# Virginia Long-Term Care Clinician Network Monthly Forum

February 19, 2025

# Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues.


**Please use the chat box:**

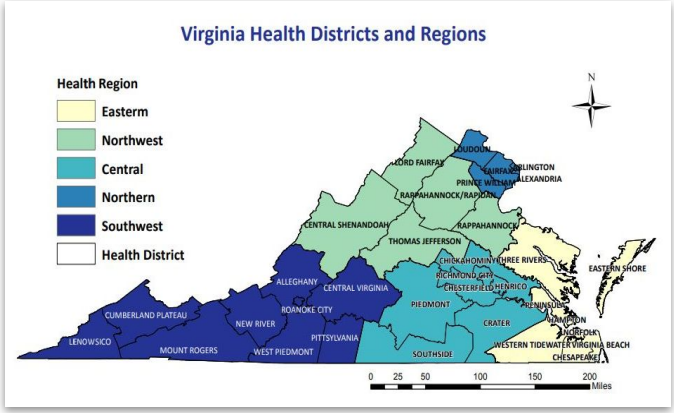
**Your name**

**During the Forum take advantage of chat to share resources/ links with colleagues.**

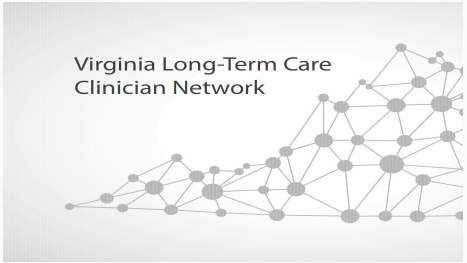
# *Welcome New Members!*

Bhagya Gummadi - Central Region

*Text your work colleagues right now to attend so they can get Education, Support and CME!*




**290 Members Strong!**




For great resources: look for previous slide sets and newsletters under *Forums & Events* and *Resources* on our website.

ltccn.vcu.edu

# Chat Waterfall

*In Chat, respond to the question below, but don't hit the send button yet! Wait for the countdown…*

Does your facility have a policy regarding THC containing products?

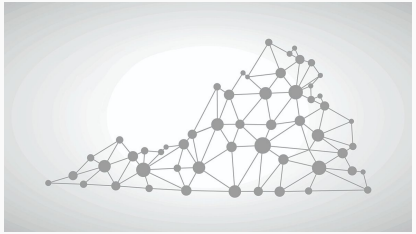
Does the policy work?

**Dark Hollow Falls, Shenandoah National Park, Va https://www.nps.gov/thingstodo/dark-hollow-falls.htm**

# Poll

**Have you had resident's family or friends bring in CBD or THC products for a resident in your LTC facilities?**

A. Yes
B. No
C. Unsure



# Cannabinoid Use in LTC Residents

## February 19, 2025
## VCU LTC Clinicians Network

Cannability Consulting

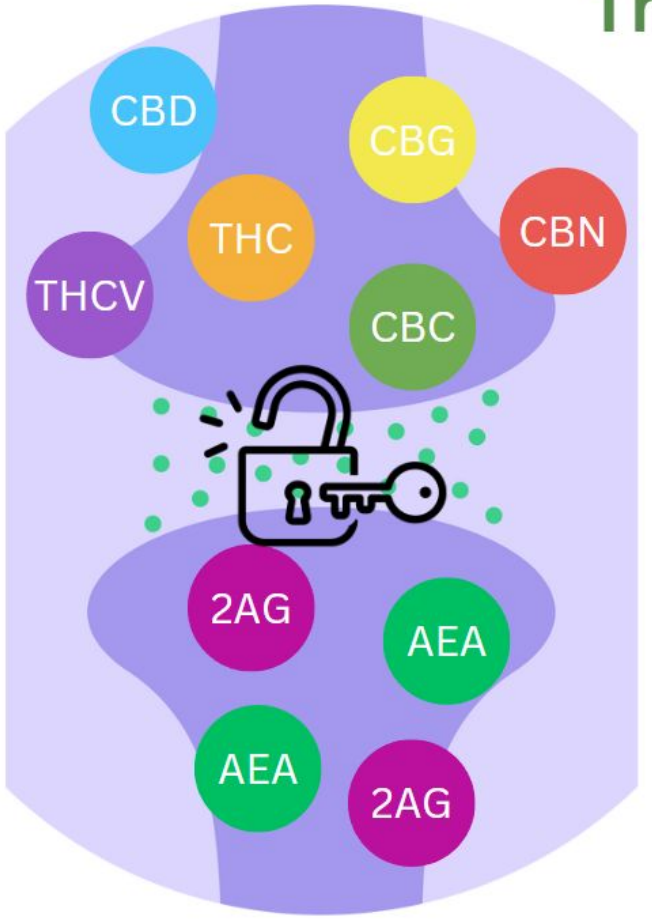
| Recommendation | Type | Evidence Quality | Strength |
|---|---|---|---|
| **1.1.** Health systems and clinicians, in partnership, should provide adults with cancer unbiased, evidence-based cannabis and/or cannabinoid educational resources to facilitate clinical communication, informed decision-making, and systematized approaches to care. | Good Practice Statement | | |
| **1.2.** Given the high prevalence of cannabis and/or cannabinoid use among adults with cancer, clinicians should routinely and non-judgmentally inquire about cannabis use (or consideration of use), and either guide care or direct adults with cancer to appropriate resources. | Good Practice Statement | | |
| ***Note.*** Clinicians should remain sensitive to cannabis regulations' disproportionate impacts on marginalized communities and work to omit cannabis-related and other biases (eg, racial, ethnic, and socioeconomic) from clinical discussions about cannabis and/or cannabinoids. Table 1 offers suggestions for cannabinoid history-taking. | | | |
| **1.3.** When adults with cancer use cannabis and/or cannabinoids outside of evidence-based indications or clinician recommendations, clinicians should explore goals, educate, and seek to minimize harm. | Good Practice Statement | | |

Ilana M. Braun et al., Cannabis and Cannabinoids in Adults With Cancer: ASCO Guideline. JCO 42, 1575-1593(2024). DOI:10.1200/JCO.23.02596

American Society of Clinical Oncology

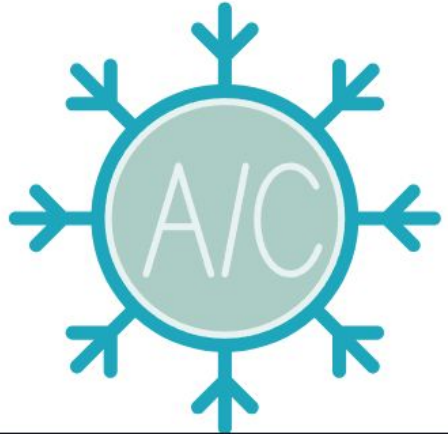
**Fig 1. Summary of cannabis and cannabinoids in adults with cancer recommendations.** CBD, cannabidiol; EB, evidence-based; IC, informal consensus; Ins, insufficient; L, low; M, moderate; NA, not applicable; NR, no recommendation; S, strong; THC, tetrahydrocannabinol; VL, very low; W, weak.

# The Human Endocannabinoid System

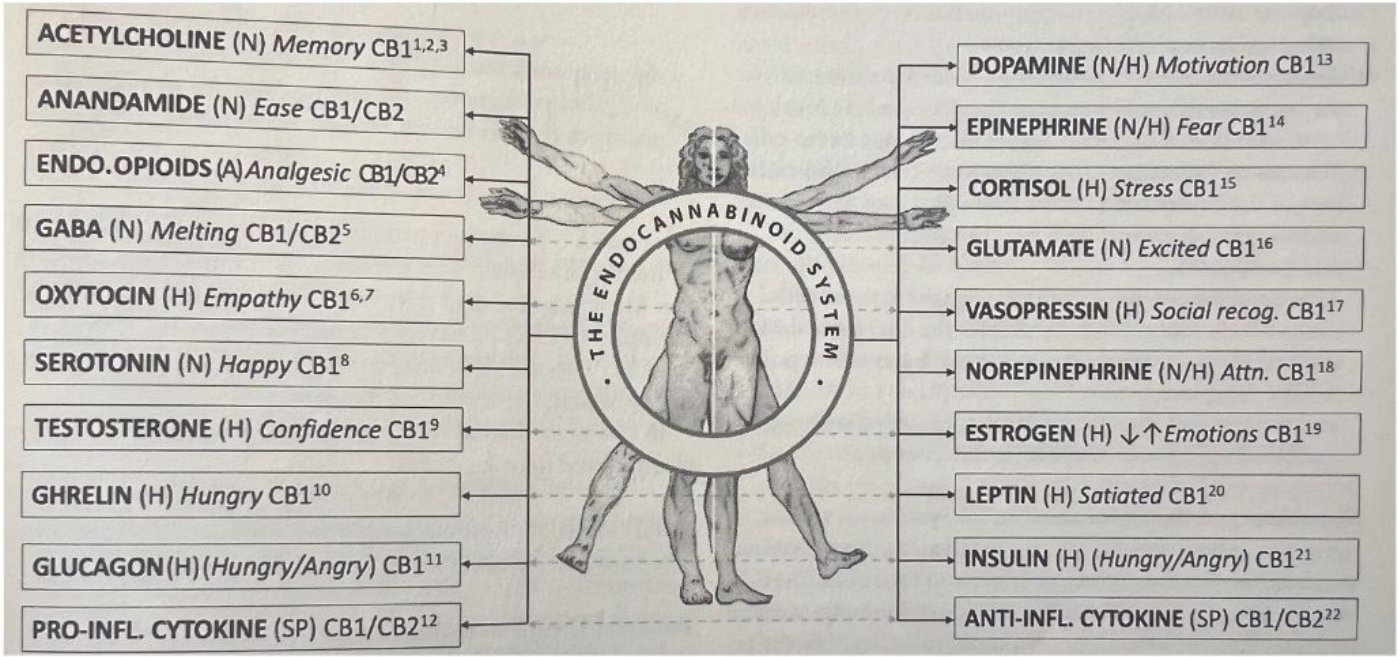



**What is it?**

- Most extensive neuroregulatory system in our body
- Contains receptors ("locks") and cannabinoids ("keys")
- Balances cellular signals and minimizes disease processes
- Provides a nurturing response to stress, injury, and inflammation
- Modulates sleep, mood, appetite, relaxation, protection, and more

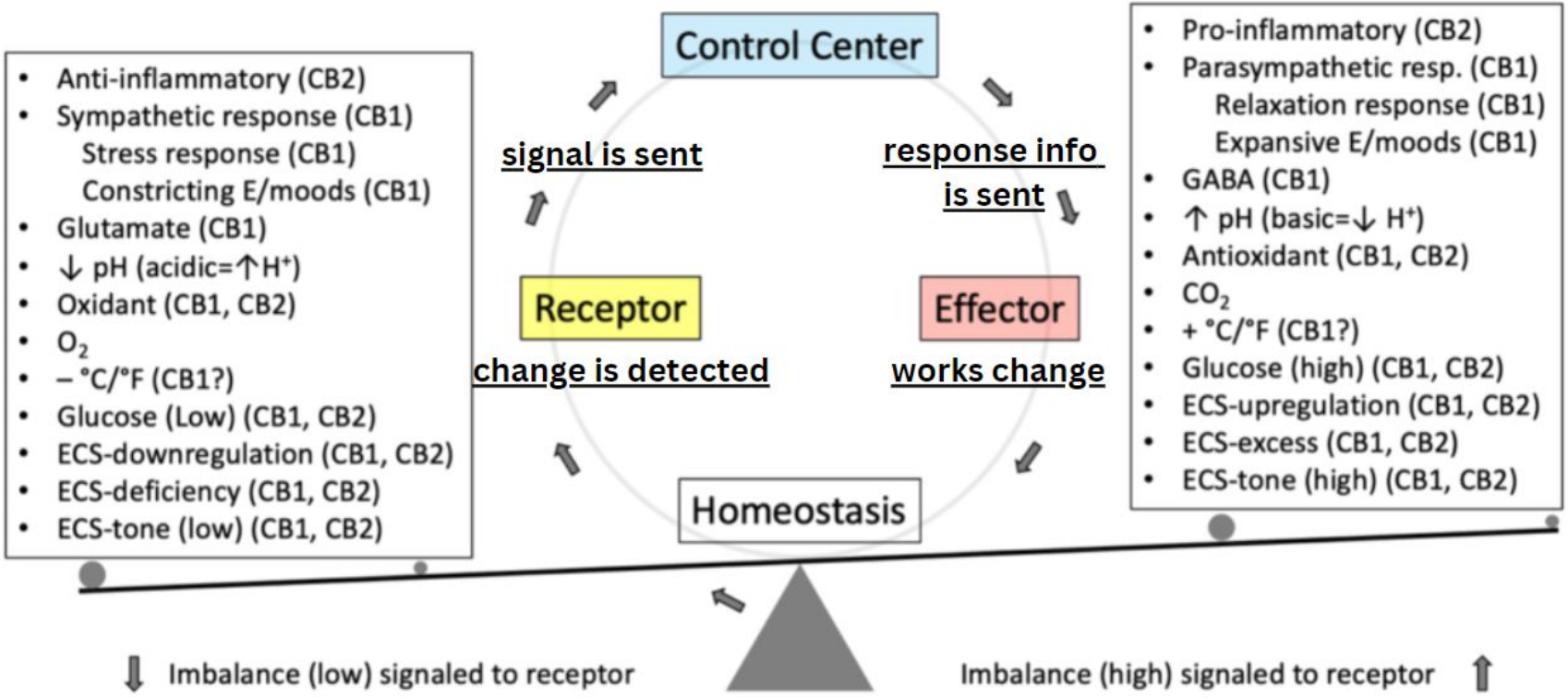



# Signaling Molecules Modulated by the Endocannabinoid System

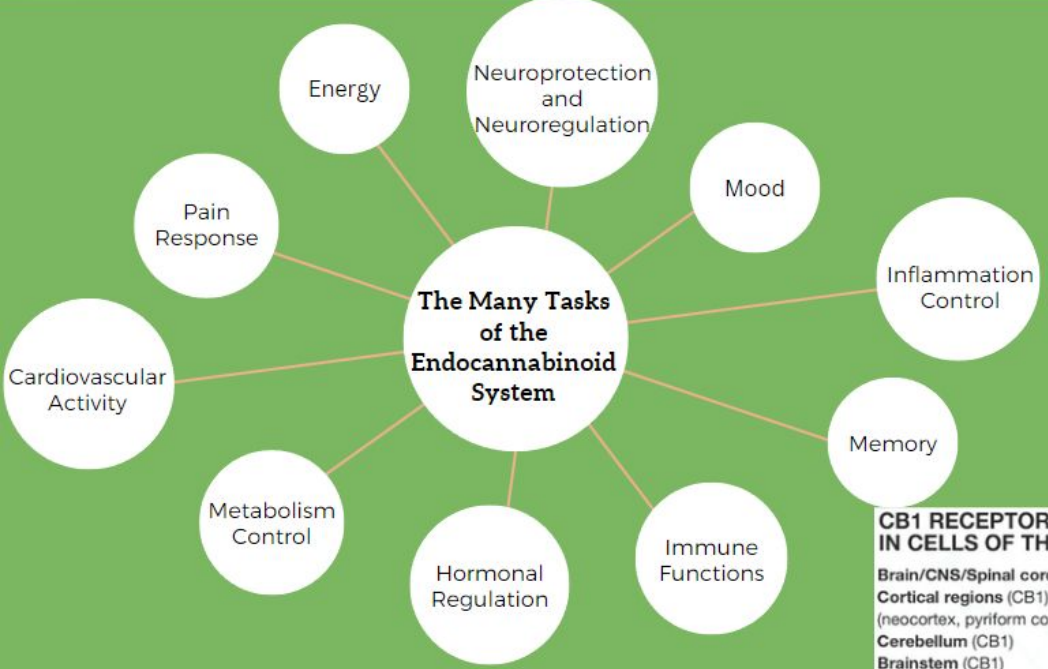



Homeostasis ⊕ Relaxation ⊜ ↓ Inflammation
Oxidative Stress
Pain

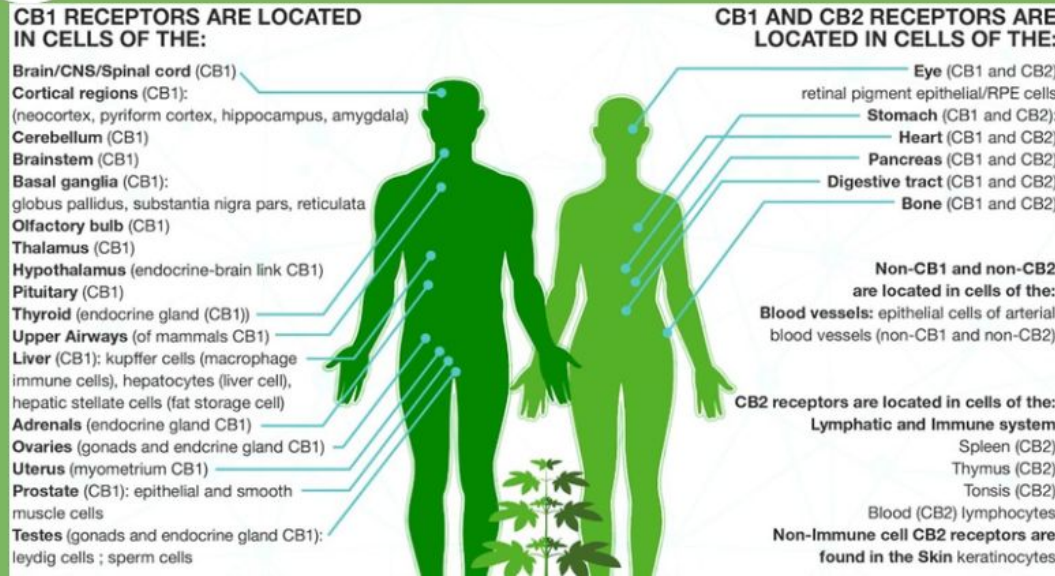
# Endocannabinoid Tone defines the balance or imbalance of our ECS

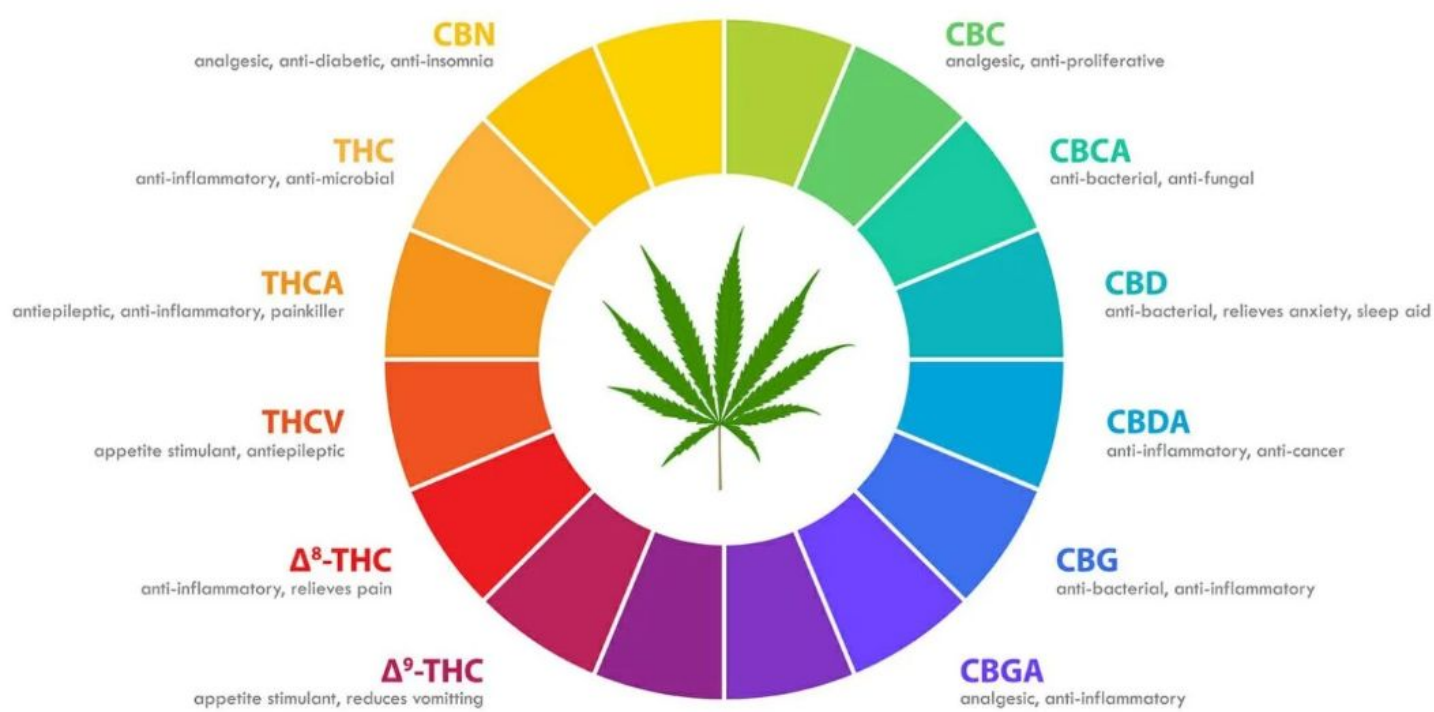


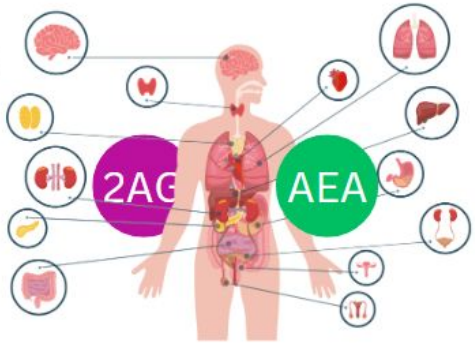

Homeostasis of the ECS, Uwe Bleshing




# The "Keys" bind to the "Locks" (receptors) in our ECS






**Cannabinoids are the “keys” of the ECS**

**PHYTO - from the cannabis plant**

**ENDO - made by our body**

# HOW WILL CANNABIS AFFECT A RESIDENT?

## Chemotype

Type I - THC > CBD
Type II - THC:CBD
Type III - THC < CBD
Type IIII - CBG

## Cannabinoids, Terpenes, and Flavonoids

All three work in concert within our endocannabinoid system to produce therapeutic effects

## Pharmacokinetics and Dynamics

Our body's interaction and ability to absorb, distribute, metabolize, and excrete a medication

## Route

Each route has a different onset and duration of effects that influence it's pros and cons for goal/condition

## Dose

Start with a low dose, go slowly in changing your dose, and stick with the lowest dose possible

## Product Quality

Not all products are created equal. Just because it is for sale does not make it safe! Check your Certificates and Lot Numbers!

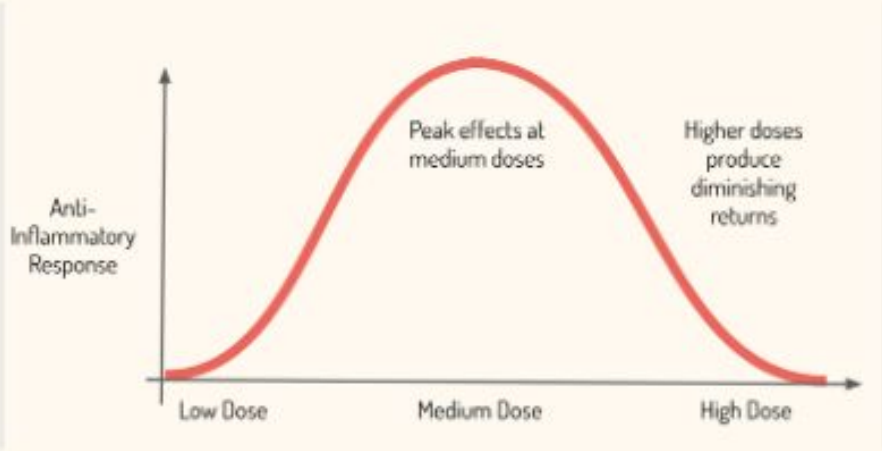
## Endocannabinoid Tone

Everyone's ECS is different! The "keys" you need may not be the same as your neighbors

## Product Composition

Isolate
Broad Spectrum
Full Spectrum
Whole Plant

# Therapeutic and Adverse Effects are controlled by dosage and chemotype




| CHEMOTYPE | Type I THC > CBD | Type II THC = CBD | Type III THC < CBD |
|---|---|---|---|
| **Common Ratios** | 100:1, 50:1, 20:1, 5:1 | 4:1, 3:1, 2:1, 1:1, 1:2, 1:3, 1:4 | 1:8, 1:15, 1:25 |
| **FDA or EU approved analogues** | Dronabinol (Marinol & Syndros)<br>Nabilone (Cesamet)<br>Bedrocan (EU) THC:CBD ~(22:1)<br>Bedrobinol (EU) THC:CBD ~(13:1)<br>Bedica (EU) THC:CBD ~(14:1) | Nabiximols (Sativex) THC:CBD ~ (1:1)<br>Bediol (EU) THC:CBD ~(6:8) | Epidiolex (US)<br>Epidyolex (EU)<br>Bedrolite (EU) THC:CBD ~(1:9) |
| **Cognitive / Mood Change Potential** | High expectation of cognitive changes & changes in mood | Moderate expectation of cognitive changes & changes in mood | Minimal to no cognitive changes (with >0.3% THC)<br>& positive (gentle) changes in mood |
| **Mood and Relaxation Potential** | Deep relaxation and stress reduction. Higher sedative feelings. | Moderate relaxation and stress reduction. Low to moderate sedative. | Mild relaxation and stress reduction, gentle uplift in mood. |
| **Therapeutic vs. "Adverse" Effects** | Very fine line | Wider line | Mostly therapeutic, minimal adverse effects |

Adapted from Blesching, 2020

| CHEMOTYPE | Type I THC > CBD | Type II THC = CBD | Type III THC < CBD |
|---|---|---|---|
| **Example Conditions (Not All Inclusive)** | Intractable nausea and vomiting<br>Central pain<br>Pathological pain<br>Nociceptive pain | Nausea and vomiting<br>Neuropathic pain<br>Muscle spasms<br>Intractable insomnia<br>Anorexia | BPS of Dementia, Insomnia, Anxiety, Depression, Inflammatory related conditions (IBS, RA, migraines), Arthritis pain, PMR, OA, Parkinson's, Spinal stenosis, DJD, Chronic pain, General analgesia (opioid synergy) |
| **% of Cannability Population** | 2.5% | 10% | 87.5% |
| **Upper THC CBD Limits in a 24 hour period** | 6 mg THC x 24 hours.<br>Intractable nausea from terminal cancer at EOL. | 4 mg THC , 4 mg CBD x 24 hours.<br>Intractable neuropathic pain at EOL. | 8 mg THC , 250 mg CBD x 24 hours.<br>Chronic RA pain, anxiety, and depression. |

# Question #1: What does the term medical cannabis mean vs use non medical reasons without prescription?

| Hemp-Derived Cannabis | "Marijuana" Cannabis |
| --- | --- |
| General consumer may purchase "OTC" without a certification or authorization from a practitioner - buyer beware.<br><br>Can be ordered in settings like assisted living and healthcare just like a medication or dietary supplement. | **Medical -** A practitioner may issue a written certification for treatment or to alleviate the symptoms of any diagnosed condition or disease determined by the practitioner to benefit from such use.<br><br>**Adult/recreational** use is legal within defined personal possession and cultivation limits. |

# Question #1: What does the term medical cannabis mean vs use non medical reasons without prescription?

## Cannabis

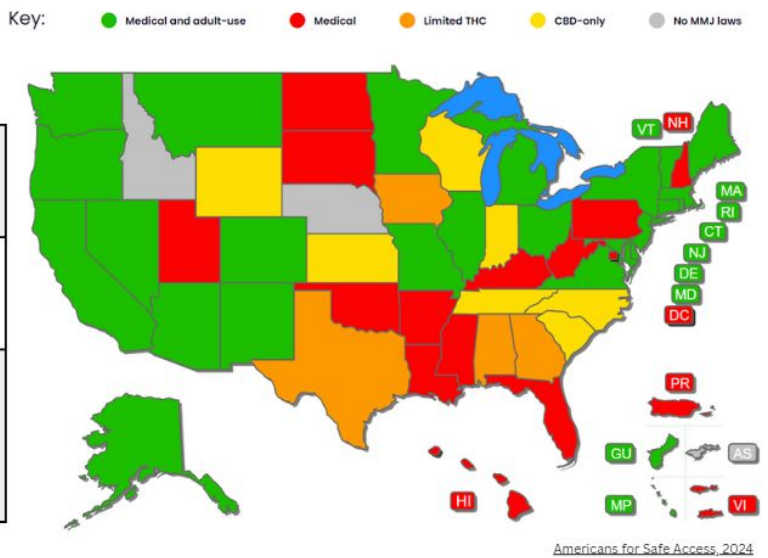
Colloquial terms that distinguish cannabis plants by their THC concentration.

**Marijuana** | **Hemp**

| | | |
|---|---|---|
| > 0.3% THC by dry weight | **PLANT concentration of THC** | < 0.3 THC by dry weight |
| Schedule I (possibly III in the future) Controlled Substance. | **Federal Legalization** | Is not a controlled substance and is legal for sale, transport, use. |
| **Medical -** 38 states, 3 territories, and D.C.<br>**Adult Use -** 24 states, 3 territories, and D.C.<br>**Low THC -** 9 states | **State Legalization** | Labeling, packaging, and testing requirements and/or bans on intoxicating cannabinoids vary from state to state. |

Both plants have THC (kiwis in fruit salad), but marijuana has more than hemp

## Medical Cannabis Laws by State




Americans for Safe Access, 2024

# Question #2: Must the provider certify medical cannabis even if the resident wants to take OTC cannabis products?


**No. Hemp-Derived Cannabis with < 0.3% THC by dry weight can be ordered by a provider in LTC.**

- Not a controlled substance.
- Is legal for sale, transport, use across the U.S.
- With the correct support/guidance and policies/procedures, hemp-derived cannabis can be a safe and regulatory compliant solution to benefit from the cannabis plant.

# Question #2: Must the provider certify medical cannabis even if the resident wants to take OTC cannabis products?

## Physician's Orders

- ☑ Documents an acceptable clinical indication for use.
- ☑ Prescribed for a diagnosed condition and not being used for convenience or discipline.
- ☑ Clinically indicated to manage a resident's symptoms or condition where other causes have been ruled out.
- ☑ Signs, symptoms, or related causes are persistent or clinically significant enough (e.g., causing functional decline) to warrant the initiation or continuation of medication therapy.
- ☑ Intended or actual benefit is sufficient to justify the potential risk(s) or adverse consequences associated with the medication, dose, and duration.

*Form CMS 20082 (10/2022)*

**Question #3: As a nursing facility or assisted living facility, can we prohibit personal use of cannabis by residents of the facility who are age 21 years or older?**

**Question #4: Can I limit the types of adult-use cannabis products in my nursing home or assisted living facility?**

# Yes! And we can help your organization with policy development.

"The American Medical Director's Association **supports patient-centered decision-making**. **If there is consensus** from the clinician and resident that **cannabis has substantial clinical benefits that justify the risks**, the facility administration **must have established policies and procedures** in place that address the following...."

- State laws
- Recommendation processes
- Informed consent
- Documentation
- Staff education
- Storage, disposal, destruction
- QAPI and monitoring mechanisms

PALTmed

POST-ACUTE AND LONG-TERM CARE MEDICAL ASSOCIATION

*formerly known as:*

amda THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE℠

**Position Statement (AKA Professional Standard)**

# Additional Policy Elements

- Accepted vs. unaccepted products / practices.
- Prescriber evaluation and orders.
- Delivery, labeling, and administration.
- Monitoring for effectiveness and adverse effects.
- Scope of responsibility for staff, resident, and caregivers.

# Unacceptable Products

1. Products not ordered by the resident's physician/practitioner.
2. "Marijuana," unless the resident is certified and all other requirements of the policy are met.
3. Inhalable products.
4. Homemade products.
5. Products that are not in original packaging.
6. Products that do not readily allow unit-dose administration (i.e., tinctures without a graduated dropper or edibles not manufactured for the prescribed serving).
7. Products without an ingredient label.
8. Products without a unique code for traceability and an associated certificate of analysis from that batch.

# Unadvisable Practices

- Recreational use.
- Use not ordered as a part of the resident's plan of care.
- Smoking or vaporizing.
- Inability to follow organizational policy.
- "Open ended" orders such as "resident may use cannabis PRN."

# Case Study #1

- 93 y/o female admitted for short-term rehab post hip fracture with history of extreme anxiety and severe dementia.
- Failed therapy with multiple psychotropic medications. Currently takes scheduled Ativan, Seroquel, and Tramadol that are ineffective for pain and anxiety control.
- Daughter (psychologist living out of state) sent CBD/THC gummies for anxiety. She would like her mom to continue the same regimen in the SNF.

Facility has concerns about:

- Products crossing state line.
- Is she able to self admin, including counting and locking? If not, then can nursing dispense it, as it is providing relief for her and care team?
- Are there any available policies for this case?

# Case Study #2

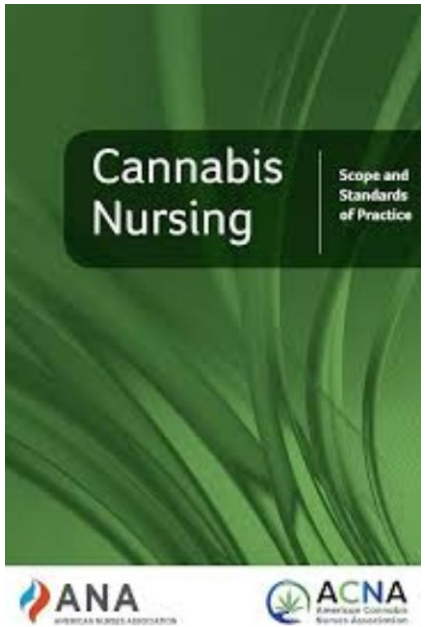
- 90 y/o female with chronic back pain, dementia, and depression.
- She currently receives Cymbalta, APAP, Flexeril, and PRN Oxycodone. A fentanyl patch was discontinued due to confusion.
- Heat is sometimes an effective non-pharm intervention. She's followed by an MHNP for depressive episodes and adjustment stressors, sometimes correlated to pain.
- Per the MAR, she has taken her PRN Oxy x8 in the past 30 days. Per the interviewed parties, her discomfort worsens in the morning and tapers off throughout the day.

Questions:

- Goals of care?
- Level of concern for falls/medication interactions with psychotropics and opioids?

# Resources for Clinicians

SOCIETY OF CANNABIS CLINICIANS®




CannaKeys
Unlocking the Science

NCSBN GUIDELINES FOR THE NURSING CARE OF Patients Using Marijuana

# Resources: Learn More About Cannability Consulting

The Virginian-Pilot

**Virginia Beach senior living provider launches cannabis consulting for aging adults and others**

Westminster-Canterbury on Chesapeake Bay in Virginia Beach established Cannability Consulting after three years of research and planning...

1 month ago

McKnight's Senior Living

**CCRC subsidiary helping shape future of cannabis use in senior living**

Alexandria Hill, DNP, GERO, RN-BC, chief nursing officer of Cannability Consulting and corporate director of quality improvement at...

1 month ago

WTKR

**Senior community in Virginia Beach takes innovative approach with CBD products**

Westminster-Canterbury on Chesapeake Bay has a subsidiary called Cannability Consulting which they say helps older adults navigate the...

1 month ago

13newsnow.com

**Virginia Beach senior living community promoting safe cannabis use in older adults sees 'groundbreaking' results**

Westminster-Canterbury on Chesapeake Bay began the Cannability Consulting program with its residents, providing CBD and hemp-related...

1 month ago

WAVY.com

**Senior living community helps residents explore cannabis use**

Cannability Consulting began as a way to help residents in the senior living community navigate through the weeds of hemp-derived products.

1 month ago

McKnights Senior Living

DAILY BRIEFING NEWS

**CCRC subsidiary helping shape future of cannabis use in senior living**

KIMBERLY BONVISSUTO

DECEMBER 12, 2024

SHARE

# Resources: Articles in Caring for the Ages

Caring for the Ages

APRIL 2023 • VOLUME 24, NO. 3
www.CaringfortheAges.com
FREE ONLINE ACCESS

An Official Publication of
amda THE SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE™

IN THIS ISSUE



## The Future of Independent Living: Health and Wellness Take Center Stage

By Joanne Kaldy

Anyone following the evolution of the post-acute and long-term care industry has noticed the trend toward "acuity creep," where today's assisted living facility residents resemble the nursing home residents of 10 to 20 years ago. For instance, 77% of assisted living residents need help bathing, 69% need help walking, and 34% have Alzheimer's disease or another form of dementia (National Center for Assisted Living: http://bit.ly/3LDMcd1). Now this trend is starting to hit independent living communities as well.

"Acuity is creeping into independent living for several reasons. For one, community-based [health care] resources are coming into our environment," said Joe Jedlowski, MBA, MHA, chief executive officer of Distinctive Living in Manalapan, NJ. At the same time, resident demographics are contributing to this trend. People are living and working longer, and they often are able to stay independent with some supports, even if they have chronic conditions such as heart disease and diabetes that need care.

Many independent living communities are proactively addressing issues of health and wellness by offering fitness classes and other activities.

### Health and Wellness Front and Center

Particularly since the pandemic, health and wellness are on the minds of older adults more than ever. They are prioritizing ways to stay healthy and independent, even in the face of outside factors such as a pandemic or infectious disease outbreak. "Any environment for older adults needs to address issues of health

See **WELLNESS** • page 8

## Discussing Cannabis With Your Patients

By Alexandria Hill, MSN, GERO RN-BC, RAC-CT, QCP, CMDP

I recently traveled to a major city for a professional development event, and while I was exploring the area for local cuisine I stumbled across a cannabis vending machine. It was neither inside nor outside a business establishment; it was simply a freestanding machine on the sidewalk, enclosed in a wooden frame with metal bars in front. I would have missed it if not for its colorful mural. It had no supervision other than a sign reminding its patrons they were under video surveillance and must be over 21 years old to purchase.

Readily accessible cannabis may not be a new phenomenon in trailblazing states. Indeed, today access to cannabis for much of the United States is no longer limited to under-the-counter transactions or state-regulated dispensaries. Farmer's markets, online stores, delivery services, pop-up shops, and more venues can quickly meet one's cannabis needs or desires with little guidance.

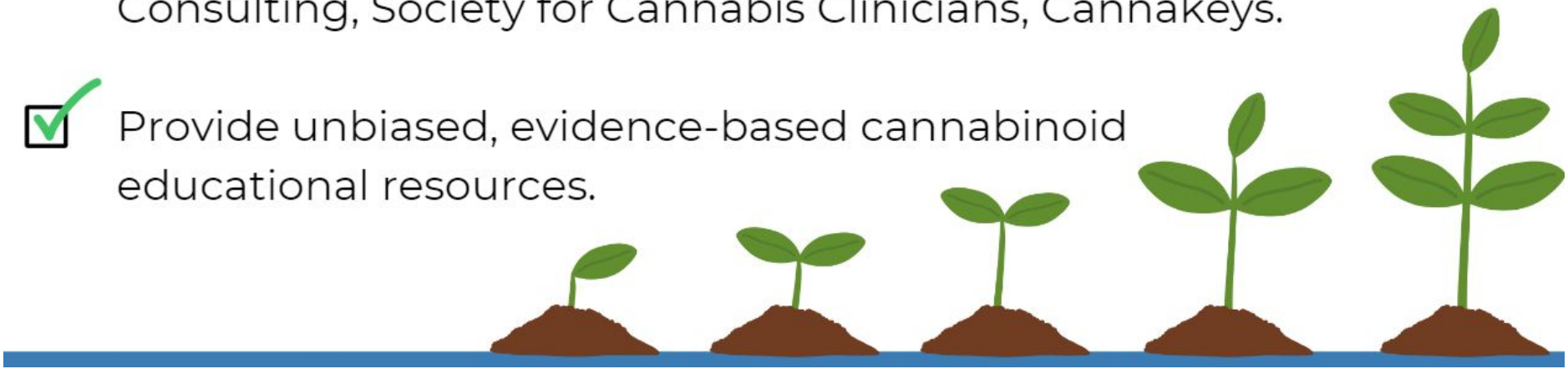
This radical shift in convenience may seem like a progressive achievement to cannabis advocates and consumers. Yet instant access to the plant without basic knowledge of its power can nullify its medicinal capabilities. The potentially detrimental presumptions, stereotypes,

See **CANNABIS** • page 10

**Scan QR Code for multiple full-text articles**

# Cannabis is growing, literally and figuratively, how can we be prepared?

- ☑ Routinely and non-judgmentally inquire about cannabis use and direct the patient to appropriate resources.
- ☑ Stay informed - utilize resources such as the Cannability Consulting, Society for Cannabis Clinicians, Cannakeys.
- ☑ Provide unbiased, evidence-based cannabinoid educational resources.



Clinical cannabis has become a therapeutic compass to what modern medicine fails to cure.

**- Ethan Russo, MD**

Cannability Consulting

THANK YOU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Chief Nursing Officer

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Westminster Canterbury

ON CHESAPEAKE BAY

# Questions from the Network

What does the term medical cannabis mean vs resident that use it for non medical reasons without prescription?

Does the doctor/NP/PA have to be certified in medical cannabis even if the resident wants to take OTC cannabis products?

As a nursing facility or assisted living facility, can we prohibit personal use of cannabis by residents of the facility who are age 21 years or older?

Can I limit the types of adult-use cannabis products in my nursing home or assisted living facility?
*Yes. For example, a facility could prohibit the use of smokable adult-use cannabis (either flower/bud or vaped), the use of cannabis products, or both. Facilities should have clear protocols in place per their policies and procedures.*

# Case Study 1

45 year male with TBI living in LTC from MVA  in his early 30s. He is independent with mobility with a motorized wheelchair. He has capacity.

He has history of alcohol and cocaine addiction.  He uses marijuana he obtained on his outings in the community.He has episodes of AMS and falls with intoxication from smoking marijuana. At times, marijuana smell is noted in his room by environmental services personnel. SW and administrator met with resident in SW's office. SW reviewed Alcohol and Drug Abuse policy and resident signed. He states he does not smoke on facility premises. SW provided education about marijuana and effects on cognitive and physical deficits. SW offered cessation program and he declined. MD saw patient after several years due to fall resulting in ED visits /stitches; he agreed to labs and UDS:

Drug Present

Carboxy-THC 184 ng/mg creat

Carboxy-THC is a metabolite of tetrahydrocannabinol (THC). Source of

THC is most commonly herbal marijuana or marijuana-based products.

---Has everything appropriately done for medical legal ?

Patient will not be changing his behavior. Isnt that his right?

# Case Study 2

**Case 2**

**87 y female with progressive neurological disorder of Parkinson's Disease with severe anxiety.**

**Failed therapy multiple SSRIs and anti psychotropic and neuroleptic medications.**

**Daughter in another state who is a psychologist sent CBD/THC gummies for anxiety.**

**She takes 2 a day and anxiety is well controlled. Her goals of palliative as she is end of life**

**The facility has concerns about:**

**Products crossing state line**

**Is she able to self admin including counting and locking? If not, then can nursing dispense it as it is providing relief for her and care team.**

**Are there any available policies for this case?**

# Resources

https://pmc.ncbi.nlm.nih.gov/articles/PMC11134741/
https://cca.virginia.gov/bod#meetings

https://legacylis.virginia.gov/cgi-bin/legp604.exe?ses=201&typ=bil&val=sb185

*https://law.lis.virginia.gov/vacode/title18.2/chapter7/section18.2-251.1:2/*

https://www.nccih.nih.gov/health/cannabis-marijuana-and-cannabinoids-what-you-need-to-know#:~:text=Has%20the%20U.S.%20Food%20and,drugs%20that%20contain%20individual%20cannabinoids.

§ 18.2-251.1:2. Possession or distribution of cannabis oil; nursing homes and certified nursing facilities; hospice and hospice facilities; assisted living facilities.
No person employed by a nursing home, hospice, hospice facility, or assisted living facility and authorized to possess, distribute, or administer medications to patients or residents shall be prosecuted under Chapter 11 (§ 4.1-1100 et seq.) of Title 4.1 or § 18.2-248, 18.2-248.1, or 18.2-250 for the possession or distribution of cannabis oil for the purposes of storing, dispensing, or administering cannabis oil to a patient or resident who has been issued a valid written certification for the use of cannabis oil in accordance with § 4.1-1601.
2020, c. 846; 2021, Sp. Sess. I, cc. 550, 551; 2023, cc. 740, 773.
The chapters of the acts of assembly referenced in the historical citation at the end of this section may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

# Resources

Has the U.S. Food and Drug Administration (FDA) approved cannabis or cannabinoids for medical use?
The FDA has not approved the cannabis plant for any medical use. However, the FDA has approved several drugs that contain individual cannabinoids.

- § Epidiolex, which contains a purified form of CBD derived from cannabis, was approved for the treatment of seizures associated with Lennox-Gastaut syndrome or Dravet syndrome, two rare and severe forms of epilepsy.

- Marinol and Syndros, which contain dronabinol (synthetic THC), and Cesamet, which contains nabilone (a synthetic substance similar to THC), are approved by the FDA. Dronabinol and nabilone are used to treat nausea and vomiting caused by cancer chemotherapy. Dronabinol is also used to treat loss of appetite and weight loss in people with HIV/AIDS.

https://geripal.org/medical-cannabis-revisted-a-podcast-with-david-casarett-and-eloise-theisen/

# Open Forum

## Any questions or ideas from the talk?

**Share an unidentifiable case to discuss**

**Do you have resources or professional meetings you could share in chat?**

# Indwelling Catheter Survey

A LTC-CN Network member is working on a new policy for indwelling catheters, and would appreciate feedback from other Network members. Please complete this brief survey. We will tabulate the data and share it with the group. Information shared like this will help improve quality of care in LTC. Thank you!

Survey Link

# Accreditation

| | |
|---|---|
| | In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. |
| | VCU Health designates this live activity for a maximum of ***1.00 AMA PRA Category 1 Credits***$^{TM}$. Physicians should claim only the credit commensurate with the extent of their participation in the activity. |
| | VCU Health Continuing Education designates this activity for a maximum of ***1.00 ANCC*** contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity. |
| | VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for ***1.00 AAPA Category 1 CME credits***. PAs should only claim credit commensurate with the extent of their participation. |

# Disclosure of Financial Relationships

**Disclosure of Commercial Support:**

We acknowledge that no commercial or in-kind support was provided for this activity.

# Claiming CE Credit

**Submit Attendance**

1. *If you have **not participated in a VCU Health CE program** in the past:*
   a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
2. Once you have registered or if you **have participated before:**
   a. Text the course code to (804) 625-4041.
   b. The course code for today's event is: **#####** *within **5** days of the event*

**Complete Evaluation & Claim Credit**, *(within 60 days of the event)*

1) Go to https://vcu.cloud-cme.com
2) Sign in using email address used above
3) Click "My CE"
4) Click "Evaluations and Certificates"

Need help? ceinfo@vcuhealth.org

OR

1) Open the CloudCME app on your device
2) Click "My Evaluations"
3) Click the name of the activity to complete evaluation

# Thank you for joining us!

**Updates and News** - See News Updates via email

**Next Monthly Forum:** **Wednesday, March 19, 4-5 pm**

**Your Calendar Link** - In the Zoom Registration Confirmation email you received today, there's a calendar link to update your calendar for future meetings.

**On your way out** of our meeting today, kindly answer a brief feedback survey.

**Stay in touch!** Email us at vcoa@vcu.edu

**Invite your colleagues!** They can register at ltccn.vcu.edu