

HIT-W



3900 NW 12th St Ste 100
Lincoln NE 68521



HEALTH INFORMATION TECHNOLOGY IN LONG TERM CARE

February 7-8, 2012

Nebraska Educational Television (NET)

1800 North 33rd Street, Lincoln, Nebraska, Phone 402-479-9333

CONTENT

This program will provide a broad overview of key areas for incorporating electronic health records (EHR) into long term care. Major topics covered include: why a facility should invest in EHR and how to incorporate computerized records, including physical/structural issues, moving from a paper health record to an EHR, security and privacy, quality issues, interoperability, software, and meaningful use.

AUDIENCE

Administrators, leadership personnel, and IT professionals in nursing facilities and assisted living facilities.

CONTINUING EDUCATION CREDIT

This education program meets the continuing competency requirements of 9 hours for the renewal/reinstatement of a Nebraska Nursing Home Administrator's license as granted by the Nebraska Board of Nursing Home Administrators. This program is appropriate for the educational requirement for assisted living administrators. **Participants must stay in the program the entire time to receive full credit.**

Please bring a sweater or jacket to ensure comfort in the classroom.

TAPING – CELLULAR PHONES – PAGERS

Material presented at this education program is the property of the speakers or Nebraska Health Care Association/Nebraska Assisted Living Association. Therefore, unapproved taping of the program is not allowed. Cellular phones and pagers should be turned off during education programs.

OBJECTIVES

At the completion of the program, the participant will be able to:

1. Identify key issues to retrofitting an existing long term care building to include useful computerized systems for resident care;
2. Explore considerations related to computer-based systems with new construction and remodeling of long term care structures including regulatory issues;
3. Explore security and privacy issues and solutions including gap analysis, onsite and offsite hosting of data, vendor management, and disaster recovery issues;
4. Define what interoperability and meaningful use means to long term care and what role accountable care organizations (ACO) have;
5. Explore what to look for, how to choose, and what makes or breaks an EHR system;
6. Identify how coding, billing and MDS fit into software selection;
7. Identify what questions should be asked concerning training time, support, upgrades, hosted or server-based systems, and more;
8. Compare various end-user options, such as PDA, pads, laptops and kiosks, plus wireless, hard wiring, onsite server, or hosted options;
9. Explore why a facility should consider electronic health records and what factors to consider when incorporating electronic documentation into long term care; and
10. Describe the importance of the effective leadership of teams and human adaptation in a technology-driven environment.

HEALTH INFORMATION TECHNOLOGY IN LONG TERM CARE

SCHEDULE

DAY 1, FEBRUARY 7:

- 12:30 pm - 1:00 pm Registration
- 1:00 pm - 1:15 pm Introduction
- 1:15 pm - 2:45 pm Why Should a Facility Invest in HIT?
Quality Issues
- 2:45 pm - 3:00 pm Break
- 3:00 pm - 4:00 pm Physical Plant Issues and Retrofitting
Buildings to Use HIT
- 4:00 pm - 5:00 pm HIT End User Issues Technology

DAY 2, FEBRUARY 8:

- 9:00 am - 10:30 am ACO Issues/How to Look at Software
- 10:30 am - 10:45 am Break
- 10:45 am - 12:00 noon Architecture Issues; How to Look
at HIT Incorporation with New
Construction, Life Safety Code, etc.
- 12:00 noon - 1:00 pm Lunch (included)
- 1:00 pm - 2:00 pm Interoperability
- 2:00 pm - 2:15 pm Break
- 2:15 pm - 3:45 pm Security and Privacy

SPEAKERS

- Jason Davis, B.S., MPA**, Health Informatics Program Administrator, Vetter Health Services, Elkhorn, Neb.
- Nick Bock**, Five Nines Technology Group, Lincoln, Neb.
- Brian Housewright**, Regional Manager, American HealthTech, Ridgeland, Miss.
- Jennifer Clement**, American HealthTech, Ridgeland, Miss.
- Denise Mainquist**, President, ITPAC, Lincoln, Neb.
- Mitch Elliott, AIA**, Chief Development Officer, Vetter Health Services, Elkhorn, Neb.
- John Elliott**, Vice President of Business Development, Intellicom, Kearney, Neb.
- Mike Kalb**, BD Construction, Kearney, Neb.
- Deb Bass**, President and CEO, Bass & Associates, Omaha, Neb.

HOTEL ROOM BLOCK

For the Nights of February 6 and 7, 2012

Ask for the Nebraska Health Care Association Group Rate!

COUNTRY INN & SUITES

5353 North 27th St, Lincoln NE 68521, Phone 402-476-5353 or 800-456-4000
Rate: \$74 per night • Release date: January 9, 2012

LINCOLN HEIGHTS HOTEL

1301 West Bond Circle, Lincoln NE 68521, Phone 402-474-2080 or 888-844-7533
Rate: \$70 per night • Release date: January 9, 2012

STAYBRIDGE SUITES

2701 Fletcher Ave, Lincoln NE 68504, Phone 402-438-7829
Rate: \$79.99 per night (studio suite) • Release date: January 9, 2012

REGISTRATION INFORMATION

PRE-REGISTRATION is encouraged. Registration at the door will be accepted only if space permits.

Registrants are billed as soon as a registration is received by NHCA/NALA. If an invoice is not received within three business days, please call 402-435-3551 to confirm that the registration was received by the NHCA/NALA office.

SUBSTITUTIONS are accepted until the event begins. Substitutions are not possible once the event has started.

CANCELLATIONS – There will be NO REFUNDS for cancellations received in the NHCA/NALA office after February 2 for the February 7-8 program, except in the case of a death in the registrant's immediate family – mother, father, husband, wife, brother, sister, or child.

REFUNDS – Registration fees will be credited/refunded minus a \$30 per person SERVICE CHARGE for cancellations received in the NHCA/NALA office by the close of business on or before the above cancellation date.

If attendance at an education event is interrupted by a State survey or inspection, a registration refund can be issued for the unused portion of the event. If you are unable to attend an event because of survey or inspection, a full refund can be issued. Written requests for refunds due to survey/inspection and written proof of the survey/inspection are required within 30 days of the education event's start date.

All NHCA/NALA Personal Associate Members, Student Members and Business Associate Members; NHPCA members; LPNAN members; and non-members – fees must be paid in advance and must accompany the registration form.

To register by mail or fax, use the attached registration form
To register online, go to www.nehca.org

Register early to save!

REGISTRATION FEES

Member* on/before January 24.....	\$170
NHCA Student Member on/before January 24.....	\$85
Non-member on/before January 24	\$340
Member* after January 24.....	\$195
NHCA Student Member after January 24.....	\$110
Non-member after January 24	\$365

Registration includes lunch, breaks and handouts for both days.
*Member rates apply to NHCA, NALA, LPNAN, and NHPCA members.

TAX DEDUCTION FOR EDUCATION EXPENSE: Treasury Regulation §1.162-5 Coughlin vs. Commissioner, 203 F.2d 307, permits an income tax deduction for education expenses (registration fees and cost of travel, meals and lodging) undertaken to: (1) maintain or improve skills required in one's employment or other trade or business or (2) meet express requirements of an employer or a law imposed as a condition to retention of employment, job status, or rate of compensation.

REGISTRATION FORM – Health Information Technology in Long Term Care

February 7-8, 2012 • Register by Mail, Fax, Phone or Online

NHCA, 3900 NW 12th St Ste 100, Lincoln NE 68521-3037 • Fax 402-475-6289 • Phone 402-435-3551 • www.nehca.org

Facility _____ Phone _____
Mailing Address _____ City _____ State _____ Zip _____

Check Nursing Facility or
Assisted Living Registration

NF AL

Name _____ Title _____ Fee \$ _____

E-mail _____


Name _____ Title _____ Fee \$ _____

E-mail _____

Total Registration Fees \$ _____

Membership Status: Member Non-Member

Billing Information: Check Enclosed Cash
 Credit Card Bill

 If you have a disability that requires special needs, please attach a written description of your needs.

If you wish a vegetarian meal or have other dietary restrictions, make a notation by your name.



Cardholder's Name (PRINT) _____
 Credit Card # _____
 Security Code # on Card Back _____ Expiration Date _____
 Cardholder's Billing Address, City, State, Zip _____

 Cardholder's E-mail _____
 Signature _____
 Your signature on the line above will authorize this transaction. ↑