
Long Term Care Infection Prevention Capacity Building



Jessica Rosende, MPH, CIC & Walteena
Brooks, LVN, IP

October 13, 2023

Speakers



Jessica Rosende
Infection Preventionist
Greater Los Angeles APIC
President



Walteena Brooks
Infection Preventionist
Greater Los Angeles APIC SNF LTC Co
Chair

Presentation Objectives

At the end of this presentation, the attendee will be able to:

1. Describe infection prevention capacity building strategies utilized by a local Association for Professionals in Infection Prevention and Control and Epidemiology (APIC) chapter
 2. Explain how a local APIC chapter developed monthly infection prevention education specific to the long-term care setting
 3. Explore the partnership among local public health, long-term care infection preventionists (IPs) and a local APIC chapter to educate, support and grow the long-term care infection prevention community
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Presentation Outline

Background

Greater Los Angeles APIC

Strategic Approach to IPC Capacity Building

Challenges & Opportunities

Conclusion

Background

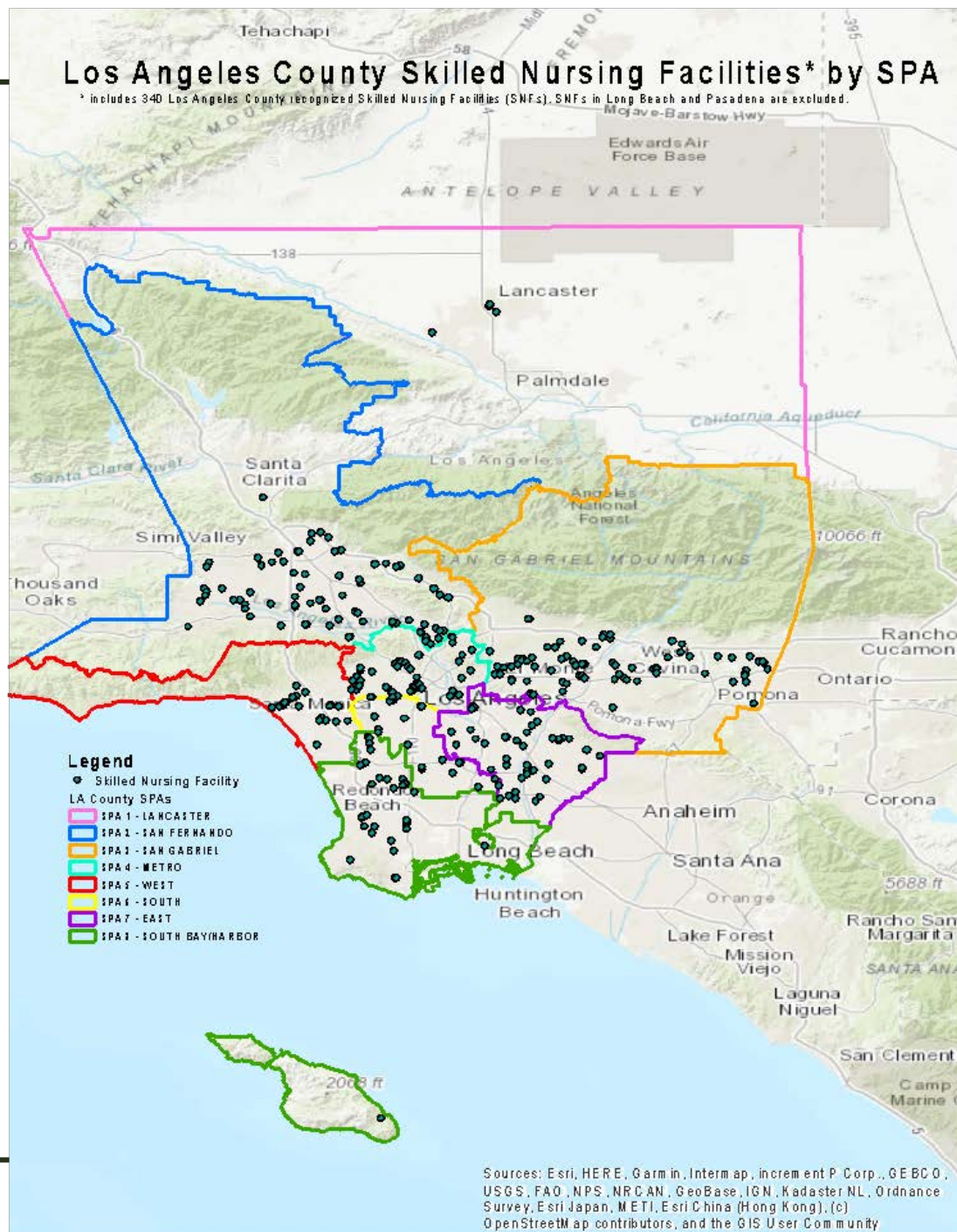
**The need for Long-term Care Infection Prevention
Capacity Building**

Pandemic pressure

Background

Demographics

- Population size of LA County:
9,721,138 (2022) (USCB)
- Number of GACHs: 94 (2021)
- Number of LTCFs: ~3,750 (2021)
 - Number of SNFs: ?



Background

Demographics

Map Courtesy of Los Angeles County Department of Public Health

- Population size of LA County:
9,861,224 (2022)
- Number of GACHs: 94 (2021)
- Number of LTCFs: ~3,750 (2021)
 - Number of SNFs: 342

Background: What is a LTCF?

Terms and definitions

- Long-term care facility (LTCF): long term care facilities provide a variety of services, both medical and personal care, to people who are unable to live independently. It is estimated that 1 to 3 million serious infections occur every year in nursing homes, skilled nursing facilities and assisted living facilities (CDC)
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Background: What is a SNF?

Terms and definitions

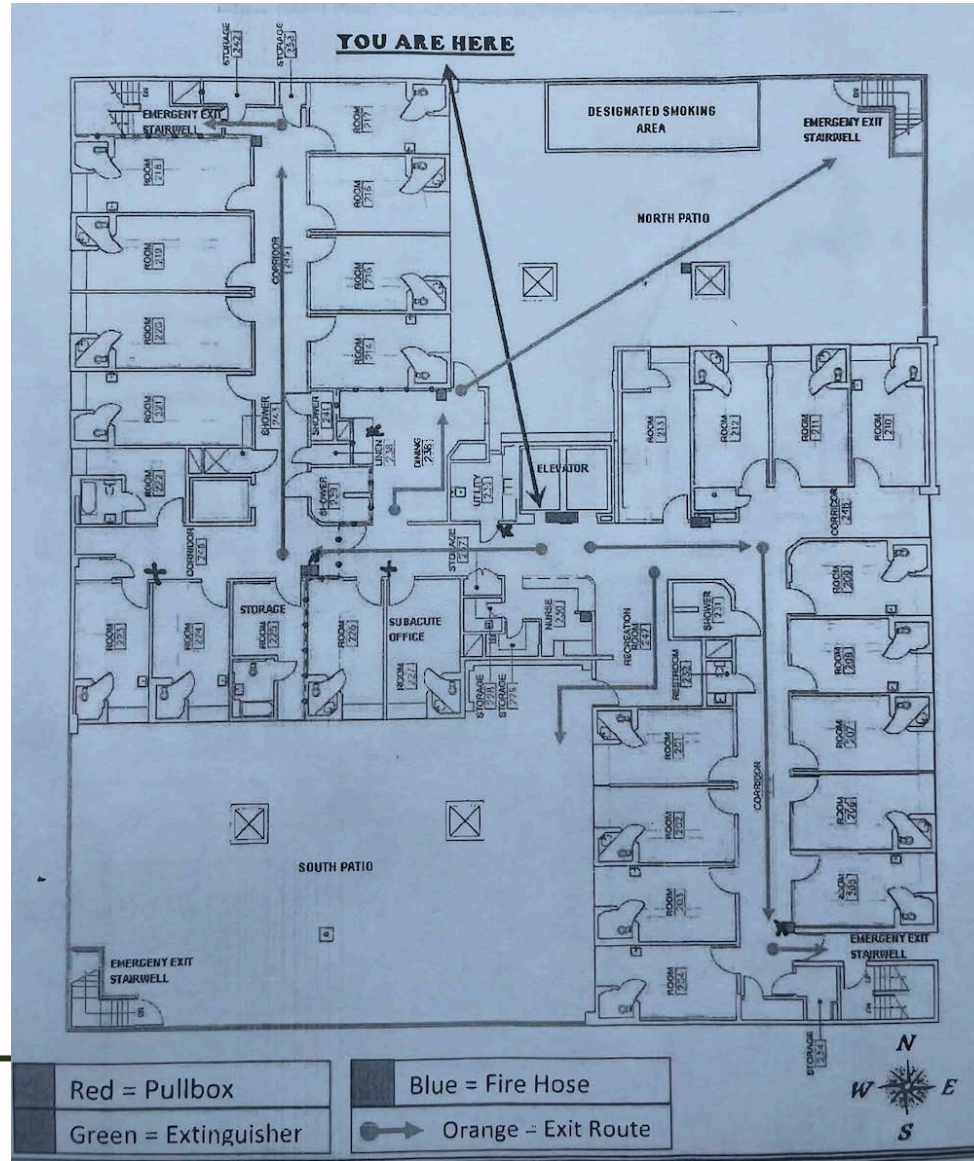
- Skilled nursing facility (SNF): A facility engaged primarily in providing skilled nursing care and rehabilitation services for residents who require such care because of injury, disability, or illness. A large percentage of SNFs are dually certified as both SNFs and nursing homes (CDC)
 - Examples: (sometimes) nursing home, subacute unit (tends to be housed in skilled nursing facilities or on skilled nursing units. Subacute may sometimes be found in rehabilitation hospitals, although this is less common.
 - No distinct Medicare payment system for subacute care
 - Same conditions of participation apply to both subacute and SNF (ASHA)
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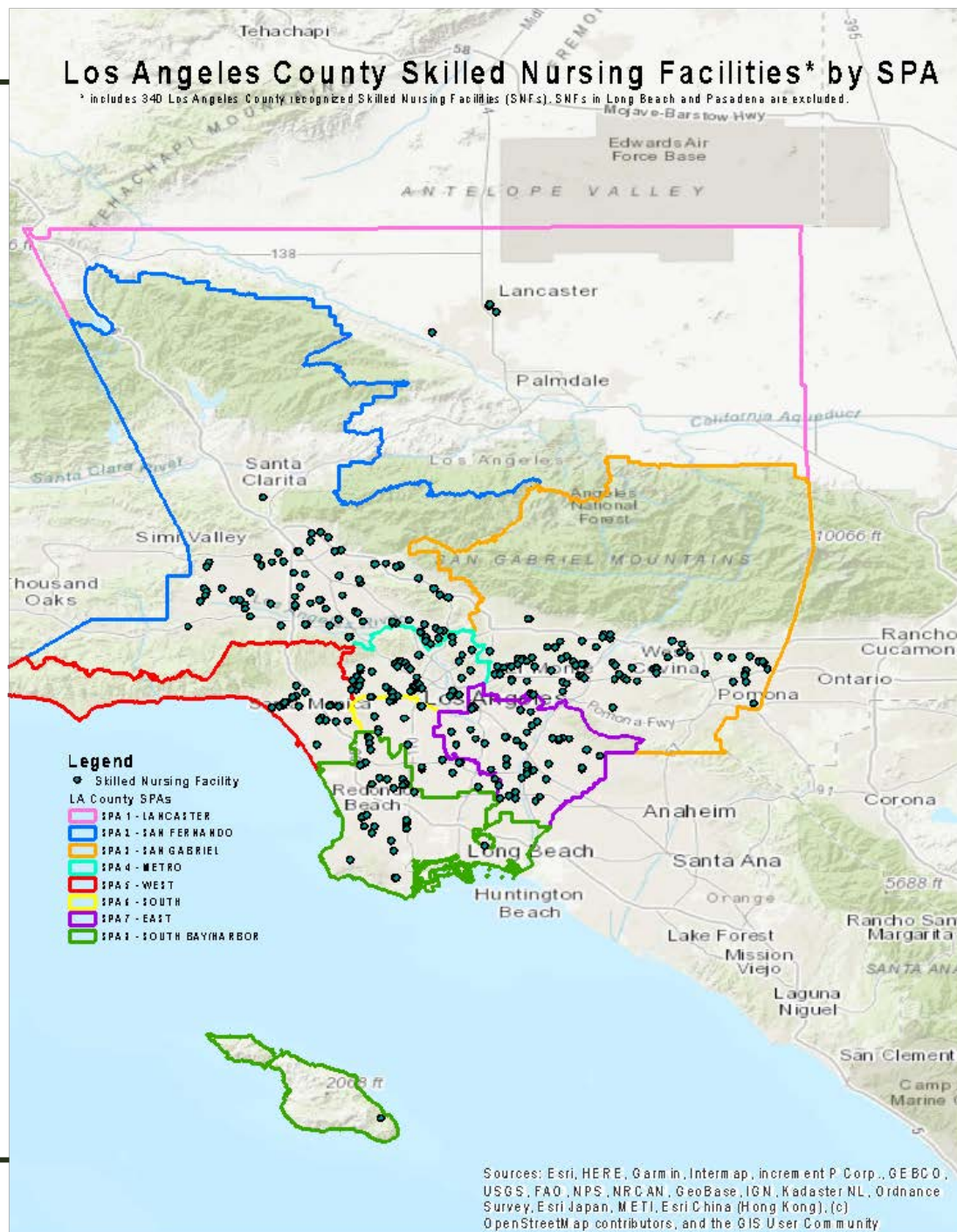
Background: What are non-skilled LTCFs?

Terms and definitions

- Non-skilled nursing long-term care facility
 - Examples: assisted living facility, adult residential care, residential care for the elderly
 - Assisted living facilities provide custodial care without skilled nursing (e.g., assistance with activities of daily living, like bathing and dressing).
 - Senior living facilities provide independent living for the elderly.
-

Background: A SNF Layout Example





Background

Demographics

Map Courtesy of Los Angeles County Department of Public Health

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Background

Pandemic pressure

- New IPC regulations
 - New IPs
 - Pulled from various roles
 - Pulled to cover various roles
 - IP turnover
 - Instability in IPC establishment
 - A rift in the IP community
-

Background

Pandemic pressure

- New IPC regulations
- New IPs
 - Pulled from various roles
 - Pulled to cover various roles
- IP turnover
 - Instability in IPC establishment
 - A rift in the IP community



**A clear need for LTC
infection prevention
capacity building**

Greater Los Angeles APIC



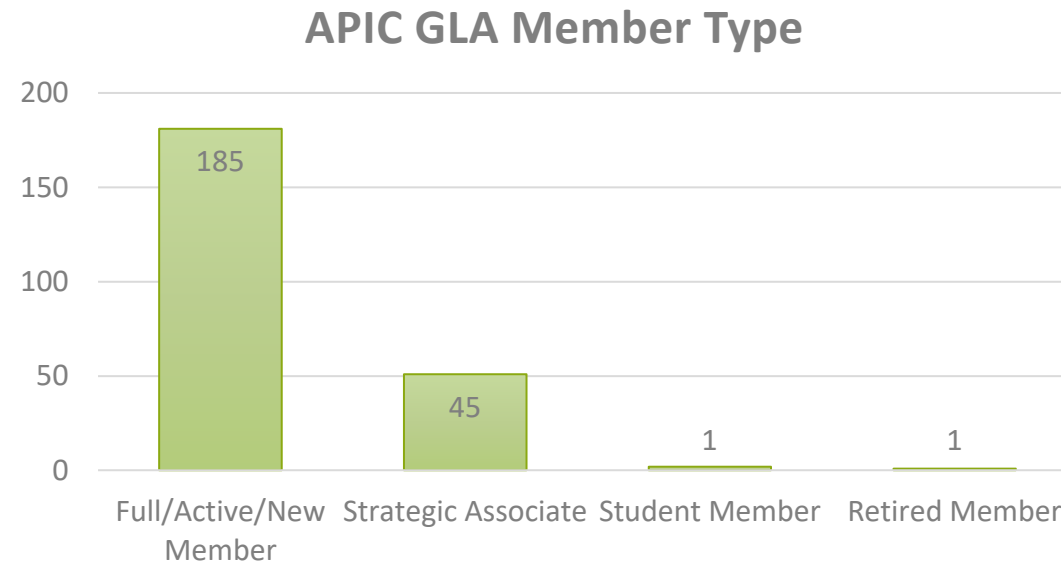
Slow, steady and successful growth

Recognizing the need to support our LTC
partners

Greater Los Angeles APIC

- 232 members
- 68 CIC members
 - 36.8% of full/active/new members

- About the chapter as of May 2023



Greater Los Angeles APIC

Recognizing the Need to Support Our LTC Partners

- How did the board identify this need? In 2021, conversations with local Public Health to determine ways to partner on IPC within the LTC setting.
 - How could GLA APIC support the Ask an IP Program?
 - ANSWER: Provide a community for LTC IPs
 - RESPONSE: Invited SNF LTC IPs and other leadership to GLA APIC meetings
 - RESPONSE: Developed a separate meeting to provide education for the SNF LTC IPs (2:30 every 4th Tuesday of the month)
 - RESPONSE: Created two SNF LTC Board positions (co-chairs) in 2021
 - In 2022, co-chairs and Board members hosted monthly meetings for the SNF LTC IP
 - In 2023, co-chairs oversaw SNF LTC Committee

Greater Los Angeles APIC

**Prioritize a strategic approach to LTC IPC capacity building.
Questions we considered to develop a strategy:**

- What are the gaps in LTC SNF IP?
 - Is there leadership support for LTC SNF IP?
 - Are IPs new, seasoned, a mix?
 - Do the IPs know about APIC?
-

Strategic Approach to IPC Capacity Building

**Serve the LTC community through
APIC**

A recipe you can adopt

Strategic Approach to IPC Capacity Building



Strategic Approach to IPC Capacity Building



California IP Role Regulatory Requirements

AB 1585. Section 1. Section 1255.9 of the Health and Safety Code is amended to read:

1. (a) A skilled nursing facility shall have a full-time, dedicated Infection Preventionist (IP)
 2. The IP role may be filled either by one full-time IP staff member or two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member.
-

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 2. The IP role may be filled either by one full-time IP staff member or two staff members sharing the IP responsibilities, as long as the total time dedicated to the IP role equals at least the time of one full-time staff member.
 3. The IP shall meet the following requirements:
 - A. Have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field
 - B. Be qualified by education, training, clinical or health care experience, or certification.
 - C. Have completed specialized training in infection prevention and control
-

California IP Role Regulatory Requirements

AB 1585. Section 1. Section 1255.9 of the Health and Safety Code is amended to read:

4. The IP shall not be included in the calculation of three and one-half hours of direct patient care per day provided to skilled nursing facility residents.

(b) A skilled nursing facility shall have a plan in place for infection prevention quality control.

(c) A skilled nursing facility shall ensure all health care personnel receive infection prevention and control training on an annual basis.

Strategic Approach to IPC Capacity Building



Chapter Leadership, 2021-2023



President

Jessica Rosende,
MPH, CIC, CSSGB



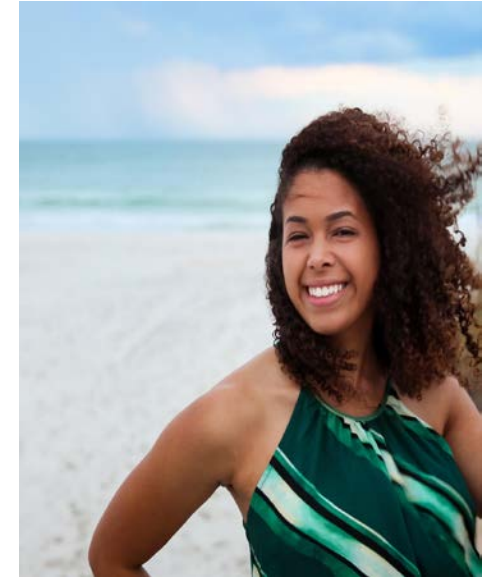
SNF LTC Co-Chair

Walteena Brooks,
LVN



SNF LTC Co-Chair

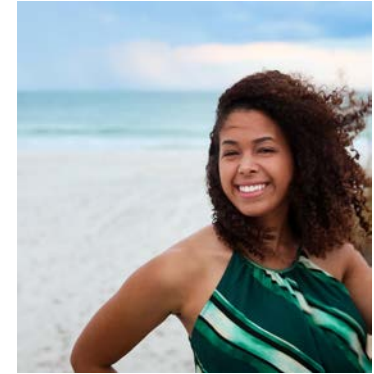
Angelica Padilla,
RN, BSN, CPHQ,
MBA



Education Chair

Krystal Smith,
MS, CIC

SNF LTC Chapter Leadership, 2021-2023



President Responsibilities:

Oversees, organizes and attends SNF GLA APIC meetings in collaboration with SNF Co-Chairs and Education Chair.

SNF LTC Co-Chairs Responsibilities:

Adds representation and subject matter expertise to the Board as SNF IPs. Collaborates with SNF committee members to develop curriculum and talks specific for SNF settings and new IPs to those settings.

Education Chair Responsibilities:

Coordinates chapter education in response to chapter needs. Participates in the education roster for the annual Conference (Joint Venture). Confers chapter nursing Continuing Education Units (CEUs). Coordinates Educational Awards at the direction of the Board/President.

SNF LTC Committee Members

**Maria T.
Roberson**

**Blanca
Aguirre**

**Normita
Matienzo**

Responsibilities:

Supports the SNF Co-Chairs in developing curriculum and talks specific for SNF settings and new IPs to those settings.

Collaborates with other Committees to meet the goals of the Board.

Skilled Nursing Facility Committee Goals:

2023

1. Host 60-minute monthly education **for** SNF infection preventionists **by** SNF infection preventionists
 2. Create a community for learning and sharing
 3. Partner with local Public Health
 4. Develop Board positions and SNF LTC Committee for the Greater Los Angeles APIC Chapter
-

Strategic Approach to IPC Capacity Building



Supporting IP Education

2022

Awarded **6** Membership Awards

1. Eligibility:
Award recipients must use the educational award funds for a professional development conference or training within two years (**within 2022 or 2023**) OR the membership award funds for a 1 year full/active GLA APIC membership.
2. Award recipients must provide the chapter with a **15-minute presentation** using information learned from your educational award at a quarter three or quarter four GLA APIC meeting.
3. Award recipients must not have been awarded an educational award from the chapter **within the last 3 years**.

2023

Awarded **11** Educational Support Awards

1. Eligibility:
Award recipients must use the educational support award funds for a professional development, conference or training within two years (**within 2023 or 2024**).
2. Award recipients must provide the chapter with a **15-minute presentation** using information learned from your educational support award at a quarter three or quarter four GLA APIC meeting (July-December).
3. Award recipients must **not** have been awarded an educational award from the chapter **within the last 3 years**.

2022 Joint Venture Panel



Greater Los Angeles and Coastline APIC Chapters Presents:

2nd Annual Joint Venture

Meet Us in the Middle

Thursday November 10, 2022

7:30am—3:00pm

Location: The California Endowment -

<https://goo.gl/maps/uYRTDY1c2SpzR8CF6>

1000 N. Alameda Street, Los Angeles CA 90012

7:30am-8:00am	Check In/Registration, Vendor Exhibit & Breakfast
8:00am-8:30am	Welcome/Introductions/Announcements/Networking Barbara Harmer, MHA, BSN,RN
8:30am-9:30am	Steam Sterilization: What Do You Know How to Connect IP, OR, SPD Abigail D. Evangelista, RN, BSN, CIC, CPHQ, IA Elizabeth Sweeney Villavicencio, MSN Ed, CNOR, RN
9:30am-10:15am	
10:15am-10:30 am	Break and Vendor Exhibit
10:30am-11:15am	Legionella Outbreak Investigations Zachary Rubin, MD
11:15am-12:00pm	Vendor Exhibit
12:00 pm-12:45pm	Lunch Break & Vendor Exhibit Connecting IPs Across the Continuum of Care Blanca Aguirre, LVN, ADON, IP Annemarie Flood, RN, BSN, MPH, CIC, CPHQ, FAPIC Pingting Nie, MD
12:45pm-1:45pm	
1:45pm-2:45pm	Networking Session and Games
2:45pm-3:00pm	Closing Comments and Door Prizes



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1:45pm-2:45pm	Networking Session and Games
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2022 Joint Venture Panel

Facilitated by GLA APIC Education Chair, Krystal Smith

“Connecting IPs Across the Continuum of Care”

Objectives:

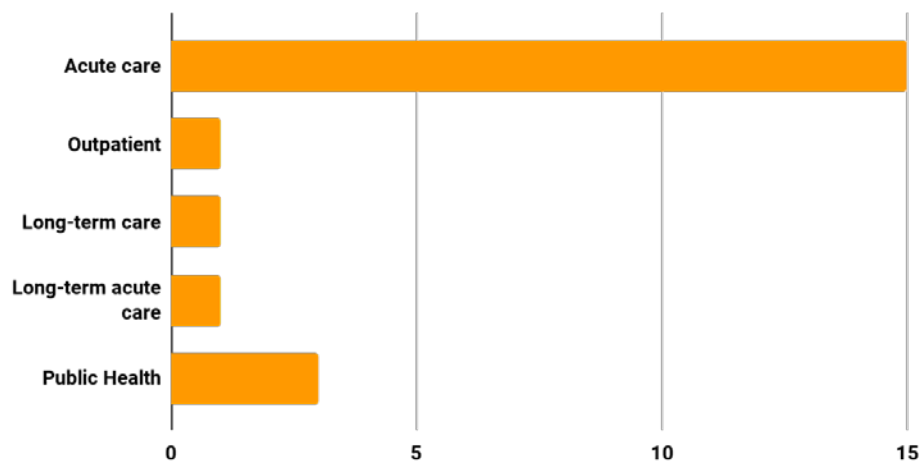
1. Describe interfacility communication challenges between acute care and long-term care settings
2. Understand the effects of interfacility miscommunication on infection prevention efforts
3. Construct new and improve existing infection prevention communication approaches

2022 Joint Venture Panel

Facilitated by GLA APIC Education Chair, Krystal Smith

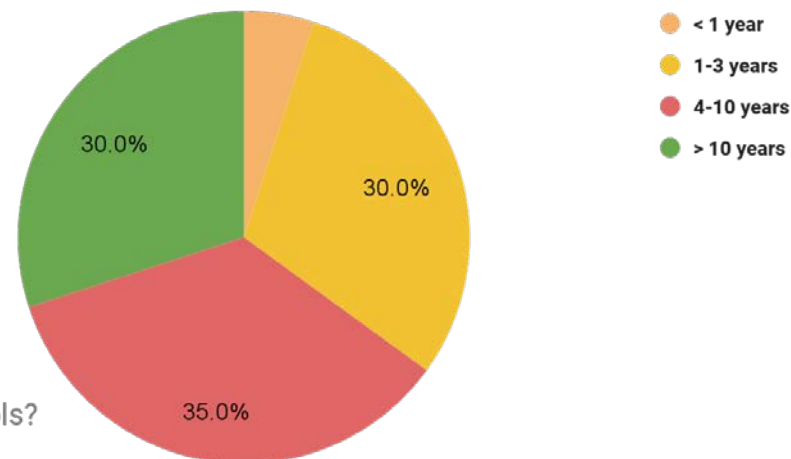
Which practice setting(s) do you currently work in?

20 Responses



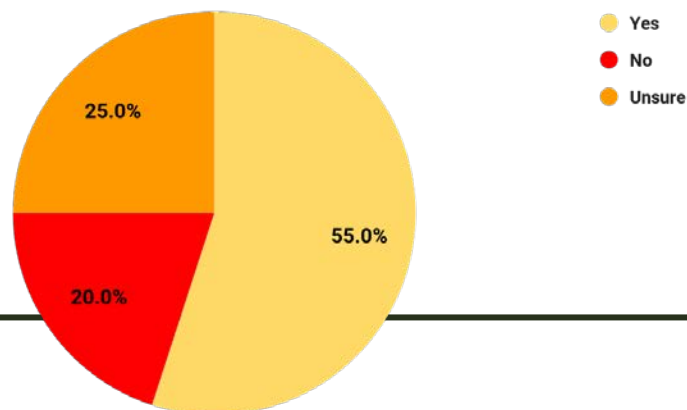
How many years have you been working in IP?

20 Responses



Does your facility use interfacility communication tools?

20 responses

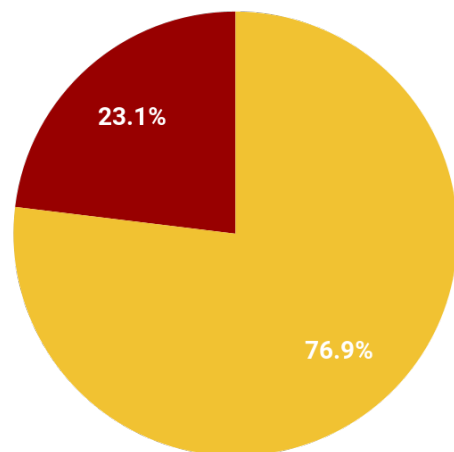


2022 Joint Venture Panel

Facilitated by GLA APIC Education Chair, Krystal Smith

Do you proactively reach out to a facility to obtain MDRO status? What is your process?

13 responses



Free text responses:

- Phone call to other facility's IP
- The hospital intake department obtains all the information if direct admit
- LAC Interfacility Transfer Form
- We normally get admissions directly from the hospitals. Part of our inquiries with case management and nurses is to ask if resident has any history of MDROs
- We try. Not a perfect process
- This is done by case management, electronic data set
- Reconciliation of care everywhere records

About the Monthly Education

2022- 2023

- Created recurring educational series for infection preventionists by infection preventions
 - Year one covered basic pillars of infection prevention
 - Year two introduces additional topics requested in needs assessment and feedback
 - Partnered with local public health
 - Board representation and Board members serve as speakers
 - Incentivized to attend and participate
 - One CEU/ IPU offered per meeting
-

Monthly Education

2022

Month	Topic
April	Quality Assurance Performance Improvement
May	Infection Control Risk Assessment, Program Plan and Goals
June	No Meeting, APIC National
July	Environmental Services in Nursing Homes
August	Personal Protective Equipment and Hand Hygiene
September	Standard, Enhanced and Transmission Based Precautions
October	Vaccination Programs for Residents and Staff
November	Clostridioides difficile & Multidrug Resistant Organisms
December	Antimicrobial Stewardship Program (ASP)

Quality Assurance Performance Improvement

A preview: **Regulatory Requirements & Best Practices**

Section C	Quality Assessment and Assurance (QAA) Committee	Assessment
C.1.	The IP has provided documentation of incidents of communicable disease and infections identified under the facility's IPCP to the QAA Committee.	☐ Yes ☐ No
C.2.	The facility's written QAA Committee plan includes monitoring and evaluation of the activities of the IPCP.	☐ Yes ☐ No
C.3.	There is evidence that the QAA Committee develops plans of action to address incidents of communicable disease identified during review of infection surveillance, staff adherence to infection prevention practices, and antibiotic stewardship data provided by the IP.	☐ Yes ☐ No
C.4.	Adverse events related to breaches in infection prevention practices are analyzed using root cause analysis (RCA) in order to promote sustainable practice improvements throughout the facility.	☐ Yes ☐ No

Presentation Objectives:

- Review the definition of QAPI and why it is important for Infection Prevention.
- Highlight five elements of QAPI.
- Provide examples of performance improvement projects.

Infection Control Risk Assessment, Program and Plan

A preview: **Regulatory Requirements & Best Practices**

Section A	Infection Prevention and Control Program (IPCP) Infrastructure	Assessments
A.1.	The facility has written infection prevention and control policies and procedures which are based on current nationally recognized evidence-based guidelines (e.g., CDC/HICPAC), regulations or standards for its Infection Prevention and Control Program (IPCP).	☐ Yes ☐ No
A.2.	The facility has evidence of mandatory personnel infection prevention and control training which includes the IPCP written standards, policies, and procedures.	☐ Yes ☐ No
A.3.	The facility has documentation of a facility infection control risk assessment conducted according to infection control professional organizations (e.g., APIC, SHEA) guidelines.	☐ Yes ☐ No
A.4.	Facility has documentation of an annual review of the IPCP using a risk assessment of both facility and community risks, and updates the program as necessary.	☐ Yes ☐ No

Presentation Objectives:

- Describe the components of an infection control risk assessment
- Explain the process of developing an infection control risk assessment and program plan
- Provide a template and example of an infection control risk assessment with example goals and priorities for the program plan

Environmental Services

A preview: Regulatory Requirements & Best Practices

Section P	Cleaning and Disinfection of Environmental Surfaces and Reusable Equipment	Assessment
P.1.	The facility has cleaning/disinfection policies which include routine and terminal cleaning and disinfection of resident rooms, and high-touch surfaces in common areas. Note: Privacy curtains should be changed when visibly soiled.	☐ Yes ☐ No
P.2.	The facility cleaning/disinfection policies include handling of equipment shared among residents (e.g., blood pressure cuffs, rehab therapy equipment, etc.) Note: Personnel can verbalize who is responsible for cleaning and disinfection of shared equipment	☐ Yes ☐ No
P.3.	Facility has policies and procedures to ensure that reusable medical devices (e.g., wound care equipment, podiatry equipment, and dental equipment) are cleaned and reprocessed appropriately prior to use on another resident. Note: If external consultants (e.g., wound care nurses, dentists or podiatrists) provide services, verify these providers have adequate supplies and space to follow appropriate cleaning/disinfection (reprocessing) procedures to prevent transmission of infectious agents.	☐ Yes ☐ No
P.4.	Appropriate personnel receive job-specific training and competency validation on cleaning and disinfection procedures at the time of employment and within the past 12 months. Note: If environmental services are performed by contract personnel, verify that training is provided by contracting company.	☐ Yes ☐ No

Presentation Objectives:

- Review basic principles of cleaning and disinfection
- Review best practices for cleaning the resident environment – real life examples
- Review strategies to ensure effectiveness of cleaning and disinfection
- Foster discussion among LA County Skilled Nursing Facilities about infection control

Personal Protective Equipment and Hand Hygiene

A preview: A preview: **Regulatory Requirements & Best Practices**

Section F	Hand Hygiene	Assessments
F.1.	<i>The facility hand hygiene policies promote preferential use of alcohol-based hand rub (ABHR) over soap and water in most clinical situations.</i> <i>Note: Soap and water should be used when hands are visibly soiled (e.g., blood, body fluids) and is also preferred after caring for a patient with known or suspected C. difficile or norovirus during an outbreak, or if rates of C. difficile infection in the facility are persistently high.</i>	☐ Yes ☐ No
F.2.	All personnel receive training and competency validation on HH at the time of employment.	☐ Yes ☐ No
F.3.	All personnel receive training and competency validation on HH at least every 12 months.	☐ Yes ☐ No
F.4.	The facility audits (monitors and documents) HH adherence and provides feedback among the following: a. Nursing staff including RNs, LPN, and CNAs b. Therapy staff (e.g., PT, OT, speech) c. Clinical staff including physicians, NPs, PAs d. Dietary and nutrition including food-preparers e. Environmental services personnel f. Contract staff (e.g., dialysis staff, physical therapy, respiratory therapy, phlebotomy, wound care physician, podiatrist)	

Presentation Objectives:

- Review important points regarding Hand Hygiene.
- Proper use of Personal Protective Equipment (PPE).
- Overview of Standard vs. Transmission-based Precautions.

Standard, Enhanced and Transmission Based Precautions

A preview: **Regulatory Requirements & Best Practices**

Section G	Standard Precautions Tracer	Assessments
G.1.	Supplies necessary for adherence to proper personal protective equipment (PPE) use (e.g., gloves, gowns, masks) are readily accessible in resident care areas (i.e., nursing units, therapy rooms, and resident rooms).	☐ Yes ☐ No
G.2.	Gloves are worn if there is contact with blood or body fluid, mucous membranes, or non-intact skin.	☐ Yes ☐ No

Section H	Transmission-Based Precautions	Assessments
H.1.	The facility has policies and procedures for transmission-based precautions (TBP) (i.e., Contact Precautions, Droplet Precautions, Airborne Isolation Precautions) to be followed to prevent spread of infections; which includes selection and use of PPE (e.g., indications, donning/doffing procedures) and specifies the clinical conditions for which specific PPE should be used (e.g., <i>C. difficile</i> , influenza).	☐ Yes ☐ No
H.2.	Residents with known or suspected infections, or with evidence of symptoms that represent an increased risk for transmission, are placed on the appropriate TBP. Note: Resident placement (e.g., single/private room or cohorted) is made on an individual case basis based on presence of risk factors for increased likelihood of transmission (e.g., uncontained drainage, stool incontinence). Note: Facility should have a process to manage residents on TBP when no single/private room is available.	☐ Yes ☐ No

Presentation Objectives:

- Review key terms for Standard, Enhanced, and Transmission Based Precautions.
- Discuss the differences between Standard & Enhanced Standard Precautions.
- Discuss types of Transmission Based Precautions.

Vaccination Programs for Residents and Staff

A preview: Regulatory Requirements & Best Practices

R.6	The facility has policy to provide facemasks to residents with a new cough and other symptomatic persons upon entry to the facility.	☐ Yes ☐ No
R.7.	All personnel receive education that the time of employment and at least every 12 months on the importance of infection prevention measures to contain respiratory secretions to prevent the spread of respiratory pathogens.	☐ Yes ☐ No
R.8.	The facility documents resident immunization status for pneumococcal and influenza vaccination at time of admission (or as required by per state law). Note: The process by which a facility determines resident immunization status may include information provided by the resident or family member health care designated power of attorney.	☐ Yes ☐ No
R.9.	The resident's medical record includes documentation that indicates (at a minimum) either the resident received the pneumococcal immunizations, or the resident refused or had a contraindication to one or both pneumococcal vaccinations.	☐ Yes ☐ No
R.10.	The resident's medical record includes documentation that an influenza immunization is offered annually. Note: The resident or the resident's representative has the opportunity to refuse influenza immunization.	☐ Yes ☐ No
R.11	Facility has policy and procedures to ensure the resident or resident's representative receives education regarding benefits and potential side effects of each immunization.	☐ Yes ☐ No

Presentation Objectives:

- Review regulatory requirements pertaining to resident vaccination including influenza and pneumococcal vaccination
- Discuss elements of an effective vaccination program
- Discuss elements of documentation

Clostridioides difficile & Multidrug Resistant Organisms

A preview: **Regulatory Requirements & Best Practices**

Presentation Objectives:

- Discuss *C. difficile*
- Discuss three types of MDROs
- Discuss Enhanced Standard Precautions in relation to MDROs and *C. difficile*

T.2.	The LTC facility has a process and ensures that documentation of resident infection, colonization or known history of positive culture with multidrug-resistant organism, <i>C. difficile</i> , or other epidemiologically important organism (e.g. scabies) is sent to receiving provider (e.g., hospital) before or at the time of transfer.	☐ Yes ☐ No
T.3.	The LTC facility has a process and ensures that documentation of the presence of clinical signs or symptoms of potentially communicable diseases (e.g., vomiting, diarrhea, cough) is sent to receiving provider before or at the time of transfer.	☐ Yes ☐ No

Antimicrobial Stewardship Program (ASP)

A preview: **Regulatory Requirements & Best Practices**

Section T	Infection Prevention, Antibiotic Stewardship, and Responsibility of Care During Care Transitions	Assessment
T.1.	When transferring a resident to another facility, the LTC facility has a process that resident documentation is sent to the receiving facility providers includes direct contact information [name, phone number, email] for the resident's treating clinician (MD, APN, PA), transferring nursing unit and case manager (if applicable) before or at the time of transfer . CDC sample transfer forms: https://www.cdc.gov/hai/prevent/prevention_tools.html	☐ Yes ☐ No

Presentation Objectives:

- Review Antimicrobial Stewardship
- Review CDC's Core Elements of Antibiotic Stewardship
- Review the nursing staff role in Antimicrobial Stewardship

Monthly Education

2023

Month	Topic
April	Personal Protective Equipment & Hand Hygiene
May	Quality Assurance Performance Improvement
June	No Meeting, APIC National
July	Standard, Enhanced and Transmission Based Precautions
August	National Healthcare Safety Network (NHSN)
September	Candida Auris: Science and Prevention
October	Microbiology Basics
November	HAI Prevention, GLA APIC Annual Conference

Strategic Approach to IPC Capacity Building



Local Public Health Partners

- **Board presence of local public health (SNF LTC co-chair, public health liaison, Education Chair)**
 - **Communication via public health of monthly educational meetings**
 - **Communication via public health of participation in local APIC chapter**
 - **Local public health participation in monthly business meetings**
 - **Invitations to guest speak at local APIC meeting (physicians and epidemiologists)**
 - **Local public health participated in the Joint Venture as one of the panelists on the LTC panel discussion**
-

Strategic Approach to IPC Capacity Building



Creating Community

Our Approach:

- Meeting consistently
 - Time allotted at each meeting for open discussion and roundtable
 - Encouraged to ask questions, comment in the chat function or coming off mute
 - Solicit feedback during meetings and in the monthly speaker evaluations
 - Speaker shares personal experiences within the realm of each topic
 - Incentivized to join, participate and stay until the end of the meeting
 - Invited to participate in other educational offerings from the chapter
-

Strategic Plan 2023

Goal: Foster the development of new infection preventionists and the next generation of infection prevention and control workforce

- Objective 1: Offer educational and membership awards to engage and support education among novice, mid-career and advanced infection preventionists
 - Objective 2: Outreach to associate, bachelor and master level programs in nursing, public health, microbiology and related field to increase awareness about the infection prevention profession
 - Objective 3: Roll out the Greater LA APIC mentorship program cohort one
-

Strategic Plan 2023

Action	Measure & Metric
Increase the number of educational and membership awards offered in 2023	Metric: • Created 2 \$2000 educational awards (to be used only for APIC National, ID Week or SHEA), • Increase from 3 \$1000, to 4 \$1000 • Increase from 500 to 700 x 2, Increase from 6 to 11 \$230
Connect with students in healthcare related fields by presenting at schools, colleges and universities on the IP career opportunities	Education committee to present four pipeline talks at the following: • USC • UNCW • Long Beach school • King Drew High School
Initiate cohort one of the mentorship program	Check ins with mentors/ mentees, pre and post tests for mentees

Strategic Approach to IPC Capacity Building



Challenge and Opportunities



What worked?

What didn't?

Challenges

Increase awareness of resources (e.g. GLA APIC)

Retention

Burn Out

Stress

Support

Solo IP

Sustainability at the Chapter Level

Opportunities

Engage local LTC IPs

Further partnership with local health department

LTC IP leadership representation on the Board

Re-examining and re-adjusting is key

Future Planning

**Increase
Engagement**

Future Planning

**Increase
Engagement**

**Expand Guest
Speakers**

Future Planning

**Increase
Engagement**

**Expand Guest
Speakers**

**Grow
Attendance**

Future Planning

**Increase
Engagement**

**Expand Guest
Speakers**

Create SNF LTC

**Grow
Attendance**

Webpage on GLA Site

Conclusion

Key takeaways for your chapter

Looking ahead

How can we do better?

Conclusion



Education



Support & Representation



Community

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Questions?
