

# Advance Directives

PRESENTED BY:

Tarrah Quinlan, RN, BSN

Lisa Volk, RN, BPS, LNHA

NYSHFA | NYSCAL

September 8, 2022 | 10:00 am - 12:00 pm

Webinar

2.0 CEUS
APPROVED BY NAB FOR LNHAS & ALAS



NYSCAL

# **PROGRAM OVERVIEW:**

As healthcare facilities continue to admit and care for individuals with increasing complex diagnoses, the potential and occurrence for cardiopulmonary arrest within these facilities has also risen.

Guided by both State and Federal regulations, facilities are required to establish, maintain, and implement written policies and procedures regarding the resident's right to formulate an advance directive, as well as the right of refusal of medical and surgical treatment.

This program will review different types of advance directives, advance care planning, policy and procedure development, and regulations specific to advance directives.

# **TARGET AUDIENCE:**

Administrators, Executive Directors, Dietary Staff, Nursing Staff, Rehabilitation Professionals, and other Interdisciplinary Team Members

# **SPEAKERS:**



TARRAH QUINLAN, RN, BSN, is a Registered Professional Nurse with over 20 years' experience in multiple health care settings, specializing in long-term care. Most recently, Tarrah served as the Director of the Bureau of Quality Assurance and Surveillance at the New York State Department of Health. Prior to serving as Director, Tarrah served in several key long-term care positions within the Department of Health and in the Office of the Medicaid Inspector General. Tarrah has an extensive background in policy development, operations, quality control, and regulatory compliance in skilled nursing facilities. She is also Patient Review Instrument (PRI) and Screen certified, MDS 3.0 proficient, and has completed skilled nursing facility health care surveyor training from the Centers for Medicare and Medicaid Services (CMS).

Tarrah's experiences working across the healthcare continuum with staff and facility leaders have shaped her positive approach to the value of enhancing local, state, and national partnerships to achieve regulatory compliance and accreditation and to build strong quality improvement practices with providers.



LISA M. VOLK RN, BPS, LNHA, joined NYSHFA in 2016 as the Director of Clinical & Quality Services. She has over 35 years of experience in the long-term care setting in both the proprietary and not for profit sectors. She has held roles as Director of Nursing, Administrator and Executive Director. Lisa has extensive knowledge in team building, employee engagement and innovative practices, which lead facilities to achieve consistent high-quality outcomes and revenue enhancement. During her career, her team was recognized by the American Health Care Association (AHCA) as a Quality Award Winner utilizing Malcolm Baldrige criteria and the Island Peer Review Organization (IPRO) for Excellence in Care and Service Award. Lisa has served as an adjunct instructor for the Foundation for Quality Care Leadership Institute and was in the Foundation's first Administrator Leadership Program.

# **GENERAL INFORMATION ප** DETAILS



\$175 Non-Members

Available for LNHAs and ALAs

Thursday, September 8, 2022 10:00 am -12:00 pm

**PLEASE NOTE!** Cost per connection. Multiple participants may listen in on one connection at the cost of one registration. Multiple connections from the same facility will be invoiced an additional registration fee.

# **CONFIRMATIONS**

Confirmations will be sent one day prior. All registrants will be e-mailed:

- A link to the webinar program and call-information
- A credit form
- Handouts
- An evaluation form

# **NYSHFA | NYSCAL'S CANCELLATION POLICY**

No refund will be issued after the webinar.

# **QUESTIONS?**

**Erin Armstrong** 

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# **ADVANCE DIRECTIVES**

REGISTRANT INFORMATION
Name: NAB Identifier:
Title:
Facility Name:
Address:
City, State, Zip:
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PAYMENT INFORMATION MEMBERS: \$125   NON-MEMBERS: \$175
PLEASE SEND YOUR REGISTRATION TO ERIN ARMSTRONG VIA  EMAIL: earmstrong@nyshfa-nyscal.org   FAX: 518.426.4051  MAIL TO: Foundation for Quality Care • 33 Elk Street • Suite 300 • Albany • NY • 12207
Check Visa American Express Mastercard Discover  Credit Card Number: Exp. Date
Name on the Card:
Cardholder Signature*
Total Amount Due: \$
* I authorize NYSHFA/NYSCAL/FQC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. PLEASE NOTE: Payment Will Show on Your Credit Card Statement as NYS Health Facilities Association.

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