

Call for Presenters Submission Guidelines

As a long-term care professional, you understand the trends, issues, and challenges facing our profession. Now is your chance to share ideas that reflect your best practices, lessons learned and professional insight, as well as programs that enhance the long term and post-acute care service delivery.

We are particularly interested in proposals that address emerging issues in the long-term care profession, such as infection control, census, staffing and patient satisfaction, and focus areas from the Centers for Disease Prevention Infection and Control (CDC), Centers for Medicare and Medicaid Services (CMS) and Congress.

AUDIENCE CHARACTERISTICS: UHCA|UCAL represents long term care facilities, providing care and services to elderly and disabled people. The convention draws hundreds of attendees, most of whom are facility owners, corporate management, administrators, and facility specialists.

The audience is experienced and knowledgeable and expects the most current information and highest quality training available. The audience expects to leave the convention with practical and immediately implementable information and ideas. Use of case studies, stories, and other techniques to help the learner think about the topic in a new way is highly encouraged. If the proposal is being submitted by a person or organization that is not a provider, it is suggested that – when appropriate - you include a provider or the provider perspective in your remarks. Attendees are not interested in sales pitches in any presentation but are interested in learning from their peers.

As appropriate, speakers should be mindful that their session content be applicable to providers in both skilled nursing and assisted living settings as both will be in attendance.

TRACKS: The following are a list of the educational tracks planned for the 2022 Convention. A bulleted description of possible session topics that might be included in that track are also listed, but additional topics that fit within each track are welcome.

- **Assisted Living**
 - Workforce development, recruitment, engagement, and retention
 - Affordable AL
 - Dementia care
 - Supporting staff dealing with grief and trauma
 - Marketing
 - Lead and referral generation
 - Bullying
 - Building design
 - Culinary services
 - Care technology

- Emergency planning in AL
- Infection prevention in AL

- **Behavioral Health**
 - Alternatives to medication use – move from **managing** the behavior to **understanding** the person’s message through their behavior
 - Opioid use disorder
 - Serious Mental Illness (SMI)
 - Trauma informed care
 - Resident to resident interactions
 - Models for dementia care
 - Strengths-based approaches to care for people with Dementia
 - HATCh – successful application of the model to dementia care
 - Meaningful conversations for end-of-life decision making
 - Recovering from COVID-19

- **Clinical Care Practice**
 - Addressing clinical issues, such as pressure ulcers, falls, wound care and medication management
 - Sleep issues
 - Environmental stressors: glare, noise, lack of privacy
 - Pain management including non-pharmacologic practice
 - Care planning
 - Hospitalization of long stay residents

- **Communications**
 - Social media
 - Responding to the media
 - Marketing your facility
 - Media campaigns
 - Telling your story

- **Customer Experience**
 - Improving communication with families and residents
 - Family visitation
 - Customer and family satisfaction
 - Using CoreQ
 - Using satisfaction data to market your organization
 - How to improve customer experience scores
 - Customer engagement
 - Satisfaction in a time of crisis

- **Emergency Preparedness**
 - Surge planning
 - Tracking supplies/resources when shortages exist
 - PPE
 - Food
 - staff
 - Incident command training
 - All hazards approach

- Staffing modifications
- Natural disasters
 - Rapid evacuations
 - Running on generator for prolonged periods
 - Communicating with families and staff
- **Infection Prevention and Control**
 - Infection control: SARS-CoV-2, Influenza,
 - Antibiotic stewardship
 - Environmental cleaning
 - Co-horting
 - Testing for infectious diseases (point-of-care testing, interpreting results, etc.)
 - Methods to increase consistency in use of infection control prevention practices
 - Peer-to-peer monitoring shift coaches, huddles, etc.
 - Emergent infections (MDRO and C. Auris)
 - Managing outbreaks
 - Engaging residents and families in infection control
- **Operational Analytics**
 - 5-Star
 - State Reporting
 - PBJ
 - SNF Quality Reporting Program (QRP)
 - Turnover and retention
 - Agency use
- **Person Centered Care**
 - Core practices
 - Social isolation and loneliness
 - Abuse and neglect
 - Trauma informed care
 - Dining
 - Sleeping
 - Activities
 - Staffing patterns
 - Balancing safety with risk (surplus safety)
 - Use of technology to enhance resident engagement and quality of life
- **Post-Acute Care**
 - Rehospitalization
 - Discharge to community
 - Transitions of care
 - Functional outcomes
 - Involuntary discharges
 - Medication
 - Reconciliation
 - Minimizing meds with increased risk of side effects

- **Quality Awards**
 - Practical application of the Baldrige criteria in a long term/post-acute care center or community
 - How to respond to the criteria at each level (Bronze, Silver and Gold)
 - How the Scoring Guidelines work, as well as the programs that focus on the Scoring Calibration Guidelines
 - How applicants can use their feedback reports for continuous improvement as well as future applications
 - Benefits of the Baldrige Criteria
 - Use of the criteria during at time of crisis

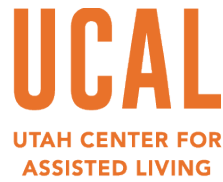
- **Quality Improvement**
 - Quality improvement basics
 - Use of data to inform practice
 - Root cause analysis
 - QAPI
 - Road to becoming a High Performing Organization
 - High reliability practices
 - Systems, processes, and communication

- **Reimbursement and Alternate Payment Models**
 - PDPM
 - Census
 - Population health
 - I-SNPs, SNPs, networks, etc.
 - SNF Value-based purchasing
 - Clinical Integration of a Network
 - Planning for future surges
 - 'Road to Recovery' planning
 - Medicaid COVID-19 rate models
 - Provider relief funding compliance and accounting

- **Survey/Regulatory**
 - Top 10 survey tags and deficiencies
 - Common citations
 - How to IDR IIDR deficiencies
 - Infection prevention surveys
 - Abuse and neglect
 - SNF QRP program (to avoid 2% penalty)
 - Reporting requirements (e.g., NHSN)
 - Drug regime review
 - Change of ownership
 - How to effectively write a Plan of Correction

- **Technology and Innovations**
 - New approaches to care and operational practices
 - Advances in technology
 - Telehealth

- **Workforce Solutions and Leadership**
 - Workforce recruitment, development, and retention



- Staffing levels and competency
- OSHA regulations and inspections
- Pipeline planning and leadership training for administrators, DON's, unit managers and department heads
- Resiliency and stress management
- Diversity, equity, and inclusion in the workplace
- Supporting staff dealing with grief and trauma
- PBJ staffing submission

IMPORTANT INFORMATION & SPEAKER AGREEMENTS: When submitting proposals for consideration by the UHCA|UCAL Professional Development planning team, you understand and agree to the following policies and guidelines:

ONLINE SUBMISSIONS ONLY: Proposals must be submitted via the Abstract Scorecard system. We will **not** accept, or review proposals sent by fax or by regular mail or by e-mail.

MAXIMUM NUMBER OF SUBMISSIONS: A maximum of three proposals may be submitted from a single individual or organization. A fully completed application must accompany each proposal. All speakers must be identified at the time of submission and their full contact information (name, title, mailing address, and email address) must be provided.

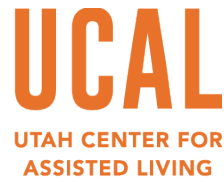
DEADLINE: All proposals must be received by December 31, 2022.

SPEAKER EXPENSES/HONORARIA: UHCA|UCAL has earned a reputation for providing high quality educational programs. We select speakers who share their expertise for the overall benefit of the sub-acute, long term care profession. Honorarium expenses will be discussed per speaker per event at the time of booking.

NUMBER OF SPEAKERS PER SESSION: Speakers are limited to no more than two for a 60 session. Panels should be limited to three panelists plus a moderator. If you have questions about this registration policy, please contact Brittany Carver at brittany@uthca.org.

COPYRIGHT: By submitting your presentation idea, you are certifying that the work is your own. If the work or a portion of the work is not your own, then you certify that you have permission to use the work and that proper attribution is given to the work's creator.

SHARING: You understand that if your proposal is selected, you give permission for it to be distributed to UHCA|UCAL members.



FINANCIAL DISCLOSURE: You understand that UHCA|UCAL educational programs are not platforms for selling products or services. Overt sales pitches will not be tolerated. Speakers will be asked to disclose financial interests.

PROFESSIONAL CONDUCT: It is understood that by submitting your proposal, you will demonstrate high standards of professional conduct and will not discriminate against session attendees based on age, gender, socioeconomic or ethnic background, sexual orientation, or ability.

SESSION FOCUS: The goal of convention professional development sessions is to meet the needs of provider attendees with highly targeted programming. Proposals must demonstrate the recognition of the shared and unique characteristics of all long term and post-acute constituencies.

AV INFORMATION: We provide the equipment needed to deliver seminars effectively –screen, projector, remote slide advance, a microphone, Wi-Fi access, and house sound. Presenter will need to provide their own laptop and connector to HDMI cable.

POWERPOINT PRESENTATIONS: Speakers are required to prepare a PowerPoint presentation that will be provided to attendees electronically. Other handout materials are welcome in addition to the required PowerPoint (i.e.: white papers, articles, etc.). All PowerPoints are converted to un-editable PDFs once they are submitted. If you present as part of a speaking team, slide decks must be combined into one final deck before being submitted.

If you are unable to agree to any of the above statements, please reach out to Brittany Carver, Director of Membership Services at brittany@uthca.org before completing your submission.

SELECTION & NOTIFICATION

Proposals are reviewed by a team of long-term care experts for:

- Relevance to the needs of convention attendees
- Overall quality, originality, and timeliness
- Use of instructional methods and organization
- Practical, results-oriented applications.

Individuals submitting proposals will be notified in writing on or before March 30, 2023 regarding the results of the selection process. Prior to that date, UHCA|UCAL **cannot** accept phone calls or emails inquiring about the status of proposals.

Due to the volume of submissions, UHCA|UCAL **will not provide feedback** on sessions that are not selected for the convention program.