

# Nebraska Health Care Association

3900 NW 12<sup>th</sup> Street, Suite 100

Lincoln, NE 68521-3037

Phone: 402-435-3551 Fax: 402-475-6289

[www.nehca.org](http://www.nehca.org)

*Serving Those Who Serve*

## CALL FOR PRESENTATIONS

This *Call for Presentations* is your invitation to submit a presentation proposal for Nebraska Health Care Association/Nebraska Assisted Living Association. Join other long term care professionals and profession experts and submit your program idea. Expand and strengthen the body of knowledge in long term care service and delivery. Here is how you will benefit:

**Increase** your visibility and earn credibility with thousands of profession leaders and providers.

**Expand** your network and gain new information from your colleagues and participants.

**Gain** the satisfaction of making a professional contribution to the knowledge base in long term care.



# CALL FOR PRESENTATIONS

## SUMMARY OF PRESENTATION

Please provide a 50 to 150 word typed, double-spaced summary of the seminar's content. The summary must include:

- A concise description of content that explains the value of the information and identifies new or unique applications.
- A description of the learning techniques that will be used to encourage discussion, participation, and learning.

## **Learning Behavioral Objectives**

Please complete the attached program objectives form. This form is necessary for obtaining continuing education credit for attendees.

## **First Time NHCA/NALA Speakers**

For each new faculty member, please include the following information:

- Description of speaking experience and expertise.
- Three most recent presentations--include dates, length of presentation, and audience size.
- Two references who can provide feedback regarding presentation skills--name, organization, and phone number.

## **Mail applications to:**

Connie Wagner  
Director of Education and Health Services  
Nebraska Health Care Association  
Nebraska Assisted Living Association  
3900 NW 12th Street, Suite 100  
Lincoln, NE 68521  
Phone: 402-435-3551  
E-mail: conniew@nehca.org

## SELECTION PROCESS

Proposals are reviewed by a volunteer education committee with expertise in long term care. The committee strives for a diverse and well-balanced conference. Each proposal will be reviewed carefully for:

- completeness and accuracy
- well-defined, realistic objectives that can be met in the time allotted
- clear, specific, and informative content
- content that is current and practical
- presenters with expertise in topic area and prior speaking experience.

The committee encourages proposals from different companies and organizations representing different points of view. The committee will limit the number of programs accepted from any one group.

## SPEAKERS NEED TO KNOW

- **Audience:** Attendees are long term care administrators, owners, and nurses. Social workers, activities professionals, housekeeping, laundry, maintenance, dietary, and direct care staff.
- **Handouts:** Speakers are encouraged to prepare seminar handouts. NHCA will duplicate all handouts and provide to attendees.
- **Audio Visual Equipment:** NHCA provides some of the equipment needed to deliver seminars effectively. NHCA asks faculty to submit special requests in advance.
- **Notification:** Individuals submitting proposals will be notified by the Director of Education as to the results of the selection process. In the case of multiple presenters, the first listed presenter will receive all materials.

- **Availability:** To achieve a balanced program, NHCA will determine the day and time that a program is presented. Presentations may occur on any day of the week.
- **Fees:** The NHCA/NALA operates on a limited budget. Should you require an honorarium or speaking fee for your presentation, please include that information in your application.
- **Hotel Rooms/Expenses:** NHCA will reserve overnight rooms in the host hotel for those speakers requiring overnight accommodations. All other expenses will be negotiated at time of acceptance of presentation.
- **Length of Presentation:** The presentation needs to be a minimum of 90 minutes for conventions to six hours for freestanding programs.

## CHECKLIST

All applications must be fully completed and accompanied by the requested attachments. Please paperclip attachments; do not staple. Proposals must be typed and mailed (no faxes accepted).

## **Proposals must include:**

- ✓ Completed application
- ✓ Seminar description
- ✓ One paragraph biographical sketch
- ✓ Program objective form
- ✓ Speaker references (first-time faculty only)

# PROFESSIONAL DEVELOPMENT TOPICS

There may be topics that do not fall within these areas. We encourage the submission of proposals on other topics you feel should be included in the convention program!

## Activities

- ◆ Activities for Men
- ◆ Budgeting
- ◆ Working with Limited Funds
- ◆ Working with Late-stage Dementia

## Clinical Care and Management

- ◆ Critical Pathways
- ◆ COPD
- ◆ Resident Safety/Negotiated Risk
- ◆ Interdisciplinary Care Planning
- ◆ Social/Medical Models of Care
- ◆ Infection Control
- ◆ Incontinence
- ◆ Restraint Reduction
- ◆ Pressure Ulcer Care
- ◆ Fall Prevention
- ◆ Coordination of Care
- ◆ Restorative Care
- ◆ Physical Assessment
- ◆ Discharge Planning
- ◆ Weight Loss

## Environmental Services

- ◆ OSHA Compliance Audits
- ◆ Bloodborne Pathogen Training
- ◆ Personal Protective Equipment
- ◆ Indoor Air Quality Monitoring
- ◆ Ergonomics
- ◆ Hazard Communication Training
- ◆ The Interior Designer's Role
- ◆ The Impact of Interior Design
- ◆ One-Man Maintenance Crew
- ◆ Make an Old Building Look New
- ◆ Recordkeeping
- ◆ Fire Safety

## Facility Management

- ◆ Risk Management
- ◆ Staff and Resident Diversity
- ◆ Workers' Compensation
- ◆ Recruitment and Retention
- ◆ Admissions Agreements
- ◆ Staff Cross-Training
- ◆ Work Teams
- ◆ Resident Rights
- ◆ A Managed Care Environment
- ◆ Crisis Management
- ◆ Acquisitions and Expansions
- ◆ Medical Staff Policies
- ◆ HIPAA

## Financial Management

- ◆ Managed Care Contracts
- ◆ Payment Protections
- ◆ Capitation
- ◆ Financial Data
- ◆ Long Term Care Insurance
- ◆ Medicare Risk Programs
- ◆ Capital Funding

## Human Resources

- ◆ Performance Reviews
- ◆ Privacy, Harassment, etc.
- ◆ Personnel Policies
- ◆ Domestic Violence Intervention
- ◆ Legal Responsibilities

## Industry Sophistication

- ◆ Computerization
- ◆ Modernization of Facility Design
- ◆ Marketing to New Customers
- ◆ Community Partnerships
- ◆ Ethics and Decision Making
- ◆ Consumer Confidence
- ◆ Technology for Inservice Training
- ◆ The Role of the Family

## Quality

- ◆ Quality Management
- ◆ Customer Satisfaction Tools
- ◆ Resident Outcomes
- ◆ Comparative Quality Data

## Nutritional Care

- ◆ HACCP--Beyond the Basics
- ◆ Budgeting
- ◆ Purchasing
- ◆ Management Training
- ◆ Regulations
- ◆ Planning Menus
- ◆ Open Dining

## Public Policy

- ◆ Resident Advocacy
- ◆ Survey Compliance
- ◆ OSHA Standards

# NHCA CALL FOR PRESENTATIONS APPLICATION FORM

Applications must be fully completed and include all requested attachments. Information requested on this form may be retyped in your word processing program; please be sure to include all required information! Questions? Please call Connie Wagner, Director of Education and Health Services, at 402-435-3551.

Seminar Title: \_\_\_\_\_

**Seminar Length** \_\_\_\_\_  
(Minimum 90 minutes)

**Level of Sophistication**

- Introductory
- Intermediate
- Advanced

**Target Setting**

- Nursing Homes
- Assisted Living

**Instructional Methods**

- Lecture
- Panel Discussion
- Case Study
- Workshop
- Other:

**Target Audience**

- Administration
- Nursing
- Dietary
- Social Service
- Environmental Services
- Activities
- Other

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Presenter Information

1

2

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Org. \_\_\_\_\_

Org. \_\_\_\_\_

Addr. \_\_\_\_\_

Addr. \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_/\_\_\_\_\_

Phone \_\_\_\_\_/\_\_\_\_\_

Fax \_\_\_\_\_/\_\_\_\_\_

Fax \_\_\_\_\_/\_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Education (degrees) \_\_\_\_\_

Education (degrees) \_\_\_\_\_

Honorarium (if required) \_\_\_\_\_

Honorarium (if required) \_\_\_\_\_

**Attachments (required)**

- Current position/duties
- Professional qualifications specific to topic
- Biographical sketch

**Attachments (required)**

- Current position/duties
- Professional qualifications specific to topic
- Biographical sketch

# PROGRAM OBJECTIVES

Program Title: \_\_\_\_\_

<b>OBJECTIVES</b> List objective in behavioral terms (At the completion of this program, attendees will be able to:)	<b>CONTENT (Topics)</b> List each topic area to be covered and provide an outline of the content to be presented for each objective	<b>TIME FRAME</b> State the time frame for each objective	<b>FACULTY</b> List the faculty for each objective	<b>TEACHING METHOD</b> Describe the teaching method used for each objective