Patient Safety in Hospital Long Term Care &

Legal and Regulatory Issues in Long Term Care

Thursday, January 21, 2010 and Thursday, January 28, 2010

Registration: 9:30am Program: 10:00am - 2:00pm



Patient Safety in Hospital Long Term Care

Thursday, January 21, 2010

Program Description

This half day program is designed to address common safety issues encountered in a long term care setting with emphasis on medical errors and mishaps, quality improvement, risk management and rising health care costs.

Objectives

At the conclusion of this activity, participants should be able to:

- Describe the most common medical mishaps and errors that adversely impact patient safety, clinically and statistically.
- 2. Examine errors most likely to result in severe injury or death.
- Outline the impact of errors on health care costs, reimbursement, and quality of care.
- Illustrate risk management methodologies for identifying and tracking errors.
- 5. Examine successful quality improvement programs.

Legal and Regulatory Issues in Long Term Care Thursday, January 28, 2010

Program Description

This half day program is designed to address legal and regulatory issues encountered in a long term care setting with emphasis on resident's rights, legal controversies and current legislation and how it impacts the provision of quality care.

<u>Objectives</u>

At the conclusion of this activity, participants should be able to:

- 1. Describe the history and evolution of the Federal and North Carolina statutes, regulations, and rules governing long term care.
- Outline the jurisdiction, authority, and relationships between HHS and North Carolina's DHHS and DFS (now HCR).
- 3. Discuss the rights of residents residing in long term care facilities.
- Examine current legal issues and controversies within the long term care system.
- Identify pending or proposed legislative actions impacting elder rights and long term care.



Register for both programs and save!

Limited to 35 participants!

Wake AHEC Educating present and future healthcare providers Part of the North Carolina AHEC Program

Location

Springmoor 1500 Sawmill Road Raleigh, NC 27615

Directions and parking information will be mailed with your confirmation letter.

Target Audience

Nurses, nursing assistants, social workers, risk managers, nursing home administrators and other long term care professionals

<u>Speaker</u>

J. Kevin Moore, MHA, JD

NCIPH Consultant NC Institute of Public Health, UNC Chapel Hill, NC

Registration

Single Class Registration: \$50;

one week before the program - \$65

Both Class Registration: \$90

Vouchers not accepted.

Fee includes credit, certificate of completion, light refreshments and catered lunch.

Credit

Nursing: 3.5 CNE contact hours (per class)

Wake AHEC, Nursing Education, is an Approved Provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

NHA: 3.5 hours (per class)

NCANPHA is a Register Sponsor of continuing education with the NC State Board of Examiners for Nursing Home Administrators.

Wake AHEC CEU: 3.5 (4 contact hours) (per class)

A participant must attend 100% of the activity to receive credit.

No partial credit will be given.

Cancellations & Refunds

No refunds or vouchers will be issued. Substitutes are encouraged.

Inclement Weather

Call 919-350-8547 for the inclement weather schedule.

Please print. Registration Form Patient Safety in Hospital Long Term Care - Thursday, January 21, 2010 8590-29042dmc \$50; after 1/14/10 - \$65 Legal and Regulatory Issues in Long Term Care - Thursday, January 28, 2010 8590-29043dmc □ \$50; after 1/21/10 - \$65 **Both Classes** □ \$90 PID#: (Last name + last 4 digits of Social Security #) If you have attended a Wake AHEC program in the last 6 months, we only need Your Personal ID (PID) number and a phone number. If there are changes to your personal data, please update your information below. □ Dr. □ Mr. □ Mrs. □ Ms. Last 4 digits of SSN (required) First Name MI Last Clinical Specialty Degree(s)/Certification(s) **Employer Name** Department Job Title Home Address City State Zip County Work Phone Home Phone E-mail Address Fax By providing your fax number, e-mail address and telephone number, you have granted permission for us to contact you via the numbers and address indicated. *Payment or supervisor signature must accompany registration.* Payment Options ☐ Check enclosed. (Make payable to Wake AHEC.) ☐ Charge my: ☐ Corporate Card Personal card ☐ Discover ☐ MasterCard ☐ VISA ☐ AMEX Card # Exp. Date **Authorized Signature** Name as it appears on card ☐ Employer will make payment. Fax registration now. Title Supervisor's name (please print) Supervisor's signature Phone

Register online at www.wakeahec.org • Registration Fax: 919-350-0467

By signing, I am certifying that agency payment will follow.

or Mail to: Wake AHEC, Attn: Diana McCullers, 3261 Atlantic Avenue, Suite 212, Raleigh, NC 27604 For questions please call Diana McCullers at 919-350-0462.