



Call for Presentations

2020 Annual Conference

Theme: 20/20: Where Vision Meets Future

May 20-22, 2020

Michigan HomeCare & Hospice Association (MHHA) is looking for professionals to present home care industry programs at our 2020 Annual Conference. MHHA represents the following organizations: Home Health, Private Duty, Hospice, HME & Infusion. Specific focus of this year's conference for each of the service lines is: **Certified:** PDGM, ACO, Marketing, Therapy, HR compliance, Quality, Restructuring/staffing models/redesigns, Cost Control/Containment, Episode Management, State surveys, Audit prep and overcoming audits, & Rehospitalization, Prior Authorization, Clinical Issues – Symptom management, critical thinking, changes in COPS and Risk Management. **Hospice:** Survey, Regulatory Issues, Hospice Cost Savings, Clinical Issues – Symptom Management, critical thinking, Part D/CMS, Veterans Program, and Hospice billing. **Private Duty:** Labor Regulations, Michigan Auto No Fault, Marketing, Recruitment/Retention, Hiring & VA Topics. **HME/Infusion:** Competitive Bidding, Population Management, COPD Rehospitalization, supply programs, value based purchasing, oxygen & PAP Compliance, Cost Containment – Expense Controls. Other areas are of interest: Workforce issues, technology, mentoring, coaching, overcoming obstacles, clinical operations, business operations, legal and regulatory issues, and staff development, financial and rehab. We also invite any new & innovative ideas for programs. The timeframes for presentations are generally 75-90 minutes depending on day and time.

Procedure for Submitting a Proposal:

The following information is required to submit a proposal for consideration:

1. Educational Design Documentation Form outlining program objectives, content/outline, timeframe, presenter, and teaching methods. This form is required for accredited programs for nursing continuing education approval and social worker application. All forms must be completed in its entirety.
2. Biographical Data Form for each presenter. Include any previous experience presenting educational programs as well as a curriculum Vitae/Resume
3. You are strongly encouraged to submit any handouts that support your presentation. Please submit only one program per proposal.

Requirements:

Proposals submitted must have all the format components listed above completed. Submissions missing information will not be considered for review until information is provided. Program handouts are not required to be submitted with the proposal. Please submit a cover letter, which includes the name, address, position, phone and fax numbers of all presenters.

Proposals with one presenter that are chosen will receive one complimentary conference registration or overnight. If there is more than one presenter or panel presenters they will be allowed to only attend the conference the day of their presentation complimentary.

Submit proposals by August 30th to:

Cindy Thelen
Michigan HomeCare & Hospice Association
2140 University Park Drive, Suite 220, Okemos, Michigan 48864
Phone: (517)349-8089 Fax: (517)349-8090 cindy@mhha.org

**Ohio Nurses Association
Conflict of Interest Form**

Title of Educational Activity: _____

Educational Activity Date: _____

Role in Educational Activity: (Check all that apply)

- Nurse Planner
- Content Expert
- Faculty/Presenter/Author
- Content Reviewer
- Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: _____

If RN, Nursing Degree(s): _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate

Address: _____

Phone Number: _____ Email Address: _____

Current Employer: _____

Position/Title: _____

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

***Commercial interest**, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (Please reference content integrity document for further clarity <http://www.nursecredentialing.org/Accreditation-CEContentIntegrity.pdf>)

All individuals who have the ability to control or influence the content of an educational activity must disclose all **relevant relationships**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

****Relevant relationships**, as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

- Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships and must be reported, evaluated, and resolved.
- Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and

stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

**All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

Typed or Electronic Signature: Name and Credentials (Required) Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

- _____ Not applicable since no conflict of interest.
- _____ Removed individual with conflict of interest from participating in all parts of the educational activity.
- _____ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

- _____ Not awarding contact hours for a portion or all of the educational activity.
- _____ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- _____ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- _____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- _____ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- _____ Other - Describe: _____

Nurse Planner Signature

(*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

Typed or Electronic Signature: Name and Credentials (Required) **Date**

TERMS AND CONDITIONS FOR SPEAKERS/AUTHORS

Speakers/Authors: This document has been developed to inform you of our policy related to content integrity for continuing nursing education activities. Please review each item, check your response, sign the document and return to _____ by _____. Thank you.

	TERMS & CONDITIONS	AGREE	DISAGREE	NOT APPLICABLE
1.	I have disclosed to the Nurse Planner all relationships of a financial nature with a commercial interest organization* that exist or have existed within the last 12 months for both myself and my significant other (if applicable). I understand that these relationships will be shared with the learner.			
2.	I will prepare fair & balanced educational activities that are objective & scientifically rigorous. Content will be evidence based, & unbiased.			
3.	If addressing unlabeled &/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners.			
4.	If I discuss healthcare products or services, I will provide information about a variety of options and choices available rather than promoting one product or company.			
5.	If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation/independent study will not be included in any way with this activity.			
6.	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles & methods, & will not promote the commercial interest of the funding company.			
7.	The handouts and slides will not include logos from any commercial entity. (The copyright symbol may be included on each of the slides if speaker is concerned about use by others without approval.)			
8.	I understand that the Nurse Planner, planning committee, and/or content reviewer for this activity may evaluate my presentation &/or content prior to the activity & I will provide educational content and resources in advance as requested.			

I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.

Signature (may be electronic)

Date

- Commercial interest organization: any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (ANCC, 2015)

Educational Planning Tool (Nursing, Social Work, Nursing Home Administrators, PT)

Title of Activity: _____

Identified Gap: _____

Description of current state: _____

Description of desired/achievable state: _____

Gap to be addressed by this activity: _____ Knowledge _____ Skills _____ Practice _____ Other: Describe: _____

Learning Outcome(s): (write an outcome statement e.g. "Purpose of this activity is to enable the learner to.....

Select all that apply: Nursing Professional Development Patient Outcome Other: Describe: _____

Objectives	Content (Topics) Outline	Time Frame	Presenter	Target Audience	Teaching Strategy
List the educational objectives in learner oriented outcomes; measurable terms; one action/outcome per objective	Provide an outline of the content/topic presented and indicate to which objective the content/topic is related.	Provide a time frame for each objective/topic content area.	List the presenter for each topic or content area.	List Certified Home Care, Private Duty Home Care, DME, Hospice or Infusion. (List all that apply)	List the teaching strategies by each presenter for each topic or content.

TOTAL MINUTES: _____

Please don't forget to include question and answer and evaluation time in your time above.

Content:

A. Provide an **abstract** describing the content that will be presented for a **this activity**:

Place Answer Here:

B. Please provide 5 References (materials used to create your presentation i.e. books, articles, video, training, etc.)

Place Answer Here:

- Resume/Curriculum Vitae attached
- Descriptive bio for intros/marketing materials attached
- Picture to be used in marketing materials

**Ohio Nurses Association
Conflict of Interest Form
2015 Criteria**

Title of Educational Activity: The OASIS and Safety: How to Remove the Disciplinary Cloud that affects the OASIS Educational Activity Date: 04/25/2018

Role in Educational Activity: (Check all that apply)

- Nurse Planner
 Content Expert
 Faculty/Presenter/Author
 Content Reviewer
 Other – Describe: _____

Section 1: Demographic Data

Name with Credentials/Degrees: Jennifer Sandel, MPT, HCS-O

If RN, Nursing Degree(s): _____ AD _____ Diploma _____ BSN _____ Masters _____ Doctorate

Address: 7112 Beaver Ridge Drive, Battel Creek, MI 49014

Phone Number: 269/986-2465 Email Address:
jennie@homecareservicesolutions.com

Current Employer: Home Care Service Solutions, PRN at CorsoCare

Position/Title: Owner/Consultant; PRN PT at CorsoCare

Section 2: Conflict of Interest

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity.

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- Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

_____ Yes _____ No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest**:

Check all that apply	Category	Description
	Salary	
	Royalty	
	Stock	
	Speakers Bureau	
	Consultant	
	Other	

* **All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

Section 3: Statement of Understanding

Completion of the line below serves as the electronic signature of the individual completing this Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

_____ **Jennifer Sandel, MPT, HCS-O** _____ **1/12/2018** _____
Typed or Electronic Signature: Name and Credentials (Required) Date

Section 4: Conflict Resolution (to be completed by Nurse Planner)

Or document separately

C. Procedures used to resolve conflict of interest or potential bias if applicable for this activity:

Not applicable since no conflict of interest.

_____ Removed individual with conflict of interest from participating in all parts of the educational activity.

- ___ Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.
- ___ Not awarding contact hours for a portion or all of the educational activity.
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- ___ Undertaking review of the educational activity by the Nurse Planner and/or member of the planning committee to evaluate for potential bias, balance in presentation, evidence-based content or other indicator of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ___ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.
- ___ Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.
- ___ Other - Describe: ___

Nurse Planner Signature

(*If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign).

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form.

___ Nancy A Dillon, MS, RN 1/16/18 _____

Typed or Electronic Signature: Name and Credentials (Required) Date

TERMS AND CONDITIONS FOR SPEAKERS/AUTHORS

Speakers/Authors: This document has been developed to inform you of our policy related to content integrity for continuing nursing education activities. Please review each item, check your response, sign the document and return to _____ by _____. Thank you.

	TERMS & CONDITIONS	AGREE	DISAGREE	NOT APPLICABLE
1.	I have disclosed to the Nurse Planner all relationships of a financial nature with a commercial interest organization* that exist or have existed within the last 12 months for both myself and my significant other (if applicable). I understand that these relationships will be shared with the learner.			X
2.	I will prepare fair & balanced educational activities that are objective & scientifically rigorous. Content will be evidence based, & unbiased.	X		
3.	If addressing unlabeled &/or unapproved uses: I will clearly acknowledge the unlabeled identification or the investigational nature of drug products and/or devices to the learners.			X
4.	If I discuss healthcare products or services, I will provide information about a variety of options and choices available rather than promoting one product or company.			X
5.	If I have been trained or utilized by a commercial entity or its agent as a speaker for any commercial interest, the promotional aspects of that presentation/independent study will not be included in any way with this activity.			X
6.	If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles & methods, & will not promote the commercial interest of the funding company.			X
7.	The handouts and slides will not include logos from any commercial entity. (The copyright symbol may be included on each of the slides if speaker is concerned about use by others without approval.)	X		
8.	I understand that the Nurse Planner, planning committee, and/or content reviewer for this activity may evaluate my presentation &/or content prior to the activity & I will provide educational content and resources in advance as requested.	X		

I have carefully read and considered each item in this attestation form, and have completed it to the best of my ability.

Jennifer Sandel, MPT, HCS-O

1/12/2018

Signature (may be electronic)

Date

- Commercial interest organization: any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients. (ANCC, 2015)

Educational Planning Tool (Nursing, Social Work, Nursing Home Administrators, PT)

Title of Activity: The OASIS and Safety: How to Remove the Disciplinary Cloud that Affects the OASIS

Identified Gap: The OASIS is a multi-disciplinary assessment tool utilized by home health clinicians. CMS expects all disciplines to answer the questions in the same way, yet clinicians still tend to be clouded by their individual discipline. By removing the disciplinary cloud that affects their assessment skill, clinicians will be able to respond to the OASIS in the manner provided by the guidance manual.

Description of current state: Home health clinicians tend to use their educational training and years of experience when attempting to answer the OASIS questions. This may negatively affect their responses. Nurses view patients with their nursing cap on while therapists view patients through their “therapy glasses”. The result often times is an OASISI and Therapy Evaluation that differ widely in their description of the patient.

Description of desired/achievable state: Home health nurses and therapists will be able to view key OASIS questions in the same way, thorough the eyes of the guidance manual. The OASIS and therapy evaluation will be consistent with each other and statistical outcomes for the patient will improve.

Gap to be addressed by this activity: X Knowledge X Skills _____ Practice _____ Other: Describe: _____

Learning Outcome(s): (write an outcome statement e.g. “Purpose of this activity is to enable the learner to.....
The purpose of this seminar is to reinforce the multidisciplinary aspect of the OASIS and to enable all clinicians, regardless of discipline, to view the patient in the same manner during assessment.

Select all that apply: Nursing Professional Development Patient Outcome Other: Describe: _____

Objectives	Content (Topics) Outline	Time Frame	Presenter	Target Audience	Teaching Strategy
List the educational objectives in learner oriented outcomes; measurable terms; one action/outcome per objective	Provide an outline of the content/topic presented and indicate to which objective the content/topic is related.	Provide a time frame for each objective/topic content area.	List the presenter for each topic or content area.	List Certified Home Care, Private Duty Home Care, DME, Hospice or Infusion. (List all that apply)	List the teaching strategies by each presenter for each topic or content.

<p>Discuss several of the OASI conventions as well as why they are important.</p>	<p>Intro. – why is OASIS important? Why so difficult?</p> <ul style="list-style-type: none"> • Guidance manual • Item Intent • OASIS Quarterly Q & A's <p>Consistency: The OASIS and Therapy Evals.</p> <ul style="list-style-type: none"> • Patient Picture needs to be the same • Different education style of each discipline cloud the assessment • The word safely <p>OASI conventions</p> <ul style="list-style-type: none"> • Time period • Assist • Specifically • For Example 	<p>20 minutes</p>	<p>Jennifer Sandel, MPT, HCS-O</p>	<p>Certified</p>	<p>Lecture/PowerPoint/Real Life Scenarios</p>
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Identify key OASIS questions and their intent.	<p>Functional questions</p> <ul style="list-style-type: none"> • 1242, 1400, 1860 • ADL questions <p>Taking off the “disciplinary hat or cloud” and answering from the item intent.</p>	15 minutes			
Define “Safely” and how it affects each of the OASIS questions.	What does “Safely” mean for the ADL’s?	10 minutes			
Appropriately answer key OASIS questions given a sample patient.	<p>Sample Patients</p> <ul style="list-style-type: none"> • Using the guidance manual item intent, answer: 1242, 1400, ADL’s 	10 minutes			
Q & A/Evaluation		5 minutes			

TOTAL MINUTES: _____ 60 minutes _____

Please don't forget to include question and answer and evaluation time in your time above.

Content:

A. Provide an **abstract** describing the content that will be presented for a **this activity**:

Place Answer Here:

The OASIS was designed to be a multidisciplinary assessment tool that could be completed by any discipline and result in the same patient scoring. However, many clinicians have found that they are confused with the question wording and do not understand how the questions interact with each other. The result is often times an OASIS and a Therapy Evaluation that are at odds with each other. When home health clinicians are taught to view the questions through the eyes of the item intent instead of through their discipline's eyes, consistency between the disciplines will be achieved. Understanding the use of the key wording, time frames, and the word "safely" will help make sense of a previously confusing document. Clinicians will be able to appropriately answer the key OASIS questions when given a sample patient by the end of the seminar.

SAMPLE

D. Please provide 5 References (materials used to create your presentation i.e. books, articles, video, training, etc.)

Place Answer Here:

Krulish, Linda H. PT, MHS, COS-C. INSTANT OASIS Answers 2017. Redmond, WA. OASIS Answers, Inc. 2016

Centers for Medicare and Medicaid Services. January 1, 2108, OASIS C-2 Guidance Manual. Retrieved from www.cms.gov.

Bednarek, Melissa. PT, DPT, PhD. Sept. 9, 2017. Advanced Competency in Home Health: Pulmonary System Review (Presentation)

Centers for Medicare and Medicaid Services. October 2016, CMS Quarterly OASIS Q & As.

Reiman, Michael P., and Manske, Robert C. Journal of Manual & Manipulative Therapy. 2011 May:19(2): 91-99. “The Assessment of Function: How Is It Measured? A clinical perspective

- Resume/Curriculum Vitae attached
- Descriptive bio for intros/marketing materials attached
- Picture to be used in marketing materials