pain issue.
- No new knowledge obtained

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- None given; would appreciate clinical guidelines.
- Not sure; perhaps referral to journal articles
- Have pain management indicators on MARS. Open event on admission for monitoring pain meds; pain assessment as indicated.
- Too short!

**Comments:**

- Would have liked more time on the topic but well presented.
- The statistics were confusing. Conclusions are questionable; e.g., use Tramadol over Vicodin. I felt more confused after this talk.
- The speaker really didn’t have any new information that could be used. She also couldn’t answer very many questions.
- Appreciated the listing of non pharmacological options.

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**Fall Prevention and Restraints – Fred Feinsod, MD, CMD; Carol Manteuffel, JD, RN**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	8	5	2	2	
The speaker(s) presented content in an effective manner.	11	15		3	
Content was appropriate for my experience level.	12	12	1	3	
Content provided practical approaches to implementation.	9	16	1	3	
Presentation style facilitated my learning.	8	14	2	2	
Commercial support/grantor was disclosed (if applicable).	13	9	1		1
Content presented was balanced and unbiased.	11	15		3	

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Double voiding
- Pain management requires continued monitoring and implementation.
- Consider pain and suffering caused by treatment. Ensure voice of resident is heard.
- Charting to interventions. Bring care plans to the subcommittee meeting.
- Fall subcommittee needs to be formed and be active.
- Have already implemented; almost there.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Time, education, resistance
- No new knowledge obtained
- Huddle ↓falls
- Families resistant to education. Lack of support to staff by PCP.
- Resistant co-workers.

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Have pain management indicators on MARS. Open event on admission for monitoring pain meds, pain assessment as indicated.
- Pain event opened according to responses.
- Support from Medical Director; utilization review.
- Clinical guidelines and flow charts to rule out causes of falls.
- Shift in-services

**Comments:**

- Would have liked an hour on this topic.
- Good to have the medical and legal views.
- Value Dr. Feinsod's nursing home experience – more issues in infection control.

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**Midday Skills Workshops**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	13	3	3		1
The speaker(s) presented content in an effective manner.	14	8	2		
Content was appropriate for my experience level.	16	8	3		
Content provided practical approaches to implementation.	17	7	3		
Presentation style facilitated my learning.	14	7	2		
Commercial support/grantor was disclosed (if applicable).	15	9	2		
Content presented was balanced and unbiased.	14	8			

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Session overall was too short, somewhat unorganized.
- PEG education session was best. ABI measurement was least helpful session.
- Unique method of ear mobilization
- Increase comfort in reinserting GT.
- Use in LTC facilities
- More informed about G tube care and replacement
- Consider scanning bladder, aorta.
- Excellent (Dr. Esfahani) (2)
- Remove/replace PEG tubes
- Consider bladder scanning.
- G tubes best
- All helpful
- Will be able to replace PEG tube myself

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Did not gain much knowledge as session are too short
- Limited dexterity of patient
- Equipment not available in facility
- Cost

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Discussion with SNF, DON
- Education

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### Comments:

- In general, the setting was more appropriate for demonstration of techniques than hands-on training.
- I think this was a great addition to the conference.
- Next time set up so that participant can have more hands-on experience.

### Cholinergic Load – Lee Anneberg, MD, CMD

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	11	4	1		
The speaker(s) presented content in an effective manner.	14	6		2	
Content was appropriate for my experience level.	15	6	1	1	
Content provided practical approaches to implementation.	12	9	1	1	
Presentation style facilitated my learning.	12	4	2		
Commercial support/grantor was disclosed (if applicable).	18	6			
Content presented was balanced and unbiased.	14	5		2	

### What will you begin to implement or how will your practice/job be impacted as a result of this education activity?

- Review medications on all residents to identify those with anticholinergic properties.
- Great presentation
- Very enlightening/will look for cholinergic burden in my patients.
- Check who is on anticholinergic and other adverse drugs at some time.
- Better understanding
- Assessment of medication
- Keep track of anticholinergic drugs with more attention.
- Will continue review re: polypharmacy and additive into cholinergic efforts.
- Re-evaluate med use; unnecessary meds.

### What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?

- TCU Patients short term come in on so many meds from hospitals.
- Knowing which drugs have anticholinergic effect
- Patient and family resistance to change
- Patient identification sheets
- Physicians being reluctant to change orders if resident is doing well
- Knowledge deficiency re: medications

### What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?

- Do our case studies, educate staff, and set protocols for behavior.  
Pharmacodynamics/pharmacokinetics of cholinergic meds
- Danger drugs

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**Comments:**

- Too much data/numbers
- Could use more time to discuss and absorb the information.

**Anticoagulation Overview and Update –  
Alan Miller, RPh, MS, CGP**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	4	2	2		
The speaker(s) presented content in an effective manner.	7	7	2		
Content was appropriate for my experience level.	5	7	3		
Content provided practical approaches to implementation.	5	9	3		
Presentation style facilitated my learning.	5	10	2		
Commercial support/grantor was disclosed (if applicable).	7	7			
Content presented was balanced and unbiased.	4	9	2		

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Re-evaluate residents who are difficult to get therapeutic for appropriate/another anticoagulant.
- Education on alternatives of anticoagulation therapy
- Helps assess/teach risk and benefits.
- No change right now
- Watch dose for antibiotic.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- Money (2)
- Getting used to something new that isn't the "usual."

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Person's benefit
- Would like hand-out of session
- Educate

**Comments:**

- Perhaps this presentation could be organized by condition/illness and options for Rx rather than organizing by medication.
- In general, this is a topic that needs 30 minutes minimum.
- Presenter did a great job presenting, and his information was very useful.

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### Advance Directives/MOST Update – David Koets, MD

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	10	3			
The speaker(s) presented content in an effective manner.	16	3	1		
Content was appropriate for my experience level.	16	4			
Content provided practical approaches to implementation.	16	4			
Presentation style facilitated my learning.	15	4	1		
Commercial support/grantor was disclosed (if applicable).	16	3			
Content presented was balanced and unbiased.	16	4			

#### What will you begin to implement or how will your practice/job be impacted as a result of this education activity?

- Already using MOST forms (3)
- Learn all about MOST. Have trial completion to determine ease of implementation.
- Thanks for clarifying this topic. Will address during care planning/admission.
- Re-evaluate ACP and discussion with family/MDPOA.
- Increase use of MOST form.
- Education on MOST form.
- Understand MOST process better.

#### What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?

- Many MDs still do not know what it is.
- Lots of work
- In LTC, it is often nursing, SW or administrator initiating this conversation per LTC regulations. MD needs to be ok with this.
- Time factors. Make time to have discussion with MDPOA.
- Family reluctance
- Having a resident sign again when there is now a decline in mental status. Hospital doing another form, when one sent already from facility to hospital.
- The change and education for co-workers
- Emergency Medical Services
- Changing forms
- Hospital filing out additional form and sending to facility.

#### What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?

- Educating MD ourselves
- Education. Set p/p and requirement to implement.
- Referral to educational resources

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**Comments:**

- Many MDs EMTs, and Hospitalists do not know about MOST.
- Presenter very knowledgeable on MOST form

**Case Studies for PIC Meetings/Difficult Patients –**

**Greg Gahm, MD; Don Murphy, MD; Donald Spradlin, DO, CMD; John Hiner, MD, CMD;  
Robert Winans, DO; Chris Horton, MD**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	16	2		1	
The speaker(s) presented content in an effective manner.	13	9			
Content was appropriate for my experience level.	15	10	2		
Content provided practical approaches to implementation.	14	9	2	1	
Presentation style facilitated my learning.	15	8	1	1	
Commercial support/grantor was disclosed (if applicable).	15	6	1		
Content presented was balanced and unbiased.	15	9			1

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Re–assess what I do.
- Good session
- Take an even better look at medications and encourage physicians to do so!
- Thought process of physicians/Medical Director: very illustrative of how I could perhaps approach initial resident overview/analysis during QIS.
- Re–implement polypharmacy cmte.
- Interesting to see all different opinions.
- I took notes and will use the suggestions as appropriate.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- We have great discussion.

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Already have many decision support tools — use CPG’s.

**Comments:**

- I wish there was a handout with the case studies so I could take notes on them.
- Interesting to see all the different opinions.
- Good session

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**Vitamin/Herb/Supplement Interactions with Prescribed Medications – Herbert Jacobs, MD**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	5	1		2	
The speaker(s) presented content in an effective manner.	2	2	3	1	
Content was appropriate for my experience level.	4	5	1	1	
Content provided practical approaches to implementation.	3	5	1	1	
Presentation style facilitated my learning.	4	3	3	1	
Commercial support/grantor was disclosed (if applicable).	4	4	1	2	
Content presented was balanced and unbiased.	4	4	1	2	1

**What will you begin to implement or how will your practice/job be impacted as a result of this education activity?**

- Scrutinize patients' supplements
- Educate patients
- Better effort to implement a DC summary and education to patients.
- I can remember the A,B,C's of vitamin/herbal supplements.

**What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?**

- (None listed)

**What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?**

- Educate

**Comments:**

- Not much new information/ too general.
- Good talk but would have been better if it had more specifics related to issues in LTC (logistics when patient wants to use herbals).
- Don't recall discussions of homeopathy. The presentation was a little short on details but the three main points "ABC" are memorable.
- Didn't get to attend from beginning due to previous session running overtime.

**Transitions of Care / Preventing Hospital Admissions / Readmissions —  
Mary Tuuk, MD; Christine LaRocca, MD; Janet Snipes, NHA; Risa Hayes, CPC; and Timothy Cortez, MSW**

	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>
Session objectives were met.	8	7	1	2	1
The speaker(s) presented content in an effective manner.	10	9	6	2	
Content was appropriate for my experience level.	10	14	6	3	
Content provided practical approaches to implementation.	7	13	8	4	2
Presentation style facilitated my learning.	8	9	5	2	1
Commercial support/grantor was disclosed (if applicable).	8	12	7	3	
Content presented was balanced and unbiased.	10	10	6	1	

## Colorado Medical Directors Association 2011 Annual Meeting Evaluation Summary

### What will you begin to implement or how will your practice/job be impacted as a result of this education activity?

- Not much application to our facility
- Advanced Care Planning is key.
- Revisit. Interact forms.
- This is a big issue in rural Colorado. I see the CMS nonpayment directive for certain doctors a force in improving re-hospitalization.
- Communication, communication, communication. Educate staff on interaction.
- This was primarily a presentation of energizing initiatives not in place yet! So, it is good to be informed of “what’s new.”
- Stop and Watch Tool + SBAR
- No changes
- Better effort to implement a DC summary and education to patients
- Will try to implement forms with my two ECF’s.

### What barriers do you anticipate in applying or implementing the knowledge and/or skills discussed in this activity?

- Nebulous
- SNF residents are in SNF’s for valid need of 24-hour care/observation. Demented residents do not belong unsupervised back in the community. MDS 3.0 Section Q is criminally ignorant!
- Facility staff generally does not read ACP note.
- The preventing hospital readmissions presentation was a little confusing – maybe too much detail.
- Education

### What tools, education or advocacy would help you address this/these barriers or others you encounter in your practice setting?

- Presence of hospitalist doctors
- Implement InterAct

### Comments:

- Thank you for all your hard work on this new process to communicate and interact! It will help all facilities and hospitals focus on quality care and patient centered care!
- Multiple speakers so difficult to provide a numeric evaluation.
- Great information
- Good topic – not much to take back to my facility.
- Two presenters had no hand-outs. (Hand-out from one of the presenters was available at the registration table). The CFMC presenter had a hand-out but some slides were illegible in the hand-out, and her voice was too quiet for my impaired ears.
- Updates on these projects and success rates (and economic impact) would be appropriate (Transitions of Care).

## Colorado Medical Directors Association 2011 Annual Meeting Evaluation Summary

### What topics would you like covered in future conferences:

- Introduction to ICD–10 geared to LTC
- Just keep updating additional staff and new options.
- Would like opportunity for more in-depth review/discussion on Ethics.
- Discussions on M.S., Parkinsons
- Presentation by OT or PT on how to prevent falls
- Use of hypnotic agents
- Alternative approaches to behaviors
- More information on specific psychoactive medications
- More specifics on what palliative/pain management experts do with residents
- Distribution of generic forms for QA
- Dr. Feinsod to do more discussion on fall prevention
- Current update on MDDs
- QIS and unnecessary meds
- Continue/repeat psychoactive med topic; perhaps as a longer topic.
- More information on QAPI as it comes available; sample agenda for QA meeting.
- F329, unnecessary meds, survey, falls, behavior, care planning tools
- SSRI and NUI therapy for pain, i.e.; Cymbalta or anxiety meds for pain.
- Joint pain
- Abuse
- Restraints
- Which QA process or tracking system seems to be the most effective?
- For practical applications, which non-pharmological approaches to pain relief are most effective? Stats would be helpful.
- More discussion on pros and cons of TABS alarms
- Pharmacokinetics/pharmacodynamics of diabetic agents/insulin
- Pharmacodynamics/pharmacokinetics of psychotropics
- How to effectively treat CHF exacerbation
- Complicated vs. non-complicated UTIs
- Drug taper guidelines
- Renal dosing awareness for all meds
- Anticoagulation for CVA, MI; when to D/C, continue
- Seizures
- Osteoporosis
- Use of meds in truly psychotic people (bipolar, schizophrenia)
- Pacemaker infections

## Colorado Medical Directors Association 2011 Annual Meeting Evaluation Summary

- Infection control for TCU units, and specific protocol for accurately determining why so many hospital residents become infected with URI, LRI, UTI
- Offer Case Studies session again. It was very helpful.
- Have front line surveyors to give front line advice.
- Wound care for physicians that meet current clinical standards.
- Legal issues of Advance Directives.
- How to approach family/MDPOA re: ACP

The Accreditation Council for Continuing Medical Education and the FDA require full disclosure of any significant relationship a faculty member has with industry which may bias his/her presentation. Did you perceive omission of disclosure or any undue bias in any presentation at the course?

Yes	No
0	262

At any time, did you become aware of discussion of off-label substances or products or presentation of limited data without disclosure?

Yes	No
4	260