



# Monoclonal Antibodies Treatment and Prophylaxis in Long-Term Care

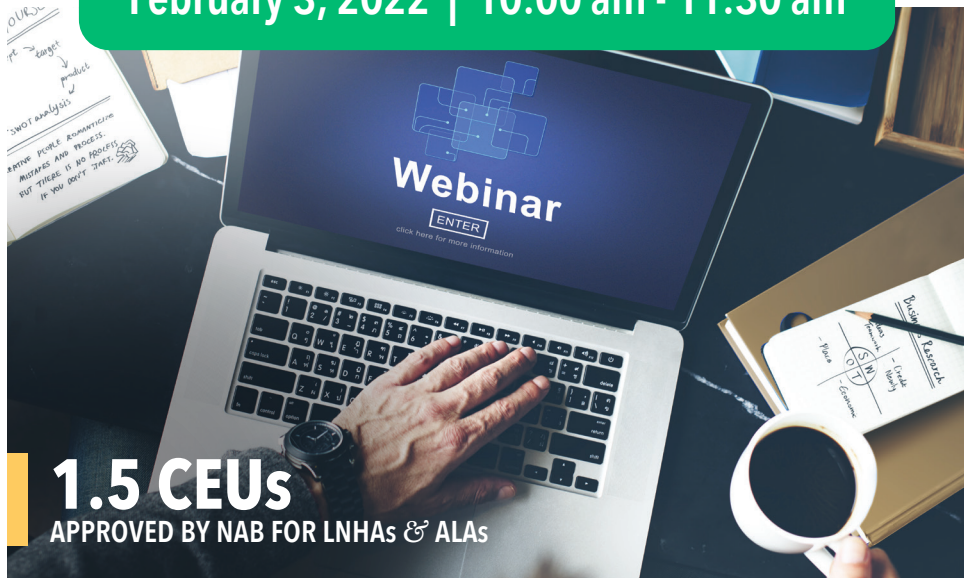
PRESENTED BY:

Dallas Nelson, MD CMD FACP  
UNIVERSITY OF ROCHESTER



Nicole Halsey, RN, DON  
SHORE WINDS NURSING HOME

February 3, 2022 | 10:00 am - 11:30 am



**1.5 CEUs**

APPROVED BY NAB FOR LNHAs & ALAs

**NYSHFA**  
NYS HEALTH FACILITIES ASSOCIATION

**NYSCAL**  
NYS CENTER FOR ASSISTED LIVING

NYSHFA-NYSCAL.ORG

# PROGRAM OVERVIEW:

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*This session will discuss the treatment and the prophylactic use of the monoclonal antibodies in the fight against COVID-19. Participants will learn how to identify which residents should receive this, as well as, how to administer, monitor, and document the monoclonal antibody infusion. Discussion regarding obtaining consents and billing procedure will also be included in this presentation.*

*At the end of this webinar, participants will:*

- *Explain how monoclonal antibodies assist in the treatment and prophylaxis of COVID 19*
- *Identify which resident should receive monoclonal antibodies*
- *Discuss common questions asked in consents*
- *Describe the administration, monitoring, and documentation in long-term care*
- *List vaccination consideration after monoclonal antibody administration*
- *Use proper billing codes for the procedure*

# TARGET AUDIENCE:

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

# SPEAKERS:

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**DALLAS NELSON, MD CMD FACP** is an Associate Professor of Medicine at the University of Rochester, Division of Geriatrics and Aging. She is Medical Director of the UR Medicine Geriatrics Group, a group that serves about 3000 patients across the spectrum of long-term care in the Rochester Metro Area. She also serves as the Medical Director of two nursing facilities. Dr. Nelson is the primary care physician for residents in across the long-term care continuum. Dr. Nelson's main interests are improving health care delivery to the frail older adult and educating practicing providers in geriatric medicine.

**NICOLE HALSEY, RN** is the Director of Nursing at the Shore Winds Nursing Home; a 220-bed nursing home, specializing in behaviorally challenging residents. She has 13 years' experience as a nurse. Nicole has used the combination of her long-term care/acute care rehab, and previous critical care nursing experience, for designing a 40 bed COVID 19 positive unit, and a COVID 19 monoclonal antibody treatment program for the Hurlbut Care Communities Corporation. Her passion is delivering high quality care to the residents in the challenging environment of the COVID 19 pandemic.

# GENERAL INFORMATION & DETAILS

**\$125**  
*Members*



**\$175**  
*Non-Members*

*Available for LNHA's and ALA's*

**Thursday, February 3, 2022 | 10:00 am -11:30 am**

**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 once a registration is processed. Connection information will be issued one day prior with the information below:*

- 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**

**PH:** 518.462.4800 ext. 22 | **E:** [earmstrong@nyshfa-nyscal.org](mailto:earmstrong@nyshfa-nyscal.org)

[NYSHFA-NYSCAL.ORG](http://NYSHFA-NYSCAL.ORG)

## MONOCLONAL ANTIBODIES TREATMENT AND PROPHYLAXIS IN LONG-TERM CARE

### REGISTRANT INFORMATION

Name: \_\_\_\_\_ NAB Identifier: \_\_\_\_\_

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

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PAYMENT INFORMATION

**MEMBERS: \$125 | NON-MEMBERS: \$175**

**PLEASE SEND YOUR REGISTRATION TO ERIN ARMSTRONG VIA**

**EMAIL:** [earmstrong@nyshfa-nyscal.org](mailto: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.