# Facing the Challenges of Alzheimer's Disease

INSIDE

Alzheimer's Disease In Long-Term Care Facilities Alzheimer's Disease: Looking to the Future Caring for Residents with Alzheimer's



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Fall/Winter 2010

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## Chair's Message



By Greg Wells Board Chairman

ith the baby boom generation continuing to mature, it is no secret that our Commonwealth, as well as the entire nation, will soon be experiencing a population growth of senior citizens that we have never seen before. As this segment of the population continues to grow, a breadth of services to meet their needs and expectations, including long term care services, will be needed from Kentucky Association of Health Care Facilities members.

As providers, we have seen a changing trend for several years in the type of admissions to our facilities. The residents we are admitting today have more health issues that require greater attention and treatment from our staffs than ever before. Among those health issues are residents who have been diagnosed with dementia and Alzheimer's disease.

For anyone who currently has or had cared for a loved one diagnosed with dementia and Alzheimer's, you know first hand how difficult and challenging this can be both emotionally and physically on the resident as well as the caregiver. Many facilities have set aside special, distinct units to care specifically for these residents. It takes a well-educated and trained staff to care for the resident with Alzheimer's disease, but also to provide support and comfort for the family as well.

Our Association strives to provide our members with the education to assist them in delivering the kind

# Education, Training Key in Caring for Dementia Residents and Their Families

of care needed by the resident and expected by the family. For several years now, numerous sessions at our Spring Training and the Annual Conference have dealt with dementia and Alzheimer's-related issues. We have offered educational sessions that have focused exclusively on dementia, including a motherdaughter team who cared for their These types of education sessions are geared to help staff understand what families and residents are going through. They are also designed to help staff be up-to-date on the latest data on dementia and Alzheimer's and the latest trends and ideas on how to treat and care for residents suffering from this disease.

Moving forward, it is important

Our Association strives to provide our members with the education to assist them in delivering the kind of care needed by the resident and expected by the family.

family member and shared their first-person experience and what they learned with our membership. As part of our Activity Professionals Training course, participants took part in a Virtual Dementia tour which distorted their vision, sense of touch and hearing and were then asked to perform everyday tasks such as folding laundry or setting a table. This exercise leaves an impression which influences the manner in which the participants interact and care for their residents, and also helps the staff as they assist family members in understanding what is happening to their loved ones as the diseases progress.

that we as an Association continue to offer and provide valuable educational training to our members. Continued education on dementia and Alzheimer's disease care is just one of the many services that our Association offers to assist our members in meeting the needs of our residents and their family members. As a member of KAHCF, you can keep abreast of all our scheduled educational seminars by reading Members Only and checking the KAHCF website at www.kahcf.org for a schedule of upcoming training sessions. Join your peers and make plans now to attend. I hope to see all of you in the very near future. 田

## President's Message



By Ruby Jo Lubarsky KAHCF President

#### ny successful venture requires a joint effort among partners sharing similar goals and concerns to ensure the exchange of latest information on trends, treatments and data.

The KAHCF leadership takes its charge of seeking out and fostering these kinds of partners seriously. It is important that we as an association find like-minded groups to connect with, not only to exchange information, but to help promote the Association's positions and positive work our members do across the state.

This issue of *CareLink* provides just a sample of the relationships KAHCF is pleased to be part of in helping our residents and their families touched by dementia or Alzheimer's disease. The first article by Stephanie Freeman and Dr. Gregory Jicha with the University of Kentucky's Sanders-Brown Center on Aging details the latest research into Alzheimer's and possible breakthroughs in treatment. KAHCF has supported UK's Summer Series on Aging for many years and sees this as a way to be seen among other senior care advocates and help promote our members' work.

Another article in this issue comes from Ellen Kershaw and the Alzheimer's Association detailing trends, data and how Alzheimer's is

# It Takes Partnerships to Care for Our Seniors

We can all learn from each other and come up with the best ways to provide the kind of care we, the residents and families expect.

affecting Kentucky and the nation. The Association tries to meet with groups such as the Alzheimer's Association when possible to exchange ideas and information on how to help caregivers, residents and families. Representatives of the Alzheimer's Association are frequent speakers at KAHCF training events and some of their staff have also served as judges for our Awards program.

Other partnerships that the Association participates in includes the Kentucky Coalition of Person Centered Care to discuss the best practices and ways to implement changes to move long term care from an institutional setting to a more resident-centered setting. KAHCF also meets with the Kentucky Initiative for Quality Nursing Home Standards group to exchange ideas and support some programs and efforts to improve care in Kentucky's nursing homes. Likewise, much time and energy has been put forth in getting KAHCF members to participate in emergency planning efforts across the state. These efforts have generated grant money to purchase needed equipment to care for residents and their communities in times of a natural disaster or emergencies. These efforts also brought long term care to the table and made other agencies start including facilities into their local plans.

It will be these kinds of partnerships that will move us forward to care for our aging population. And while it is beneficial for KAHCF to be visible, these relationships are so much more than that. These efforts ensure all parties have the latest information and ideas in caring for the population we are charged with. We can all learn from each other and come up with the best ways to provide the kind of care we, the residents and families, expect.

# **Alzheimer's Disease In Long-Term Care Facilities:** Where Are We Now, and Where Are We Going in the Next Few Years?

By Stephanie Freeman, MSW & Gregory A. Jicha, M.D., Ph.D. University of Kentucky Alzheimer's Disease Center and the Sanders-Brown Center on Aging

magine the impact an estimated 70 million people ages 65 and older will have on our healthcare system and society by the year 2029, when the baby boomers begin to enter their golden years and develop diseases such as Alzheimer's (AD).<sup>1</sup> Unless medical breakthroughs identify ways to better treat or prevent such diseases, the number of those baby boomers expected to be diagnosed with AD and related dementias will rise exponentially.

Our society is quickly aging, making AD a major issue. Currently, those 65 and older with AD, which is the 5<sup>th</sup> leading cause of death for this age group, make up an estimated 5.1 million Americans.<sup>1</sup> Previous estimates had suggested that we would not reach this number until at least 2020, but they were wrong. The crisis came sooner than expected. By the year 2050, the projected number of those 65 and older with AD will be between 11 million and 16 million.<sup>1</sup> This inflation of persons with AD will place an even greater burden on the future healthcare workforce and longterm care facilities (LTC) across the globe.

A person diagnosed with AD or dementia in the early stages is usually cared for at home by either paid or non-paid help. This places a significant burden on caregivers that may need to take extended family medical leave and relinquish gainful employment. The emotional toll of caregiving can be even more devastating.Asthediseaseprogresses, more assistance is needed including the use of healthcare services such as adult day care, professional home health care and assisted living. Eventually, the burden will rest on LTC facilities.

It is not a surprising fact that older Americans with AD and other dementias are more likely to use long term care services than those with normal cognition. Six years ago, it was reported Medicare beneficiaries with AD or other dementias were eight times more likely to stay in a skilled nursing facility than other beneficiaries without AD or dementia.<sup>1</sup> The burden of AD on long-term care facilities will continue to grow.

## Why is diagnosing dementia in LTC residents important?

People living in a LTC setting can experience a decreased demand for participation in activities of daily living (ADLs) as these are provided by the staff. Functional decline in ADLs is typically the signpost that identifies a developing dementia, yet in many LTC settings such functional decline may not be apparent, often resulting in dementia, or an underlying cause of dementia, to be overlooked and untreated. This oversight can be quite a dangerous one. Dementia is caused by many conditions, some of which can be reversed, and symptoms of dementia can always be treated, improving the quality of life of the LTC resident and reducing LTC staff demands for such challenging residents. Screening for reversible causes of dementia that may lessen caregiver burden and improve quality of life for persons experiencing decline include laboratory testing for vitamin B12 deficiency and thyroid problems as well as routine metabolic

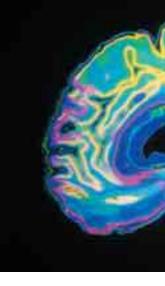
lab tests that may already be performed regularlybyprimarycaredoctors.<sup>2</sup>Brain imaging (CAT scan or MRI) can detect other treatable causes of dementia such as normal pressure hydrocephalus and is also recommended by the American Academy of Neurology.<sup>2</sup>

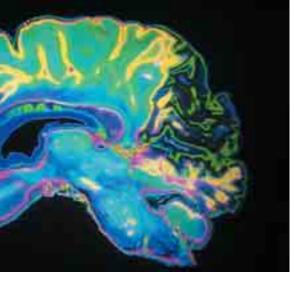
#### **Research advances in diagnosis of AD**

Research advances in the field of AD have been propelled by the use of diagnostic biomarkers of disease rather than the detection of later onset cognitive and functional decline.3 MRI-based assessment of brain shrinkage (atrophy) in a pattern characteristic of AD, spinal fluid markers, and direct PET-imaging based visualization of brain amyloid are pushing diagnoses earlier and allowing a more accurate prediction of impending decline.<sup>4</sup> Such diagnostic tools remain in the research realm currently but are poised to enter the arena of mainstream diagnosis in the upcoming years. Such tools will prove invaluable in the identification of those that suffer from or at high risk for the development of AD in the next few years. LTC facilities will need to be poised to understand the implications and financial burden of such diagnostic measures, perhaps prescreening persons for impending or undetected AD prior to admission rather than shouldering the costs of diagnosis within the financial constraints of the institution.

## Current treatment options and dilemmas

Once the diagnosis of dementia or AD is made, treatment is available.





There are currently four FDA approved medications to treat AD, of two different drug classes. They should be used in combination for patients in the moderate to severe stages of disease that are typical for LTC residents with dementia. The first class includes the cholinesterase inhibitors (donepezil, Aricept<sup>™</sup>; galantamine, Razadyne<sup>™</sup>; rivistigmine, Exelon<sup>™</sup>). Only one of these should be used at a time and they are all interchangeable, essentially offering no benefits of one over the other. The second class includes only memantine, Namenda<sup>™</sup>, which acts on a different brain chemical. Such agents not only slow progression of cognitive symptoms, but have also been shown to reduce comorbid symptoms such depression, anxiety, agitation, as irritability, hallucinations, delusions, and other problematic symptoms that many residents of LTC facilities with dementia experience. Their use can reduce staff demands and help maintain quality of life.

#### **Future treatment options**

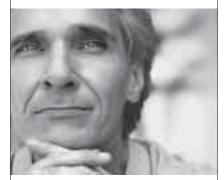
While our current treatment options represent a major advance over the last decade, before which we could only provide behavioral support, they are not cures, nor do they slow the disease itself. They are mere bandaids for the symptoms. Again our research advances have brought us to the horizon of potential cures for AD. The current focus of drug development is on disease modifying therapies that may slow or halt the disease itself. Such agents are not designed to help with memory, thinking, behavioral or psychiatric issues directly, but instead directly target the disease process in an attempt to remove toxic proteins from the brain and stop nerve cells from dying. Several promising agents are currently in Phase III trials here in Kentucky and across the globe. While these agents may be too late in discovery for your current residents, they hopefully will slow the coming onslaught you will experience as an LTC professional. Just this past April, one such agent demonstrated an ability to remove amyloid plaques (toxic protein buildups) from the brains of living AD subjects.<sup>5</sup> This is the first clear demonstration that we can change the disease process. Will it be enough? Only time will tell.

In the meanwhile, brace yourself for the coming onslaught; work on early diagnosis and treatment; and pray with us that we find the cure we are all looking for soon!

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The University of Kentucky Alzheimer's Disease Center and the Sanders-Brown Center on Aging is located in Lexington, KY, Lexington, KY 40536-0230 A good partner solves your problem...



# .... Before you knew you had one.

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# **Alzheimer's Disease:** Looking to the Future



By Ellen Kershaw, V.P. for Public Policy

Alzheimer's Association - Greater Kentucky and Southern Indiana Chapter

hile Alzheimer's disease was first identified more than 100 years ago, only in the last 25 years has the disease been a focus of significant attention by the scientific community. In that time, the breadth and depth of research conducted to better understand and ultimately slow or prevent the disease has been remarkable.

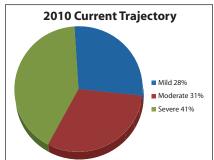
Also remarkable has been the transformation of the public perception of Alzheimer's. We now understand that it is a progressive and fatal brain disease and not a normal part of aging. With better recognition of the disease and growing numbers of people affected, hardly a day goes by when Alzheimer's is not mentioned on TV and radio, in newspapers and magazines, even on Facebook and Twitter. There is good reason for this: Alzheimer's touches a very large number of individuals, families and caregivers in every community across this Commonwealth and nation.

#### **Current Trends**

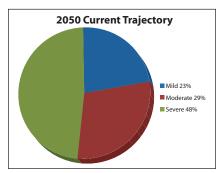
According to the Alzheimer's Association's 2010 Alzheimer's Disease Facts and Figures Report:

- 5.3 million Americans have Alzheimer's, including 200,000 under age 65.
- In 2010, there are 80,000 Kentuckians with Alzheimer's disease. This number will increase to 97,000 by 2025, a 31 percent increase compared to 2000.
- Every 70 seconds, someone in America develops Alzheimer's. By mid-century, someone will develop the disease every 33 seconds.
- The number of Americans surviving into their 80s and 90s and beyond is expected to grow dramatically due to advances in medicine and medical technology.

Proportion of Americans Age 65 and Older with Alzheimer's Disease by Stage of Disease, 2010–2050



5.1 Million People



13.5 Million People

From the May 2010 report "Changing the Trajectory of Alzheimer's Disease: A National Imperative", which examines the current trajectory of Alzheimer's based on a model developed by the Lewin Group for the Alzheimer's Association.

Since the incidence and prevalence of Alzheimer's disease and other dementias increase with age, the number of people with these conditions will also grow rapidly.

- In 2000, there were an estimated 411,000 new cases of Alzheimer's. For 2010 that number is projected to be 454,000 new cases; by 2030, 615,000; and by 2050, 959,000.
- This year more than 5.5 million Americans are 85 years or older; by 2050, that number will nearly quadruple to 19 million.
- While the number of Americans aged 100 years and older is estimated

at 80,000 in 2010, by 2050 there will be more than a half million Americans aged 100 years and older.

- The 85-years-and-older population currently includes about 2.4 million people with Alzheimer's disease, or 47 percent of the Alzheimer population aged 65 and over. When the first wave of baby boomers reaches age 85 years (2031), an estimated 3.5 million people aged 85 and older will have Alzheimer's.
- The number of people aged 65 and older with Alzheimer's disease is estimated to reach 7.7 million in 2030 – more than a 50-percent increase from the 5.1 million aged 65 and older currently affected.
- By 2050, the number of individuals aged 65 and older with Alzheimer's is projected to number between 11 million and 16 million – unless medical breakthroughs identify ways to prevent or more effectively treat the disease. Barring such developments, by 2050 more than 60 percent of people with Alzheimer's will be aged 85 or older.

Addressing this public health crisis will require the efforts of everyone families, service providers, researchers, community groups, health care organizations and government - to advocate for ways to find effective treatments, improve the quality of life for those living with the disease, and ensure access to health and long-term care.

The Alzheimer's Association - Greater Kentucky and Southern Indiana Chapter is dedicated to advancing research, providing education care and support, and promoting ways to reduce the risk of dementia. The Association webpage *www.alz.org/kyin* includes the full 2010 *Alzheimer's Disease Facts and Figures Report*. The 24/7 toll-free Alzheimer's Helpline is 1-800-272-3900.

# **Caring for Residents with Alzheimer's Disease**

## Caring for You...Caring about You

#### By Amy Phelps

Magnolia Village Care and Rehabilitation Center

f your loved one is affected by Alzheimer's disease or a dementiarelated diagnosis, rehabilitation intervention or physical, occupational or speech therapy will be an important part of their care. Magnolia Village Care and Rehabilitation Center in Bowling Green offers a specialized Solana Alzheimer's facility with the focus on personalized care to meet the individualized needs of our residents. This focus, while not altering the progression of the disease, can greatly improve the quality of life for our residents.

The Solana Alzheimer's team uses SunDance Rehabilitation therapists who have designed a training program that provides the tools to evaluate

# **Are We Home Yet?**

By Mary Haynes, MS, MSN, RN CEO/Administrator, Nazareth Home

Il of us have stories to tell. We have reasons why we are where we are in life, we may have places we still want to go, but we all have experiences that have brought us to the place where we now stand.

I came into long term care as a mental health professional without a place to practice my trade. Being lost and wanting to feel at home, I turned my new workplace, a nursing home, into the "therapeutic milieu" of all my previous workplaces, a place where all behavior and actions have meaning and everything matters. Considering my new 'work place' was a nursing center being built especially for elders living with Alzheimer's disease or a and treat residents affected with dementia-related diagnoses using a holistic approach. Using this training program, therapists and staff learn to use communication strategies so that they may work with residents with challenging behaviors by providing resident centered treatment and interventions that will transition the dementia resident to activity-based care. The ultimate goal of therapeutic intervention is to help those with Alzheimer's or other dementia-related diagnoses participate daily in activities they enjoy, such as gardening. When our therapists understand a resident's abilities, they begin developing a personalized treatment plan that's both creative and functional.



Magnolia Village resident Ray Herald and occupational therapist Linda Owens water the grounds.

# Residents want us to join them in everything they are experiencing.

related problem, my being lost and trying to feel at home turned out to be a recipe for success.

When asked to write a few words on where we are and how far we have come in developing good communities that respond to the life of someone living with Alzheimer's disease or something like it, I say we aren't home yet, but we are getting closer all the time. If you have ever had a conversation with someone living with Alzheimer's disease, you will find they want to be home. We as professionals are still trying to determine what home means in the regulated, healthcare environment we work in, and how we can be in the healthcare place and home at the same time. But all residents, not only those living with Alzheimer's disease, are looking for a good professional to take them there.

The "new" CMS guidance on quality of life tags as well as the person centered care conversations have stimulated some new energy towards this conversation about HOME. For those of us living in the dementia world, we are grateful for the conversation, yet at the same time, a little amused at the term 'new' popping up in the same context. Good environments are built on the principles of community, respect, trust, hope, and mutuality and are evidenced by relationships exhibiting compassion, patience, consideration and humor. These are not new ideas but are essential and authentic truths of life and leadership.

So, given that the right philosophy is in place, what can be some practices of living together that make a "home"? One of my favorites is family-style dining. I have used it now for twenty years and have never seen it fail to delight residents, families and staff. Most recently, our family-style dining includes the professionals eating with the residents. Family-style dining means the meal is served in bowls to each table, there are residents and staff at each table, and well, family too if they are around. Residents eat more as the conversation is easy and everyone is engaged in the same purpose and function. Once staff gets past the fear, they love the concept. They get their breaks at other times, but they are honored in this process, as the elders are, and it makes for happiness all the way around. There is less food wasted and more time spent, and clearly, it meets the definition that most of us have for home-style.

Residents want us to join them in everything they are experiencing. Some of what they experience we can only imagine and do our best to understand them through validation and affirming practices. But, when they ask us to join them at the table, we can do that. And, when we do, community is built, mutuality is experienced, and the elder, the staff and the family come together in ways that pay great dividends.

Let's keep driving past the fear and get HOME.



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## Member News

#### Superior Administrator Helen Sims Assumes New Leading Role

The evening of January 22 marked a new milestone in Paducah history, as Paducah Bank's Susan Guess passed the Paducah Area Chamber of Commerce Board of Directors gavel to Superior Care Home's administrator/ owner, Helen Sims. It is the first time in Chamber history that the chamber board has been chaired by a woman for two consecutive



terms. The historic event has captured the attention of the entire Paducah area and is featured in the current issue of *Paducah Life* magazine.

The Paducah Area Chamber of Commerce Board of Directors represents a diverse group of area business leaders who volunteer their time and talents to address the needs of area business owners. From local, state and federal political advocacy to addressing continued economic growth and development for our great community, the chamber board plays a vital role in supporting and promoting area businesses, both large and small.

In her acceptance speech, Sims credited her mother and Superior Care Home founder, Mary Ellen Thompson, as her life-long inspiration for excellence in leadership and commitment to community service, guided by Ms. Thompson's philosophy that "when you give, you gather."

-Reprint of article in February 2010 Superior Living, a monthly publication of Superior Care Home Nursing and Rehabilitation Center; submitted by Cynthia Foster, Superior Care Home Nursing and Rehabilitation Center

#### The Heritage Administrator Named Woman of Distinction

CathyWillis, administrator at The Heritage Nursing and Rehabilitation Facility in Corbin, was named by the Corbin Times-Tribune one of its Women of Distinction. Willis was featured in a special section earlier this year, promoting her work in the community and initiatives she has implemented at The Heritage.



## REM

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#### **New Members**

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#### **KAHCF Members among Kentucky's Best Places to Work**

Once again, KAHCF facility and vendor members were ranked among Kentucky's Best Places to Work as determined by the Kentucky Chamber of Commerce and the Kentucky Society for Human Resource Management. There were 64 companies ranked this year, 32 Large Places to Work and 32 Small/Medium Places to Work.

# Alternative Linen Program

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## **Eliminate Linen Hassles**

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Shelbyville, Kentucky Serving the Healthcare Community for Over 80 Years. Trilogy Health Services came up just short in its bid for a third-straight No. 1 ranking on the Small/Medium list, coming in second.

"We are honored to be recognized for the third consecutive year as one of the Best Places to Work in Kentucky," commented Randy Bufford, President and CEO of Trilogy. "This award is a reflection of our employees' continued commitment to our mission of providing "world class" customer service for our residents, their families and the communities in which we operate. We are proud of this accomplishment."

Also on the Small/Medium list was Kingsbrook Lifecare Center at 14, Luckett & Farley at 18, Senior Care Inc.-Support Center at 19 and Neace Lukens at 27.

On the Large Places to Work List, First Corbin Long Term Care came in 4th.

"The Best Places to Work honor means a tremendous amount to our employees. Every one wants to feel like they work for a company that cares about them as people. Providing a "best place to work" shows that we care," said Kathy Hall, President of First Corbin Long Term Care. "I know a lot of companies say this, but our employees are truly like family. They work together in a team atmosphere to provide first-quality, compassionate care for all our residents."

Also making the list was Stoll, Keenon, Ogden, 1st; Stites & Harbison, 5th; Kindred Healthcare-Support Center, 17th.

"I am pleased our employees have selected Kindred again for this honor," said Richard E. Chapman, Kindred Healthcare's Executive Vice President Administrative and Chief and Information Officer. "Kindred's culture of caring for our patients and residents begins at our core - our employees. They are the ones who ensure quality care and customer service. I think the fact that our employees are proud to work for us says something about our success as a company." 围

# **KAHCF members enrolled in Phase 2 of Advancing Excellence Campaign as of June 15, 2010**

dvancing Excellence in America's Nursing Homes is a national campaign to encourage, assist and empower nursing homes to improve the quality of care and life for residents.

Comprised of long term care providers, medical professionals, consumers, employees, and state and federal agencies, AE is the largest and first coalition of its kind to measure quality by setting clinical and organizational goals for nursing homes.

The coalition stimulates quality improvements by providing nursing homes with free, current and practical

Barbourville Nursing Home\* Bashford East Health Care\* Berea Health Care Center\* Bon Harbor Nursing and Rehab\* **Bourbon Heights** Boyd Nursing and Rehabilitation Center\* Bradford Square\* Bridgepoint Care & Rehab Britthaven of Bowling Green\* Britthaven of Prospect\* Britthaven of Somerset\* Britthaven of South Louisville Calvert City Convalescent Center\* Cambridge Place\* Carter Nursing & Rehabilitation Center\* Cedar Ridge Health Campus\* Christopher East Nursing Center\* Colonial Manor\* Colonial Terrace Nursing Center\* Countryside Health Care\* Crittenden County Health and Rehabilitation Center Danville Centre for Health and Rehabilitation\* Dawson Springs Health and Rehabilitation **Edgewood Estates** Edmonson Care and Rehabilitation Center\* Elizabethtown Nursing and Rehab\* Elliott Nursing and Rehabilitation Center\* Fordsville Nursing & Rehab\* Franciscan Health Care Center\* Glen Ridge Health Campus\* Golden Living Center Camelot\* Golden Living Center Frankfort\* Golden Living Greenhill\* Golden Living Center Stanford\*

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evidence-based resources, empowering residents and their families with education, and helping participants reach their targets. Homes can compare their progress with state and national averages.

Recently, Phase II was launched and nursing homes which had signed up for Phase I had to re-enroll and select new goals. The following KAHCF members facilities signed up for Phase II, and those denoted with a \* are charter members that were enrolled in Phase I and re-enrolled in Phase II by Jan. 31. It's not too late to sign up by visiting www.nhqualitycampaign. org/star\_index.aspx?controls=welcome for instructions.

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For more information or details on a specific program, please call or email **Angela Porter Professional Development at KAHCF: (502) 425-5000 or aporter@kahcf.org.** 

Tentative calendar – topics and dates are subject to change.

#### September 2010

1	Life Safety Code	Louisville
1	Plan of Correction & IDR	Louisville
8	Activity & Social Services MDS 3.0	Louisville
9-10	Advanced Social Services Training (Part II)	Louisville
20-24	State Training for Activity Coordinators	Louisville
28	LTC Dietary Symposium	Louisville
	~ ~ ~	

#### November 2010

9-11 Annual Meeting ..... Louisville

#### December 2010

2-3	Comprehensive MDS 3.0 Training .	Louisville
8-9	LTC Management Training	Louisville

#### February 2011

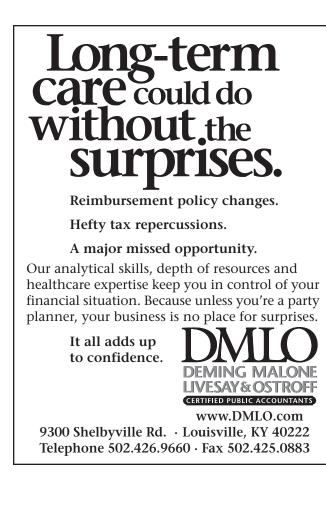
15-16	Method of Instruction	Training	Louisville
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#### March 2011

	Comprehensive MDS 3.0 Training Louisville
21-25	State Training for Activity Directors Louisville

#### April 2011

18-20	Spring TrainingTBD



#### EDUCATIONAL OFFERINGS

#### **Pertinent Educational Seminars**

Fulfilling the continuing education needs of Kentucky's long-term care professionals is an essential service provided to KAHCF's membership. In today's dynamic professional environment, KAHCF has endeavored to identify, develop, and offer a wide variety of innovative and relevant educational opportunities that truly satisfy the educational needs of our members and their staffs. The programs are planned by the Education/Convention Committee, which identifies timely needs of the profession.

In addition to the offerings at our Annual Meeting and Spring Training, KAHCF offers a number of educational programs throughout the year including: LTC Management Training (course for New Department Heads in LTC including Administrators and DON), RAI/MDS Basic and Advanced Training Programs, State Training Course for Activity Coordinators, Nurse Aide Training "Method of Instruction" Course, plus a number of freestanding seminars on the current "hot" topics in long-term care.

#### **Annual Convention and Trade Show**

KAHCF holds the largest convention and trade show in Kentucky for the long-term care professional. The event includes over 30 educational sessions covering the spectrum of long term care topics. Continuing education credits are offered for administrators, social workers, registered nurses, activity directors, certified dietary managers, registered dietitians, and other staff members.

Social and entertainment events are scheduled for fun and networking. We also recognize the state's top volunteers, administrators and other staff members, and facilities through our Annual Awards Competition. Our trade show features over 100 exhibitors showcasing the latest technology and services available to long-term care professionals.

#### **Request for Presentation**

Are you interested in presenting a program for the Kentucky Association of Health Care Facilities? In addition to our fall Annual Meeting and Spring Training conference seminars, KAHCF offers over 20 freestanding educational programs each year on a variety of topics and for a wide range of audiences.

We invite you to become a part of our educational programs by submitting your presentation for consideration. Requests for Presentation will be reviewed for inclusion at the Annual Meeting and other KAHCF educational seminars offered throughout the year. All presentations will be kept on file and, if not selected for the Annual Meeting, will be considered for other speaking opportunities.

The Request for Presentation form is available on line on our website at *www.kahcf.org* 

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