





SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE



Hospice and
Palliative Care for
Dialysis Patients:
Past Successes,
Remaining Challenges



Hyatt Regency Denver • Denver, Colorado

Preconference dates: September 22–23, 2009

Main Conference dates: September 24 – 26, 2009

FINAL PROGRAM





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- Optional Dependent Life Insurance
- Optional Long-Term Disability Coverage
- Short-Term Disability

Main Conference Dates: September 24-26

NHPCO'S 10TH CLINICAL TEAM CONFERENCE

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National Hospice and Palliative Care Organization



ABOUT NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION

NHPCO's Vision: A world where individuals and families facing serious illness, death, and grief will experience the best that humankind can offer.

NHPCO's Mission: To lead and mobilize social change for improved care at the end of life.

NHPCO was founded in 1978 as a nonprofit public benefit, charitable organization advocating for the needs of terminally ill persons. NHPCO is currently the world's oldest and largest national nonprofit hospice leadership organization devoted exclusively to promoting access to hospice and palliative care and to maintaining quality care for persons facing the end of life, and their families.



ABOUT COLORADO CENTER FOR HOSPICE AND PALLIATIVE CARE

COCHPC's Vision: That all Coloradans would live well at the end of life or in serious illness and none would suffer needlessly.

COCHPC's Mission: To work to increase access to palliative and hospice services and promote quality standards of care for all Coloradans.

Colorado Center for Hospice & Palliative Care is the result of a merger between Colorado Hospice Organization (founded May, 1980) and Colorado Palliative Care Partnership (founded April, 2004), effective January 1, 2008. The Center works to increase access to palliative and hospice services and promote quality standards of care for all Coloradans.

- We provide Coloradans in need with palliative care information and available providers.
- We provide members advocacy, education, and best practice models of care.

CONFERENCE OBJECTIVES

The Clinical Team Conference (CTC), Scientific Symposium (SS) and Pediatric Intensive (PI) will offer extensive and intensive basic (for the novice), intermediate (for the competent) and advanced (for the expert) educational sessions that will address a wide variety of topics, providing the opportunity for attendees to:

- Identify best practices in advanced pain and symptom management;
- Determine best practices in medical, psychosocial, spiritual and bereavement care at the end of life;
- Identify innovative programs, practices and approaches to end-of-life care;
- Advance competencies related to physical, psychosocial, spiritual and bereavement aspects of clinical care at the end of life;
- Define best practices in interdisciplinary care and team function;
- Assess the quality of their programs, practices and care;
- Improve access, care and outcomes of hospice and palliative care provided in diverse settings and to diverse populations;
- Discuss regulatory requirements and approaches to ensure compliance;
- Review current research and the application of outcomes to practice and care delivery;
- Discuss innovative models of providing facility-based hospice care;
- Promote quality hospice and palliative care for children and their families; and
- Strengthen networking among hospice professionals.

CONFERENCE SUPPORTERS

NHPCO gratefully acknowledges the following organizations that have provided educational grants in support of the 10th Clinical Team Conference:



Hospice Pharmacia *Premiere*Conference Supporter and for the conference lanyards and key cards



VITAS Innovative
Hospice Care
for the conference tote bags



Career Center for the Job Fair



Goetz Printing for the conference notepads

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...and more!



650 15th Street

Denver, Colorado 80202 Phone: 303/436-1234 Fax: 303/486-4450

The conference Registration Desk is located on the 3rd Level of the hotel in the Centennial Foyer. Registration materials and name badges will be distributed during the following registration hours:

Tues day,	September 22	7:00 AM – 6:00 PM
(For Septemb	er 22-23 programs only)	
Wednesday	September 23	7:00 AM - 6:00 PM
Thursday,	September 24	7:00 AM – 5:00 PM
Friday,	September 25	7:00 AM – 5:00 PM
Saturday,	September 26	7:30 AM – 11:30 AM

The Cyber Station allows attendees an opportunity to print handouts and briefly check email while attending the conference. All session handouts provided to NHPCO will be available on our Web site for up to six months after the conference at www.nhpco.org/ctc2009handouts. Printing stations are available so that you can print out handouts that you need for each session. The Cyber Station is located on the 3rd Level of the hotel along the Centennial Foyer and will be open 24 hours beginning Tuesday, September 22 at 7:00 am.

NHPCO's Marketplace has your favorite books as well as CDs, DVDs, videos, accessories, gift ideas and so much more. We also carry the most comprehensive technical materials for the clinical and interdisciplinary teams. The Marketplace opens Tuesday, September 22 at Noon and will be open during registration hours throughout the conference. Be sure to visit Marketplace on the 3rd Level of the hotel in the Centennial Foyer for all your shopping needs or to pick up something special for your staff or co-workers.

CONFERENCE INFORMATION AND POLICIES

Most plenary and concurrent sessions will be audio taped and available for purchase



at the Digital Conference Providers (DCP) audio sales booth in the registration area. Sessions not being recorded are identified in this program with a No Taping @ Symbol. CDs are available on-site and post -meeting. CD orders will be shipped within 10 days following the conference. MP3 audio programs will be available on-site and on-line. To place an order after the conference, visit www.nhpco.org/ctc2009 and look for the link to the DCP Web site.

Your name badge is your admission ticket to all conference activities. Attendees can pick up their badges, conference bag and materials at the NHPCO conference Registration Desk, located on the 3rd Level of the hotel in the Centennial Foyer. Your badge envelope will contain: a confirmation letter showing all conference sessions or activities for which you have pre-registered as well as various session badges to be placed inside your badge holder. For instance, if you've registered for the full conference and one preconference seminar, your badge envelope will contain two badges; one badge that identifies you as a full conference attendee and one badge that will identify your preconference event. Please wear the correct badge for the session or event you are attending at all times during the conference.



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Certificates of Attendance

A certificate of attendance for the conference is in your conference bag. This certificate does not imply receipt of CE/CME credit. Certificates awarding CE/CME credit will be available following the conference after attendance hours are confirmed and payment has been received. Attendees will receive an email when their CE/CME certificates are completed with directions to access them from NHPCO's Web site.

Dress

Dress for the conference is business casual. It is recommended that you bring a sweater or jacket to wear during the concurrent sessions, as the temperature in meeting rooms can vary throughout the day.

Lost and Found

Found items should be returned to the main conference Registration Desk located on the **3rd Level** of the hotel in the **Centennial Foyer.**

Message Board

A message board/screen is located near the Registration Desk for general conference communications and announcements. Since a Job Fair will be held at the 10th Clinical Team Conference, the posting of jobs will not be permitted in this area.

Photography

A photographer will be on hand to capture images of the conference. Registration for the conference implies consent to be photographed and permission for such photos to be used by NHPCO in printed materials. Thank you for your cooperation.

Security

We strongly advise conference attendees to take precaution and be aware of their surroundings at all times. Please do not leave unattended personal items in session rooms. There are in-room safes available in each sleeping room and safety deposit boxes available at the Hyatt Regency's main reservations desk.

Session Admission Policy

Concurrent sessions have limited seating as pre-determined by the local Fire Marshal's Office and cannot be altered. Attendees will be accommodated on a first-come, first-seated basis. To avoid disappointment, please arrive early and consider an alternate session choice in case your session is filled. Saving seats in the session rooms is strictly prohibited. As a courtesy to your fellow attendees please turn off all electronic devices.

Smoking Policy

For the comfort and health of all attendees, smoking is not permitted at any activity associated with this conference.

Taping Restrictions and Permission

By attending or participating in discussion periods, registrants agree that NHPCO may electronically record or copy and distribute the registrants' attendance at and involvement in, program discussion/answer periods. No individual or entity is permitted to electronically record any portion of the conference program without the prior written consent of NHPCO.

Time Zone

Denver Colorado is in the Mountain Time Zone.



CONFERENCE HIGHLIGHTS

This award will be presented at the General Plenary II Friday September 25, 8:15 AM - 9:30 AM

The NHPCO Distinguished Researcher Award recognizes an outstanding body of research that has contributed to the enhancement of hospice and palliative care. The award is given to an individual who has made substantial and sustained contributions to the field of hospice and palliative care through a body of research investigation.



Joan M Teno MD, MS

Associate Director Center for Gerontology and Health Care Research

Professor Community Health and Medicine School of Medicine **Brown University** Providence, RI

Joan M. Teno MD, MS is a Professor of Community Health and Medicine and Associate Director of the Center for Gerontology and Health Care Research at the Brown Medical School. She is a health services researcher, hospice medical director, and board-certified internist with added qualification in Geriatrics and Palliative Medicine. Dr. Teno has served on numerous advisory panels including the Institute of Medicine, the World Health Organization, the American Bar Association, and as a grant peer reviewer for the National Institutes of

Health. She has been the recipient of funding from the National Institute of Health (NIH) and the Robert Wood Johnson Foundation. Dr. Teno led the effort in the design of the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) intervention analysis and was lead author in twelve publications from that research effort, which ranged from the role of advance directives to describing the dying experience of seriously ill and older adults. She is also an Associate Medical Director at Home and Hospice Care of Rhode Island.

Both as a researcher and clinician, Dr. Teno has devoted her career to understanding how to measure and improve the quality of end-of-life care for vulnerable populations. She was the lead investigator in a research effort to create a Toolkit of Instruments to Measure Care at the End of Life (TIME). In this grant effort, she created the Brown University Family Evaluation of Hospice Care, a version of which is currently being used by hospices across the nation and internationally to examine the quality of hospice care. She has led a state wide effort to improve pain management in nursing homes, for which she has received an award from the American Cancer Society. Over 120 research articles have been published in leading medical journals focusing on examining medical care for dying persons and frail persons residing in nursing homes.





Visit NHPCO's Marketplace bookstore and build your professional library. Meet authors and have your books autographed during scheduled book signings.

Thursday, September 24



Mary Rose Comfort Touch Massage for the Elderly and the Ill (Available as DVD)



Barry Kinzbrunner MD, FACP 20 Common Problems: End-of-Life Care

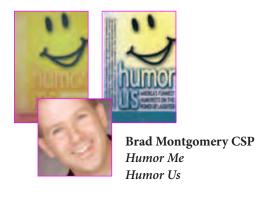


Mary Raymer LMSW, ACSW Gary Gardia MEd What Social Workers Do

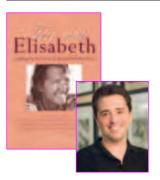


Mary Lynn McPherson PharmD Demystifying Opioid **Conversion Calculations:** A Guide for Effective Dosing

Saturday, September 26



Friday, September 25



Ken Ross Tea with Elisabeth

Marcia Lattanzi Licht MA, RN, LTC Living With Grief The Hospice Choice



Michael Ferris Molly Rehnwall Legendary Results Vol. 1: Referral Management Legendary Results Vol 2: The Admissions Process (Vol. 1 and 2 sold as a set) The Field Guide to Hospice Services



Tiffany Christenson Sick Girl Speaks





Iames Brooks MDiv The Broken Circle

CONFERENCE HIGHLIGHTS

THE ANGOLA EXHIBIT

Grace Before Dying

A Traveling Photography Exhibition of Louisiana State Penitentiary Hospice, Angola, LA

Grace Before Dying is a photographic documentary by Lori Waselchuk, about the prisoner-run hospice program at Angola State Penitentiary, Louisiana's maximum security prison. Because Louisiana has some of the toughest sentencing laws in the country, more than 85 percent of the 5,100 prisoners at Angola are expected to die there. Before Warden Burl Cain initiated the creation of a hospice program in 1998, prisoners died mostly alone and unattended in the prison hospital. Now, when a terminally ill inmate is too sick to live in the general prison population, he is transferred to the hospice ward. Here, inmate volunteers work closely with the hospital and security staff to take care of the patient. The volunteers go to great lengths to ensure that their fellow inmate does not die alone.

This exhibition was supported by a grant from the Documentary Photography Project of the Open Society Institute. Traveling arrangements for this exhibition are made through the Louisiana – Mississippi Hospice and Palliative Care Organization. The Exhibition will be shown starting Monday, September 21 through Thursday, September 24 in the Centennial Foyer on the 3rd level of the hotel.

COMPLIMENTARY ROX HINCH

Lunch is complimentary for those that pre-registered on September 24th! Grab a free box lunch and network with your peers! A lunch token will be provided in your conference materials or ask if a lunch token is available at the Registration Desk. First come, first served! NHPCO cannot guarantee that you will receive a lunch if you have not pre-registered.

EXHIBITOR WELCOME RECEPTION

The first evening of the Clinical Team Conference kicks off with a showcase of the latest products and services for the hospice/palliative care industry. More than 70 exhibitors will display their latest offerings on **Thursday, September 24 from 5:00 pm – 7:00 pm, in the Korbel Ballroom at the Colorado Convention Center.** The Convention Center is just steps away from the hotel through the California street exit. Come have a drink on us, and enjoy an entertaining evening with top vendors in the hospice and palliative care field.

JOB FAIR

A popular addition to the Clinical Team Conference is the Job Fair with representatives from hospice and palliative care programs from around the country seeking candidates for open positions in all disciplines of care. Visit the Job Fair during the Exhibitor Reception on Thursday evening and again on Friday, September 25 between 8:00 AM -1:15 PM, in the Korbel Ballroom at the Colorado Convention Center to learn more about opportunities in the field of hospice and palliative care. The following hospice and palliative care organizations will be represented:

- Caris Healthcare, LP
- Four Seasons Hospice and Palliative Care
- VITAS Healthcare Corporation

MEMORIAL SERVICE

The annual Memorial Service, provided by The National Council of Hospice and Palliative Professionals (NCHPP), honors and pays tribute to hospice and palliative professionals and volunteers who have died in the past year. All attendees are invited to gather on Thursday, September 24 at 4:00 pm to 4:45 pm in the Mineral Hall D/E on the 3rd level of the hotel. Join us for this inspirational time of remembrance as we celebrate the important lives of our colleagues.





Evening Self-Care Options (Free to all conference attendees)

EXPANDING & DEEPENING: DISCOVER THE POTENTIAL OF THE LABYRINTH FOR YOUR WORK AND SELF-CARE

Thursday, September 24, 7:00 pm - 8:30 pm Quartz A/B Room - 3rd level

There is a special "buzz" moving across the country; hospice and palliative care professionals are discovering the ancient pathway of labyrinths and finding new and innovative ways to reach patients, families, their communities and themselves. Join colleagues on Thursday evening in the Reflection Room to discover the power of the labyrinth to expand and deepen experience. Discover the benefits for patients and families; discover the benefits for yourself. Learn how a labyrinth can enhance the services you provide, as well as provide a nurturing space for your centering, reflection and recommitment. Rebecca Rodriquez, author of The Labyrinth Inspiration Cards, The Prayer for Higher Good and creator of Labyrinth of The Lake in Texas, along with her colleague, Nancy Cranton, LCSW, with Crossroads Hospice in Canyon Lake, Texas, will lead this session for all attendees. Please come early to find your place on the path to peace.

LEAVE YOUR SHOES AT THE DOOR (AND PUT YOUR FEET UP): AN INTRODUCTION TO THE ART/SCIENCE OF REFLEXOLOGY

Friday, Sept 25, 8:00 pm - 9:30 pm

Mineral Hall A - 3rd Level

Reflexology is a hands-on method recognized by the National Institute of Health as a complementary healing practice. The method involves applying pressure to feet and hands with specific thumb, finger, and hand techniques to reduce stress, promote relaxation, and ease end-of-life symptoms. Reflexology is an integrative modality that has significant potential to ease suffering, a mandate for hospice workers whether suffering is experienced by patients and families in their care or their own suffering. Plan to attend this special session and interactive workshop on Friday evening to experience immediate relaxation as you pair up and practice hand and foot reflexology techniques. The presenter, Judith Halper, RN and a National Board Certified Reflexologist states, "The dying are dying to be touched and foot reflexology is the path from sole to soul," as true for the dying as it is for ourselves. This session is suggested for all disciplines.

DISCIPLINE-SPECIFIC NETWORKING MEETINGS HOSTED BY NCHPP

Are you hoping to meet new colleagues working in similar jobs from other programs?

The Discipline-Specific Networking Meetings are for you! Hosted and facilitated by your discipline's NCHPP Section Leader, the meetings will be focused on a specific topic identified by your discipline's NCHPP Steering Committee. You'll also have a chance to learn how you can become a leader in your discipline through NCHPP. All conference attendees are invited to attend the Discipline-Specific Networking Meetings on Thursday, September 24, at Noon. See page 58 for a complete list of topics and room locations.

OPENING PLENARY ENTERTAINMENT

Opening day festivities in the **Centennial Ballroom (3rd level)** begins at 8:15 am with The Seven Falls Indian Dancers. This wonderfully cultural program promises to get your energy up and start your day with a smile! Come early, grab a seat and enjoy the beauty and rich traditions of the Sioux and Pawnee Tribes combined in the Seven Falls Indian Dancers.

REFLECTION ROOM/LABYRINTH

Make your way to the **Quartz A/B Room (3rd level)** to find a quiet, reflective and meditative space. The Reflection Room will be open throughout the conference and provide a place for you to refresh, reflect and remember. Whether sitting in silence at the meditation circle or walking your own spiritual journey on the Labyrinth, a meditative prayer tool, this room will provide comfort, solace and peace for all who enter.



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FACULTY AND FINANCIAL RELATIONSHIPS

CONFERENCE FACULTY AND DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS

NHPCO thanks the 10th Clinical Team Conference faculty for their commitment to providing state-of-the art and robust educational content for this conference.

NHPCO endorses the Standards of the Accreditation Council for Continuing Medical Education (ACCME), which specifies that sponsors (i.e. NHPCO) of continuing medical education/continuing education activities disclose relevant financial relationships* with commercial interests* whose products or services are discussed in educational presentations.

NHPCO has implemented a process where everyone who is in a position to control the content of an educational activity must disclose all relevant financial relationships they have with any commercial interest. (This includes NHPCO, as we disclose all educational grants we receive for this conference, for example, to attendees.) Faculty with relevant financial relationships to disclose is identified below with this symbol , along with details about the relationship.

If it was determined that a conflict of interest* existed as a result of a financial relationship faculty has, NHPCO has worked with the faculty to resolve the conflict prior to the conference. Any faculty who refuse to disclose relevant financial relationships have been disqualified from presenting at this conference. Disclosure of a relationship is not intended to suggest or condone bias in any presentation, but is stated to provide participants with information that might be of potential importance in their evaluation of a presentation.

GLOSSARY OF TERMS

Commercial Interest

The ACCME defines a "commercial interest" as any proprietary entity producing healthcare goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

Relevant financial relationships

The ACCME defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.

Financial relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected. ACCME considers relationships of the person involved in the CME activity to include financial relationships of a spouse or partner.

CONFLICT OF INTEREST

Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.





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- Francis James BFA, Perception Films, New Orleans, LA
- David Johns MSN, RN, Odyssey Healthcare, San Antonio, TX
- John Johnson RN, CHPN, Hospice of the Bluegrass, Lexington, KY
- Lisa Johnson RN, BSN, CHPN, Palliative CareCenter and Hospice of Catawba Valley, Newton, NC
- Daniel Johnson MD, FAAHPM, Kaiser Permanente, Aurora, CO
- Meg Johnson MS, Mayo Hospice Program, Rochester, MN

- Amber Jones MEd, Center to Advance Palliative Care, Albany, NY
- Patrick Jones MD, Vanderbilt University, Nashville, TN
- Jim Joyner PharmD, Outcome Resources, Rocklin, CA
- Khalid Kamal PhD, Duguesne University, Pittsburgh, PA
- Arif Kamal MD, Mayo Clinic, Rochester, MN
- Cordt Kassner PhD, Colorado Center for Hospice & Palliative Care, Colorado Springs, CO
- Catherine Kelly-Langen MD, Children's Hospital Medical Center of Akron, Akron, OH
- Jennifer Kennedy MA, National Hospice and Palliative Care Organization, Alexandria, VA
- Jonathan Keyserling JD, National Hospice and Palliative Care Organization, Alexandria, VA
- Ronald King DMin, Holy Redeemer Home Care and Hospice, Philadelphia, PA
- Barry Kinzbrunner MD, FACP, VITAS Innovative Hospice Care, Miami, FL
- Annette Kiser RN, MSN, Palliative CareCenter and Hospice of Catawba Valley, Newton, NC
- Elizabeth Knowlton MSW, VITAS Innovative Hospice Care, Orlando, FL
- Kathie Kobler MSN, Advocate Lutheran General Hospital, Buffalo Grove, IL
- Margaret Kreher MD. Penn State Hilton S. Hershey Medcial Center, Hershey, PA
- Jean Kutner MD, MSPH, University of Colorado Denver School of Medicine, Aurora, CO
- Betsy Lang MSW, Massachusetts General Hospital, Boston, MA
- Susan Langley BA, The Denver Hospice, Denver, CO
- Susan Lasker-Hertz MSN, The Denver Hospice, Denver, CO
- Marcia Lattanzi-Licht LHD, RN, LPC, Lattanzi-Licht and Associates, Boulder, CO
- Chuck Lee MA, MBA, Studer Covenant Alliance, Gulf Breeze, FL
- Cineta Lee RN, Heart 'n Home Hospice & Palliative Care, Fruitland, ID
- Cari Levy MD, University of Colorado, Denver, CO
- Maureen Lilly, Alexandria, VA
- Rana Limbo PhD. RN. PMHCNS-BC. Gundersen Lutheran Medical Foundation, Inc, La Crosse, WI

- Judi Lund Person MPH, National Hospice and Palliative Care Organization, Alexandria, VA
- Alan Mabry RN, Carilion Hospice Services, Roanoke, VA
- Beth Magnifico MD, Hershey Medical Center, Hershey, PA
- Dan Maison MD, FAAHPM, Treasure Coast Hospice, Stuart, FL
- Elizabeth Makule RN, IEC, Arusha, Tanzania
- Diane Malek LCSW, George Mark Children's House, San Leandro, GA
- John F Manfredonia DO, FACOFP, FAAHPM, Odyssey HealthCare/VistaCare, Tucson A7
- Maureen Martin MDiv, MAPC, MD, NorthShore University HealthSystem Home and Hospice Services, Skokie, IL
- Holli Martinez FNP-BC, ACHPN, University of Utah Hospital, Park City, UT
- Terri Maxwell PhD, APRN, BC-PCMVP, Hospice Pharmacia, Philadelphia, PA
- Jennifer McBride, Heartlight Center for Grief and Loss, Denver, CO
- Janelle McCallum MSM, The Denver Hospice, Denver, CO
- Keith McDaniel MFT, CT, FirstHealth Hospice and Palliative Care, Pinehurst, NC
- Sara McKinnon MA, VITAS Innovative Hospice Care, Miami, FL
- Maria Mclain Cox MA, Pathways Hospice, Fort Collins, CO
- Mary Lynn McPherson PharmD, University of Maryland School of Pharmacy, Annapolis, MD
- Patricia Mehnert RN, MN, CHPN. HospiceCare of Boulder and Broomfield Counties, Lafayette, CO
- Mary Mihalyo PharmD, ProCare Hospice Care, Steubenville, OH
- Cheri Milton MSMFT, Hospice Care Inc, Madison, WI
- Kathleen Mimnaugh-Story RN, Angela Hospice Home Care, Inc, Livonia, MI
- Brad Montgomery CSP, Brad Montgomery Productions Inc, Centennial, CO
- Kim Mooney BA, CT, CTR, HospiceCare of Boulder and Broomfield Counties, Lafayette, CO
- Deborah Moran MD, VA Greater Los Angeles, Los Angeles, CA
- Nora Morgenstern, MD, Kaiser Permanente, Aurora, CO
- Alvin H. Moss MD, FAAHPM, West Virginia University, Morgantown, WV
- Lisa Motz-Storey MDiv, The Denver Hospice, Denver, CO

SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

- Carol Ann Mullis BS, Duke HomeCare & Hospice, Durham, NC
- Kristine Munholland PhD, MSW, Kaiser Permanente Continuing Care/Hospice, Portland, OR
- Mark Murray BS, Center for Hospice and Palliative Care, Inc, Granger, IN
- Fliss Murtagh PhD, MSc, MRCGP, MBBAS, King's College, London, London. UK
- Geri Nelson LCSW, The Children's Hospital, Aurora, CO
- Paula Nelson-Marten PhD, University of Colorado, Aurora, CO
- Robert Osborne RN, Forbes Norris MDA/ALS Center, San Francisco, CA
- Frank Ostaseski, Metta Institute, Sausalito, CA
- Deborah Owen RN, Results Oriented Coaching Services, Mutli-View Inc Partners, Hendersonville, NC is an associate of Multi-View Inc Partners
- **Darrell Owens PhD, ARNP, ACHPN**, University of Washington, Seattle, WA
- Koshin Paley Ellison LMSW, New York Zen Center for Contemplative Care, New York City, NY
- Rachi Parekh MS, Duquesne University, Wilmington, DE
- Kate Payne JD, Saint Thomas Hospital, Nashville, TN
- Vyjeyanthi (VJ) Periyakoil MD, Stanford University School of Medicine, Stanford, CA
- April Perry APRN, MEd, Duke Home Care & Hospice, Durham, NC
- Nanci Phillips RN, Evercare Hospice & Palliative Care, Waltham, MA
- Mary Pierce Brosmer MA Women Writing for (a) Change, Cincinnati, OH
- **Dale Poland MDiv**, HospiceCare of Boulder and Broomfield Counties, Lafayette, CO
- Kandyce Powell MSN, RN, Maine Hospice Council, DBA Maine Center for End-of-Life Care, Augusta, ME
- Michael E Preodor MD, FACP, Northwest Memorial Hospital Palliative Care and Home Hospice Program, Chicago, IL
- Megan Prescott LCSW, University of Colorado Hospital, Aurora, CO
- Christina Puchalski MD, FACP, George Washington Institute for Spirituality and Health, George Washington University, Washington, DC

- Mary Raymer LMSW, ACSW, DPNAP, Raymer Psychotherapy and Consultation Services, Acme, MI
- Sean Reed MS, Centura Health, Denver, CO
- **JoAnne Reifsnyder PhD, ACHPN,** Thomas Jefferson University, Philadelphia, PA
- Nadine Reimer Penner MSW, Harry Hynes Memorial Hospice, Wichita, KS
- Ann Riesenberg RN, MA, CHPN, Hospice of Central Iowa, West Des Moines, IA
- **Betty Rich LCSW,** The Denver Hospice, Denver, CO
- James Ridenour BA, Crowe Horwath, LLP, South Bend, IN
- Melissa Ring RN, BA, CHPN, Carilion Hospice Services, Roanoke VA
- Georgia Robertson PhD, MLS, MEd, HospiceCare of Boulder and Broomfield Counties, Louisville, CO
- **Maureen Robinson MA,** Comfort Keepers, Denver, CO
- Brent Roddy PharmD, RPh, HospiScript Services LLC, Cave Creek, AZ
- Mary Kathleen Rose BA, Comfort Touch, Longmont, CO
- Charlene Ross MBA, MSN, R&C Healthcare Solutions, Mesa, AZ
- Nancy Roth LCSW, Kaiser Permanente, Aurora, CO
- Autumn Runyon PharmD, Duquesne University, Pittsburgh, PA is a consultant with ProCare Hospice Care
- **Phyllis Rust RN**, The Corridor Group, Inc, Chandler, AZ
- Martha Rutland DMin, VITAS Innovative Hospice Care, Miami, FL
- Elaine Schafer MSW, NHA, Hospice Savannah Inc, Savannah, GA
- **John Schumacher MDiv, BCC**, Rainbow Life Institute, Park Ridge, IL
- Alexzandra Shade BA, Foundation for Hospices in Sub-Sahara Africa, Alexandria, VA
- Mary Sheehan MSN, MBA, RN, Midwest Palliative & Hospice Care Center, Glenview, IL
- Carol Shenise MS, RN, Albany, NY
- Antonia Sherwood BSN, CPNP, Rainbow Kids Palliative Care Program, Salt Lake City, UT
- Maria Silveira MD, Department of Veteran's Affairs/University of Michigan, Ann Arbor, MI
- **Denise Skinner BSN**, Capital Hospice, Manassas, VA
- Judith Skretny MA, The Center for Hospice and Palliative Care Inc, Cheektowaga, NY
- **Teresa Snorton DMin**, Association for Clinical Pastoral Education, Inc, Decatur, GA

- Diane Spain BSN, Harry Hynes Memorial Hospice, Wichita, KS
- **Jillisa Steckart PsyD**, VA Greater Los Angeles, Los Angeles, CA
- **Charles Sternheim PhD**, Gilchrist Hospice Care, Hunt Vally, MD
- **Gwynn Sullivan MSN,** National Hospice and Palliative Care Organization, Alexandria, VA
- **Catherine Sweeney RN**, Hospice Care Network, Woodbury, NY
- Joan Teno MD, Brown University, Providence, RI
- Laura Thomae BA, MT-BC, Keystone Hospice, Wyndmoor, PA
- **Gretchen Thompson MDiv**, Allina Home Care, Hospice and Palliative Care, St Paul, MN
- Nina Thornburg RN, MSN, Hospice of St John, Lakewood, CO
- Rebecca Trejo RN, HospiceCare of Boulder and Broomfield Counties, Lafayette, CO
- **Alice Tremaine MDiv**, Hospice of the Bluegrass, Corbin, KY
- Angie Truesdale BA, National Hospice and Palliative Care Organization, Alexandria, VA
- **Jeanne Twohig MPA**, Duke University, Durham, NC
- Lisa Van Dyck MSN, Innovative Healthcare Solutions, Naperville, IL
- Karen Van Vuuren, WordWise Productions, Boulder CO
- Angela Waterbury RN, BSN, CHPN, Pikes Peak Hospice and Palliative Care, Inc, Colorado Springs, CO
- Laura Watt RN, BSN, CHPN, The Denver Hospice, Denver, CO
- **Steven Weisbord MD**, University of Pittsburgh Medical Center, Pittsburg, PA
- Sherri Weisenfluh MSW, LCSW, ACHP-SW, Hospice of the Bluegrass, Lexington, KY
- David Weissman MD, Medical College of Wisconsin, Palliative Medicine, Milwaukee, WI
- Chuck Wellman MD, FAAHPM, Cleveland, OH
- Julya Westfall MPA, Eastern Kentucky University, Richmond, KY
- **Beth Whidden MS**, Suncoast Hospice, Clearwater, FL
- **Gregory Wood MS, LBSW**, Hospice of North Central Oklahoma, Inc, Ponca City, OK
- Sriram Yennurajalingam MD, MD
 Anderson Cancer Center, Houston, TX has received a research grant from Celgene
- Christine Zanoni BS, BA, The Denver Hospice, Denver, CO



EDUCATION HIGHLIGHTS

NHPCO'S 10TH CLINICAL TEAM CONFERENCE

NHPCO's Children's Project on Palliative/ Hospice Services (ChiPPS) has helped create a Pediatric Intensive devoted to enhancing the art,



science and practice of pediatric palliative care. Conference sessions devoted to this underserved population promote best practices in the field and provide learning opportunities to advance the knowledge, skill and competence of clinical staff. The Pediatric Intensive is identified with the heart graphic above. Your participation will ensure that you have the knowledge and competency to ensure ill children and their families have access to quality palliative and hospice care.

Poster sessions will be showcased in new ways at the CTC, presenting research, innovations, strategies and outreach ideas using visual materials and handouts. See page 60 for poster session listings.

Poster Sessions provide opportunities to share research, innovations, success strategies and outreach ideas using visual materials and handouts. Faculty will be available to discuss their work, share ideas and resources and answer questions on Thursday, September 24, at 4:00 pm in the Centennial Foyer outside the General Session room.

Despite all the preparations, hospices are still implementing policies and procedures to comply with the 2008 Conditions of Participations and CR 5567 regulations. The 2009



CTC will feature the latest updates from NHPCO's regulatory team and other experts who monitor regulatory and compliance issues on a daily basis. In addition to a track of sessions featuring regulatory and compliance content, NHPCO's regulatory team will be available in the NHPCO Pavilion in the exhibit hall to answer your specific questions. Look for the Regulatory and Compliance logo to identify sessions throughout the conference.

Science, its progress and refinement through methodologically NHPCO Scientifi rigorous research, and translation



into care delivery systems and individual treatment plans is the foundation of all credible areas of modern healthcare. The Scientific Symposium brings together national experts from a variety of areas of scientific endeavor with important palliative care implications in order to update information, stimulate inquiry and discussion and inspire further investigation. Many issues pertaining to the basic and clinical science of hospice/palliative care will be explored. Your active participation will provide you with new knowledge and resources to reconsider the underpinnings of your current practice, share and compare insights with your colleagues and interact with renowned investigators involved in breakthrough research.



SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE



Hosted in collaboration with the Mid-Atlantic Renal Coalition

HOSPICE AND PALLIATIVE CARE FOR DIALYSIS PATIENTS: PAST SUCCESSES. REMAINING CHALLENGES

Tuesday, September 22, 2009 • 8:30 AM – 4:30 PM • Wednesday, September 23, 2009 • 9:00 AM – NOON Capitol 4 Room, 4th Level

Nancy Armistead MPA, Mid-Atlantic Renal Coalition, Midlothian VA

Amy Carper LCSW, Kidney Center of Arvada, Arvada, CO Sara Davison MD, University of Alberta, Edmonton, Alberta Malene Davis RN, MBA, MSN, CHPN, Capital Hospice, Falls Church, VA

Denise Eilers RN, United Township Area Cancer Center, Davenport, IA

Michael Germain MD, Tufts University Medical School, Springfield, MA

Patrick Gibbons PhD, Hospice of the Western Reserve, Cleveland, OH

Diane Halderman RN, CHPN, Odyssey Healthcare, Dallas TX **Alvin H Moss MD, FAAHPM,** West Virginia University, Morgantown, WV

Fliss Murtagh PhD, MSc, MRCGP, MBBS, King's College London, London, UK

Darrell Owens PhD, ARNP, ACHPN, University of Washington, Se attle, WA

Megan Prescott LCSW, University of Colorado Hospital, Aurora, CO

Betty Rich LCSW, The Denver Hospice, Denver, CO **Steven Weisbord MD**, University of Pittsburgh Medical Center, Pittsburgh, PA

Chuck Wellman MD, FAAHPM, Cleveland, OH

Hospice and Palliative Care for Dialysis Patients: Past Successes, Remaining Challenges will present a thorough assessment of the barriers that prevent dying ESRD patients from receiving the palliative care and hospice care they need, review the relevant regulations, feature innovative partnerships and programs and provide participants with tools to increase access to this population. This 1.5 day preconference event features an international faculty from nephrology, palliative and hospice care to describe advances in care for dialysis patients and explore new ways to maintain quality of life for dialysis patients at the end of life.

Objectives

- Describe current barriers to hospice access for dialysis patients and how to overcome them
- Identify relevant regulations that apply to the care of ESRD patients at the end of life
- Discuss pain and symptom management challenges with ESRD patients and identify appropriate interventions
- Identify strategies to maintain or increase the quality of life for ESRD patients and their families
- Discuss collaborative opportunities for palliative care and hospice programs with dialysis centers and nephrology practices

Topics Include

- Pain assessment and management
- Symptom assessment and management
- Incorporating palliative care into the dialysis unit
- Barriers to access to hospice for dialysis patients
- What dialysis personnel need to know about hospice
- What hospice needs to know about dialysis and end-stage renal disease
- Hope in patients with chronic kidney disease
- Advances in estimating prognosis for dialysis patients
- Proactive and successful advance care planning
- Conservative management of CKD without dialysis
- Palliative care for dialysis patients
- Regulatory issues related to caring for dialysis patients

EDUCATION HIGHLIGHTS



September 22 -23, 2009 • 8:30 AM - 5:00 PM • Capitol 1 Room, 4th Level

Pamela Barrett MSW, Hospice and Palliative Care, Charlotte Region, Charlotte NC

N. Joel Fry MSW, LISW, Team Restoration Ministries, Osceola, IA

The Hospice MDP develops competent and confident hospice managers that can effectively manage the complexities of their responsibilities in the hospice organization. Managing programs, systems and people becomes much easier once managers have the tools they need, and the Hospice MDP provides them!

The **Hospice MDP** foundational course at the CTC provides 5 of 7 Level I modules required for completion of the **Hospice** MDP Level I Designation:

- Critical Thinking and Decision Making
- Interviewing, Coaching, Feedback and Evaluation Skills
- Regulations and Standards for Hospice Managers
- Situational Leadership and Leadership Style
- Values-Based Hospice Leadership

Fourteen hours (14) of continuing education credit is available for nurses and social workers who attend both full days of the course.

Introducing:



The new NHPCO community site empowers NHPCO members to share information, discuss key topics and network with colleagues who share your passion for the work we all do. You can build rich communities of resources and information related to your daily work responsibilities to help support your network of peers and colleagues. Using simple and easy-to-use tools, My.NHPCO.org will empower you to build your own community Web sites and develop your professional networks.

Visit http://my.nhpco.org to get started.

My.NHPCO.org will allow you to:

- Build online communities
- Search for people among NHPCO members to collaborate with and share information
- Post and share documents
- Ask your questions to hundreds of colleagues

What's Great About eGroups:

- Easy to read emails with collapse/expand ability
- Links to respond privately to the author or to
- Ability to receive daily or weekly digest of emails



TWO-DAY INTENSIVE

LEADING AND MANAGING IN TOUGH ECONOMIC TIMES



September 24–25, 2009 • Room 201 at the Colorado Convention Center Separate registration is required for the course.

Mark Murray BS, The Center for Hospice & Palliative Care, South Bend, IN, Program Facilitator

Charlene M. Bunts RN, BSN, CHPN, Health Development Resource, Austell, GA

Christie Franklin RN, CHCE, Bristol Hospice, Salt Lake City, UT

Stuart Friedman MBA, SPHR Progressive Management Associates, Chicago, IL

Jim Ridenour CPA, Crowe Horwath LLP, South Bend, IN Mary Sheehan MSN, MBA, RN, Midwest Palliative & Hospice CareCenter, Glenview, IL

Greg Wood MS, LBSW, Hospice of North Central Oklahoma, Ponca City, OK

A survey conducted by NHPCO earlier this year indicates that the recent economic downturn has negatively impacted hospices across the country, with nearly 75 percent of respondents reporting an overall negative financial impact in 2008. A majority of respondents (58.4%) said they experienced a reduction in revenue in 2008. Over three-quarters of respondents (77.9%) said they had implemented reductions in spending in 2008; two-thirds of respondents anticipated implementation of measures to reduce spending during 2009.

This unique educational program provides leaders with tools and resources to help their programs survive and thrive in the midst of a depressed economy, potential imminent cuts to hospice reimbursement rates and increased costs of caring for people in the last months of life.

Agenda (Agenda Items listed in blue are components of the Clinical Team Conference and are open to all attendees.)

Thursday, September 24, 2009

7:30 AM – 8:30 AM Continental Breakfast 8:30 AM – 10:00 AM CTC Opening Plenary

10:15 AM – 11:45 AM Quick Cuts, Contingency Plans and Long-Ran Planning: Developing a Road Map for an

Planning: Developing a Road Map for an Uncertain Future

- Identify the key outcomes for your business and indicators that the fiscal culture needs to change.
- Identify areas of the organization's budget which are sensitive to quick cuts
- Discuss the strategic decisions necessary for planning
- Define the elements of the road map for long-term planning to achieve key business outcomes

11:45 AM - 12:45 PM Complimentary Box Lunch

Noon – 1:15 PM Discipline-Specific Networking Meetings (NCHPP)

1:30 PM - 2:30 PM Utilizing Financial Data to Enhance Patient Care

- Identify new financial reports and dashboard tools to enhance fiscal decision making
- Utilize financial data to enhance productivity, reduce travel time and improve accounts receivable
- Enhance communications and teamwork between clinical and finance teams
- Identify revenue-enhancing initiatives including palliative care billing

2:45 PM – 3:45 PM Creating a Culture of Belt-Tightening

- Define a specific process for changing an organization's fiscal culture
- · Identify successful strategies for communicating a culture change to staff
- Discuss ways to support leadership in the changed culture

4:00 PM - 4:45 PM Memorial Service or Poster Sessions

5:00 PM - 7:00 PM Welcome Reception

Friday, September 25, 2009

7:00 AM – 8:15 AM Continental Breakfast

8:15 AM - 9:30 AM CTC General Plenary II

9:30 AM - 10:30 AM Networking Break with Exhibitors

10:30 AM – 12:00 NOON Downsizing with Compassion

- Indentify key indicators that a reduction in work force may be necessary
- Define the elements of a plan for downsizing
- Define communication strategies related to staff downsizing
- Implement effective support mechanisms throughout the process

11:45 AM - 1:15 PM Networking Lunch with Exhibitors

1:30 PM - 3:00 PM Doing More with Less? Yes, It Can Be Done

- Identify workforce related strategies for cutting costs (retention, recruitment, etc)
- Evaluate cost/benefits of technology related cost-cutting measures
- Utilize the QAPI process to improve efficiencies without decreasing quality
- Reinforce the importance of self-care and team-care during lean economic times

3:15 PM – 4:15 PM Panel: Been There, Done That an Still Learning as We Go

- Identify specific strategies that hospices have successfully used to reduce costs
- Identify "lessons learned" and "land mines" to be avoided

4:30 PM - 5:30 PM CTC General Plenary III

This NHPCO conference offers continuing education credit for Counselors, Nurses, Pharmacists, Physicians and Social Workers. The material presented in the education sessions represents the opinions of the speakers and not necessarily the views of the National Hospice and Palliative Care Organization (NHPCO); The Colorado Center for Hospice and Palliative Care (COCHPC); National Board of Certified Counselors (NBCC); Virginia Nurses Association (VNA); Accreditation Council for Pharmacy Education; (ACPE); Accreditation Council for Continuing Medical Education (ACCME) or the National Association of Social Workers (NASW).



NHPCO is recognized by the National Board of Certified Counselors, Inc for continuing education for National Certified Counselors. NHPCO

adheres to NBCC continuing Education Guidelines.



NHPCO is an approved provider of con-**TIRGINIA NURSES** tinuing nursing education by the Virginia Nurses Association, an accredited approver

by the American Nurses Credentialing Center's Commission on Accreditation. (VNA-CEA Provider Number 09-03-01). Accredited status by ANCC and VNA refers only to continuing nursing education activities and does not imply endorsement of any commercial product. This conference is approved for a maximum of 27.5 contact hours.



CONTINUING EDUCATION AND EVALUATION

The University of Findlay is accredited by the Accreditation Council for Pharmaceutical Education as a provider of continuing pharmacy education and com-

plies with the Criteria for Quality for continuing pharmaceutical education programming.



The National Hospice and Palliative Care Organization is accredited by the Accreditation Council for Continuing Medical Education to provide

continuing medical education for physicians.

NHPCO designates this educational activity for a maximum of 19.5 AMA PRA Category 1 credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Continuing education credit for social workers has been applied for through the National Association of Social Workers

(provider number 886414158). Conference attendees are advised to check with their state's licensing board to determine whether NASW-approved hours are recognized. This conference is approved for the maximum of 27.5 contact hours.

CE/CME CREDIT

To receive CE/CME credit for this conference, you must:

- Indicate/register your attendance at each conference session (though NHPCO's online CTC Attendance/Evaluation see below)
- Evaluate each session you attend and the overall conference (see below)
- Submit \$40 processing payment (payment options are avail-
- Complete these tasks by October 23, 2009

You will be able to access your CE/CME certificate indicating the number of contact hours/credit you receive through NHPCO's Web site. NHPCO will email you as soon as your

CTC Session and Conference Evaluation Process

NHPCO requests that all conference attendees complete an evaluation of each session they attend. In addition, everyone requesting CE/CME credit is required to evaluate each session. A candid evaluation of each session, including its relevance and potential to improve your practice or job function is very important to NHPCO's Professional Development Team as we work to ensure NHPCO's educational programs meet professionals' needs and advance care at the end of life.

At the conclusion of the conference, you will receive an email with two separate links:

- 1. A link to the CTC Overall Conference Evaluation
- 2. And the link below, reminding you to complete the CTC Attendance/Evaluation

The link http://www.surveymonkey.com/CTCEvaluation will provide access to NHPCO's online CTC Attendance/Evaluation.*

If you wish to receive CE/CME credit, you must complete both evaluations. If you have questions, email: education@nhpco.org or 703-647-5178.

*Attendees without Internet access can request a paper copy of the CTC Attendance/Evaluation at the conference Registration Desk.

Soaring

VITAS is committed to expanding the reach of its hospice services, bringing Innovative Hospice Care® to growing numbers of hospice-appropriate patients.

- In 1981, VITAS co-founders headed up the National Hospice Education Project, the grassroots campaign that led to congressional passage of the Medicare Hospice Benefit.
- VITAS has been a leader in advocating for the rights of residents of nursing homes and assisted living communities to access hospice services under the Medicare Hospice Benefit.
- When hospice was the province of cancer patients, VITAS
 helped expand hospice benefits to patients with lung, heart,
 kidney and liver disease; AIDS; Alzheimer's; Parkinson's
 and MS.
- Today, VITAS cares for more than 11,946 patients each day, employing 9,394 employees who work on more than 225 interdisciplinary teams at 45 programs and 27 inpatient units in 16 states.

applauds the heights achieved by NHPCO, its members and the VITAS presenters of the 10th Clinical Team Conference.



PRECONFERENCE SEMINARS

8:30 AM - 5:00 PM TWO-DAY SEMINAR

EDU. SW Capitol 6 Room, 4th Level

- The Social Work End-of-Life **Education Project**

Mary Raymer LMSW, ACSW, DPNAP Theresa A. Altillo LCSW, ACSW

- · Articulate and implement a sound contextual framework for their practice
- Gain tools for effective psychosocial assessment and interventions in end-of-life care
- Define ethical dilemmas and implement social work models for problem solving
- Differentiate between normal and complicated grief
- · Identify phases of life-threatening illness and psychosocial implications
- · Identify secondary trauma

9:00 AM - 5:00 PM FULL-DAY SEMINARS

Capitol 7 Room, 4th Level

Advanced Pain Management: When the Going Gets Tough!

Mary Lynn McPherson PharmD Holly Holmes MD

- Describe the pathogenesis of pain including nociceptive (visceral and somatic) and neuropathic pain
- · Conduct a pain assessment, and assess distress in a patient at the end of life
- Design a pharmacotherapeutic regimen specific to the given patient
- Explain the rationale for, and principles of opioid rotation
- · Recommend dosing strategies to initiative and titrate opioid dosing regimens
- · Define and assess breakthrough pain and recommend an appropriate opioid dosing strategy to treat
- · Describe strategies to titrate an opioid regimen up or down, depending on the clinical situation
- Describe appropriate dosing considerations with fentanyl dosage formulations
- Describe appropriate dosing considerations with methadone dosage formulations
- Describe dosing strategies involving patient-controlled analgesic and neuraxial opioid administration

9:00 AM - 12:00 PM HALF-DAY SEMINARS

FBHF Mineral Hall A. 3rd Level

Advanced Topics in Hospice Facility Planning

Bill Musick MBA

- Discuss trends in the utilization of the General Inpatient level of care at hospice facilities
- Identify factors which influence the optimal location for a hospice facility

REG, FBHF Mineral Hall B, 3rd Level

Hospice Care in the Nursing Facility -**Understanding Hospice Regulations** and Boundaries

Charlene Ross MBA, MSN Roseanne Berry MS, RN Susan Balfour BA, RN

- Describe the intent behind the hospice regulation §418.112 Hospices That Provide Hospice Care to Residents of a SNF/NH or
- · Identify the challenges of hospice care in a nursing facility
- · Apply practical tips for coordinating care
- Review the basics of hospice care in the nursing home
- Understand the structure and content of the regulation
- List strategies to improve care in the nursing home

IDT, QUAL Mineral Hall D/E, 3rd Level

Becoming Crystal Clear: Ensuring Quality Assessment in Patient/Family Care

Patricia Mehnert RN, MN, CHPN Dale Poland MDiv **Justin Collins MSW** Becky Trejo RN Georgia Robertson PhD, MLF, MEd

Felicia Balderston CNA

- Discuss the importance of the assessment process in the continuum of end-of-life care
- Describe how assessment practices of each discipline ensure patient/family goals are identified and how they are integrated into the comprehensive assessment
- Show how the assessment process directs the provision of care
- Describe how the assessment process reflects interdisciplinary practices and how the care team model facilitates this integration
- · Identify specific changes they can make in their teams' assessment process to improve outcomes

12:30 PM - 5:00 PM HALF-DAY TOUR

Off-site

Buses leave from the Welton street exit on the main lobby level of the hotel.





Site Visits: Facility-Based Hospice Forums

- Describe the unique features of facilities providing care for hospice patients and families
- · Discuss the benefits and challenges in providing care in each of the facilities visited
- Identify one feature of a facility-based program to consider for their own facilities

1:45 PM - 4:45 PM HALF-DAY SEMINARS

REG

Mineral Hall D/E, 3rd Level

Assessments, Documentation and Medical Review - What's a Hospice to Do?



Jennifer Kennedy MA Annette Kiser RN, MSN

- Describe documentation purpose and who is auditing the hospice industry
- Discuss the importance of documentation regarding certification, assessment, and the plan of care
- Explain level of care documentation and strategies for documentation improvement
- · Discuss the medical review process and strategies for management

SPIR

Heart of the Great Matter

Frank Ostaseski

- Use techniques to stay present in difficult conditions
- Explore ways to encourage movement from tragedy to transformation
- · Discuss the spiritual nature of the end of life

REG. IDT

Capitol 5 Room, 4th Level

Mineral Hall F, 3rd Level

EPEC – Developing Core Competencies for All Hospice Workers: A Novel Approach to **Enduring Challenge**



Daniel Maison MD, FAAHPM Michael E. Preodor MD, FACP Kristine Munholland PhD, MSW John Schumacher MDiv, BCC

- Understand different goals and how they interrelate and change
- Understand how to use an 8-step protocol to negotiate goals of care
- Have the skills necessary to effectively communicate these goals to other team members
- Be able to set limits on unreasonable goals
- Incorporate goals into the plan of care
- Understand the opportunities and challenges of using and inrterdisciplinary team in the provision of care
- · Understand the role of and identify the barriers to effective selfcare in the care of others
- Be able to identify team strengths that allow not only excellent care, but also optimal self-care

Online NHPCO Career Center...

NHPCO has the premier end-of-life online career center. Accessible via the NHPCO Web site, this career resource will allow employers to post career opportunities, and individuals to search for new professional opportunities in the hospice and palliative care field.

Some of the features for employers include:

- Posting/announcing available positions:
- Search posted resumes; and
- Advertisement opportunities.

Some of the features for job seekers include:

- Post your resume (allows potential employers to view your resume anonymously);
- Browse jobs (by career category or by location); and
- Create job agents (notifying you via email of opportunities matching your interests).

Visit http://careers.nhpco.org to get started.

PLENARY SESSIONS

All Plenary Sessions will be held in the Centennial Ballroom A-E

Thursday, September 24 • 8:30 AM – 10:00 AM

Cross-Cultural Conflict Resolution: It is Not Just What You Say; It is What They Hear

The population of ethnic minorities, and especially ethnic elders, is growing by leaps and bounds. As a result of these profound demographic changes in the US, clinicians will increasingly care for patients from cultural backgrounds other than their own. It has been recognized that the "ideal" scenario of a peaceful, accepted death at home in familiar surrounding with family members present demonstrates unexamined white, middle-class assumptions and may not serve the needs of their ethnic counterparts.

Culture, defined as "shared values, beliefs, attitudes and behaviors that characterize a human society," influences experiences and actions including health, illness and, especially, decisions at the end of life. Differences in world views are a fertile ground for cross-cultural conflict especially considering important decisions about serious and life limiting illnesses.

In this plenary, key concepts of cross-cultural care will be taught, including cultural humility, sensitivity, competence and principles of culturally-appropriate care, common cross-cultural conflicts in palliative care will be identified and strategies for productive conflict mediation will be highlighted. Finally, using the principles of problem-based learning, the session will explore a cross-cultural conflict situation and apply the learned concepts in an effort to promote cultural competence.

Learning Objectives:

- Describe how patients' world views, their explanatory model for illness and patterns of decision making are greatly influenced by their cultural background
- Identify the four basic pre-requisites for a conflict
- Reflect on the causes of cross-cultural conflicts
- Gain an initial understanding of the potential benefits of productive conflict

Vyjeyanthi (VJ) Periyakoil MD

Dr. Vyjeyanthi (VJ) Periyakoil is an internist, geriatrician, hospice and palliative medicine physician and nationally-recognized leader in palliative care. She is a Clinical Assistant Professor of Medicine at



Stanford University School of Medicine, and the Director of the Stanford Hospice and Palliative Medicine Fellowship Program as well as the VA Palo Alto Inter-professional Palliative Care Fellowship Program. Dr. Periyakoil's is an active researcher whose current work includes the creation, dissemination and evaluation of case-based, innovative e-learning curricula in palliative care and ethnogeriatrics, research on palliative preparatory grief and depression and research on erosion of dignity at life's end, for which she received the American Academy of Hospice and Palliative Medicine's Young Investigator's Award in 2007.

Friday, September 25 • 8:15 AM – 9:30 AM

Being a Compassionate Companion

This plenary session explores the essential aspect of compassion and its integral role in healing. Compassion is that innate capacity that enables each of us to sensitively open to suffering. Part of the beauty and function of compassion is how it establishes a trustworthy connection, supports mutual well being, companions what we fear is intolerable and allows us to stay present in the territory of unanswerable

questions. In the relationship with those we serve, the practice of compassion is equally important to good pain management or symptom control. Yet, rarely is it acknowledged as our most available and effective resource, offering immeasurable value to all interventions. Without the presence of compassion, caregiving becomes a series of mechanical or technological efforts that exhaust everyone and heals

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SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

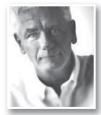
no one. Frank will discuss how to sustain the fearless receptivity of compassion and draw on his experience as both patient and caregiver to illustrate its impact on those facing life threatening illness and loss.

Learning Objectives:

- Identify the essential aspects of compassion
- Describe the importance of compassion to the well being of those being in our care and ourselves
- Discuss how to sustain the fearless receptivity of compassion

Frank Ostaseski

Frank Ostaseski is a Buddhist teacher and a leading voice in end-of-life care. In 1987,



he co-founded the Zen Hospice Project, the first Buddhist hospice in America. In 2004, he created Metta Institute to seed the culture with innovative approaches that reaffirm the spiritual dimensions of dying. His year-long End-of-Life Care Practitioner Program is among the most comprehensive professional trainings in the country. His public programs throughout the United States and Europe have introduced thousands to the practices of mindful and compassionate care of the dying. Frank's groundbreaking work has been widely featured in the media, including the Bill Moyers television series On Our Own Terms, the PBS series With Eyes Open, The Oprah Winfrey Show, and in numerous print publications. In fact, AARP magazine named him one of America's 50 most innovative people. In 2001, Frank was honored by the Dalai Lama for his many years of compassionate service to the dying and their families. More info: http://www.mettainstitute.org

Friday, September 25 • 4:30 PM – 5:30 PM

The Interdisciplinary Team – Dysfunctional, Barely Functional, or Highly Functional? Lessons from Lencioni and the Field

Is your interdisciplinary team a collection of individual practitioners meeting once a week to "report?" Is the care plan developed by one discipline with "input" from the others? Do the team members trust each other? Is there healthy conflict when people disagree? Are individuals, and is the team, held accountable to each other and those you serve?

At the heart of the promise we make to people who are seriously ill and their loved ones is a holistic approach to addressing both pain and suffering provided by a *unified* and *interdisciplinary team*. Highly functioning IDTs can assist each patient and family to achieve their desired experience.

Building upon MLC plenary speaker Pat Lencioni's work, *The Five Dysfunctions of a Team: A Leadership Fable*, this plenary will use video vignettes of typical IDT situations to demonstrate a truly interdisciplinary approach to care. The videos will enable attendees to compare and contrast their team dynamics with those presented as a means to assess strengths, obstacles and opportunities for improving team functioning.

Attendees will be encouraged to ask questions, offer opinions and share challenges related to transforming the interdisciplinary team process.

Team leaders, new and seasoned employees/volunteers will all benefit from participating in this interdisciplinary experiential learning exercise. Bring your teammates to see how maximizing the strengths of all disciplines can transform the way you provide care.

Learning Objectives:

- Utilize teachings from Patrick Lencioni and other experts on team performance to enhance team cohesion
- Integrate a patient family centered plan of care into the core functioning of all team interactions
- Ensure that interdisciplinary team functioning extends well beyond team meeting

Gary Gardia MEd, LCSW, CT

Twenty two years ago, Gary started working in hospice as a volunteer. Over the years he has worked in many capacities leading a variety of teams and departments including volunteers, social workers, bereavement, and education.



Gary is a Certified Thanatologist (CT): Death, Dying and Bereavement through the Association for Death, Education and Counseling and holds Master degrees in Education and Social Work. Gary received the National Hospice and Palliative Care Organization's (NHPCO) "Heart of Hospice Award"

for developing innovative programs to meet the needs of caregivers and the bereaved. Gary has also worked as a psychotherapist in private practice with a specialty in grief and loss, personal growth and development and substance abuse.

For 7 years, Gary served in leadership positions with NHPCO including the national section leader for Volunteers and Volunteer Managers as well as the section leader for Social Workers. He has been instrumental in the creation and evolution of NHPCO's Manager Development Program; a comprehensive education series for managers working in end-of-life care.

His most recent endeavor as co-creator and faculty is the 2-day intensive program Leadership in Everyday Life: Confronting the Ego and Managing the Mind developed to assist people in all areas of life to maximize their potential.

Gary is a frequent presenter and keynote speaker at state and national conferences providing workshops and retreats known to be both motivating and challenging. His commitment to focusing on skills development, coaching for noticeable and positive change and exceptional customer service have placed him among the most requested presenters in our field.

Saturday, September 26 • 8:00 AM - 9:15 AM

Ordinary Magic: The Funny Business of Happiness

A fundamental truth is that our quality of (work) life has a direct relationship to the quality of our work. In other words, if we can be happier at work, we tend to work smarter, be more creative, relate better to others, provide better patient/family care and - in the end - be more productive. How can enjoying yourself at work help you achieve more? Do you wish you had specific tips for doing just that?

Come ready to laugh as you learn; hear Brad's powerful message about ordinary magic and happiness – things we all can use more of in our lives! Using his skills as a comedian and magician to cover specific - and very funny - techniques, Brad will remind us that life is both fun and funny. He'll help us learn how to ramp up the happiness (levity, humor, lightheartedness and, dare we say, "fun") in our lives at work. Work in hospice and palliative often takes us to the most somber side of life; Brad will take us to a place filled with inspiration and humor - the perfect mixture for returning to our work energized, renewed and happy!

Learning Objectives:

- Describe the relationship of our happiness to our quality of work
- Identify strategies to ramp-up the happiness in our work lives
- Apply principles learned and inspiration received to our work lives

Brad Montgomery CSP

Brad Montgomery never planned to be a nationally-recognized professional speaker, business humorist, publisher and author. He planned to be a lawyer. After graduat-



ing with a political science degree from Brown University, Brad intended to be a magician for one year and then start the serious part of his life with the study of law. To date, he is still waiting for the serious part of his life to begin. Brad has earned his Certified Speaking Professional designation, which is the highest earned award from the National Speakers Association. (Fewer than 7% of speakers worldwide have earned the CSP).

Brad joined John Gray (of Mars/Venus fame) and Mark Victor Hansen (of Chicken Soup renown) to write Mission Possible. He has also co-authored, produced and published Humor Me: America's Funniest Humorists on the Power of Laughter as well as Humor Us: America's Funniest Humorists on the Power of Laughter.

Brad urges audiences to lighten up and to remember that their lives are filled with humor and magic, reminding them to take themselves less seriously (while still taking what they DO seriously). By the looks of things, his audiences agree. His programs create laughter and magic leaving his audiences with a spring in their steps, feeling good about themselves and hopeful for the future.

Brad lives in Centennial, Colorado with his attorney wife. (Brad assumed that the next best thing to being a lawyer was tricking one into marrying him). Although he is proud of his many awards and national credits, he's convinced that his best tricks so far are his three small kids.





Streamlined Triage Care

- Improve the effectiveness of your daytime and after-hours response
- Decrease overhead costs for triage coverage
- Reduce the number of crisis visits
- Increase productivity and employee morale
- Get immediate access to real-time data



"The performance indicators and real-time information that HPOC has put into place for our organization has enabled us to monitor, and consequently improve, our services in both daytime and after-hours response for patients and families. It is truly a win win."

- Michael McHale Chief Operating Officer Hospice of the Chesapeake

Industry-Leading Call Center

We've combined an industry-leading triage call center with state-of-the-art information tracking technology and a full staff of hospice trained customer service representatives and licensed nurses.

When our team works with your team there will be one vision - to become the trusted voice that your patients and families turn to in their time of need. We can help you achieve success.

Learn how we can improve your day to day operations.

Call Us at (866) 990-HPOC or visit us online



CONFERENCE AGENDA

TUESDAY, SEPTEMBER 22

7:00 AM - 8:30 AM	Morning Refreshments		
7:00 AM - 6:00 PM	Registration and Cyber Station Open		
8:30 AM - 4:30 PM	2-DAY INTENSIVE (Day 1) Hospice and Palliative Care for Dialysis Patients: Past Successes, Remaining Challenges	Capitol 4 Room	
8:30 AM - 5:00 PM	Hospice Manager Development Program's Foundational Course (Day 1)	Capitol 1 Room	
8:30 AM - 5:00 PM	PC01 – The Social Work End-of-Life Education Project		
Noon - 6:00 PM	NHPCO's Marketplace Open		
3:15 PM - 4:30 PM	Dialysis Concurrent Sessions		
	1A What Dialysis Personnel Need to Know About Hospice	Capitol 4 Room	
	1B What Hospice Personnel Need to Know About Dialysis and End-Stage Renal Disease		
	1C Palliative Care for Dialysis Patients: Discussion of Cases	Mineral D Room	
	1D Spiritual Care for Dialysis Patients	Mineral B Room	

WEDNESDAY, SEPTEMBER 23

24 hı	rs	Cyber Station Open		
7:00 AM - 6:00	PM	Registration and NHPCO's Marketplace Open		
7:00 AM - 9:00	AM	Morning Refreshments		
8:30 AM - 5:00	PM	Hospice Manager Development Program's Foundational Course (Day 2)	Capitol 1 Room	4th Level
8:30 AM - 5:00	PM	PC01 The Social Work End-of-Life Education Project (Day 2)		
9:00 AM - 5:00	PM	FULL-DAY PRECONFERENCE SEMINARS		
		PC02 Advanced Pain Management: When the Going Gets Tough		
9:00 AM - Nooi	n	2-DAY INTENSIVE (Day 2)		
		Hospice and Palliative Care for Dialysis Patients: Past Successes, Remaining Challenges	Capitol 4 Room	
9:00 AM - Nooi	n	MORNING PRECONFERENCE SEMINARS		
		PC04 Advanced Topics in Hospice Facility Planning	Mineral Hall A	
		PC05 Nursing Home Regulations and Survey Preparedness Intensive	Mineral Hall B	
		PC06 Becoming Crystal Clear: Ensuring Quality Assessment in Patient/Family Care	Mineral Hall D/E	
12:30 PM - 5:00	PM	PC08 Site Tour		
		HospiceCare Center - Louisville, Colorado: Hospice of Boulder and Broomfield Counties and Collier Hospice Center, Wheatfield Colorado: Lunch and transportation are provided. Meet the buses at the Welton St. Exit.		
1:45 PM - 4:45	PM	AFTERNOON PRECONFERENCE SEMINARS		
		PC09 Assessments, Documentation and Medical Review – What's a Hospice to Do?	Mineral D/E	
		PC10 Heart of the Great Matter	Mineral Hall F	
		PC11 Developing Core Competencies for All Hospice Workers: A Novel Approach to an Enduring Challenge		

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SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

THURSDAY, SEPTEMBER 24

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24 hrs	Cyber Station Open		
7:00 AM - 5:00 PM	Registration, NHPCO's Marketplace and DCP Audio Sales Open		
7:00 AM - 5:00 PM	Reflection Room/Labyrinth		
7:00 AM - 5:00 PM	Poster Sessions Open		
7:00 AM - 8:30 AM	Morning Refreshments		
8:30 AM - 10:00 AM	Opening Plenary with Vyjeyanthi Periyakoil Cross-Cultural Conflict Resolution: It is Not Just What You Say; It is What You Hear	Centennial A-E	
10:00 AM - 10:15 AM	Break		
10:15 AM - 11:45 AM	CONCURRENT SESSIONS		
	2A Managing Difficult Pain Scenarios	Centennial A-E	
	2B Management of Cardiac Devices in Hospice Patients		
	2C What Social Workers Do		
	2D Spiritual Diversity: What Makes Us Different	Mineral Hall D/E	
	2E Creating from Loss: Teen/Young Adult Film Project		
	2F Making Room for Hope in Hospice: Reconsidering Our Support of Patients and Families	Mineral Hall B/C	
	2G "When All Else Fails" Including Most Moral Justifications: The Problem of Palliative Sedation		
	2H Etudes en Communication: A Musical Exploration of the Team-Based Family Meeting		
	2l Legislative and Regulatory Town Hall Forum	Capitol 4 Room	
	2J Comfort Touch: Complementary Care for the Hospice Patient		
	2K Advances in Quality Measurement and Benchmarking		
	2L Critical Barriers to Pediatric Palliative Care: The Neonatal and Pediatric ICU	Mineral Hall A	
	2M Response-ability: Developing Compassionate Responses to Difficult Situations		
10:15 AM - 11:45 AM	2-DAY INTENSIVE (Separate registration is required)		
	Leading and Managing in Tough Economic Times: Quick Cuts, Contingency Plans and Long-range Planning: Developing a Road Map for an Uncertain Future		
11:45 AM - Noon	Book Signing with Mary Rose		
11:45 AM - 12:45 PM	Complimentary Box Lunch		
12:00 PM - 1:15 PM	Discipline-Specific Networking Meetings by NCHPP (See Meetings of Note on page 58 for specific room locations)		
1:15 PM - 1:30 PM	Break		
1:30 PM - 2:30 PM	CONCURRENT SESSIONS		
	3A Palliative or Polypharmacy? End-Stage COPD Case Presentations	Centennial A-E	
	3B Anticoagulation in Hospice: When to Say When		
	3C When the Face Across the Room Reflects My Own: Countertransference and Workplace Burnout		
	3D Soar to New Heights of Spiritual Care Competence	Mineral Hall D/E	
	3E Sad or Blue? Differentiating between Grief and Depression in Patients with Serious Life-limiting Illnesses		
	3F Creating the Ideal Interdisciplinary Team Meeting	Mineral Hall B/C	
	3G Hospital Palliative Care Operational Standards		
	3H Care of the Patient and Family with Dementia: Do I Really Make a Difference?		
	20 1 10mily minima a Dimerence.		

CONFERENCE AGENDA • THURSDAY, SEPTEMBER 24 continued

	3l The Progressive Corrective Action Process: Overview, Prevention and Resolution	Capitol 4 Room	
	3J Hospice and Palliative Care for the Patient with ALS (Lou Gehrig's Disease)		
	3K Falls in the Hospice Setting: Current State of the Evidence		
	3L Yes, We Can: Seamless Integration of Palliative Care in the Pediatric Intensive Care	Mineral Hall A	
	3M Stories of Change: The Use of Story in Volunteer Grief Education		
1:30 PM - 2:30 PM	2-DAY INTENSIVE (Separate registration is required) Leading and Managing in Tough Economic Times: Utilizing Financial Data to Enhance Patient Care		
2:30 PM - 2:45 PM	Break		
2:30 PM - 2:45 PM	Book Signing with Mary Raymer and Gary Gardia		
2:45 PM - 3:45 PM	CONCURRENT SESSIONS		
	4A Opioid Conversions, Titrations and Breakthrough: Oh My!	Centennial Ballroom A-E	
	4B "Hoping for Hope:" Translating Hope Theory into Clinical Palliative Care Practice		
	4C Reaching Out to Homeless and Rural Veterans		
	4D Creating Contemplative Care Programs with Hospices and Palliative Care Departments		
	4E The Passage of Time: Grief and the Older Adult		
	4F What To Do When the Well Runs Dry	Capitol 4 Room	
	4G Perspectives of Team Members and Their Disciplines Using Documentary as a Vehicle for Discussion		
	4H Bridging the Gap to Hospice for the Cardiac Patient – A National Need		
	4l Understanding QAPI - Design a Performance Improvement Project	Mineral Hall B/C	
	4J Maximizing the Role of the Grief Counselor on the Interdisciplinary Team		
	4K Wound Care at the End of Life: A Review of the Evidence Base		
	4L The Spectrum of Complex, Chronic and Fatal Conditions in Pediatric Palliative Care	Mineral Hall A	
	4M Improving the Quality of Spiritual Care as a Dimension of Palliative Care: A National Consensus Project	Mineral Hall D/E	
2:45 PM - 3:45 PM	2-DAY INTENSIVE (<i>Separate registration is required</i>) Leading and Managing in Tough Economic Times: Creating a Culture of Belt -Tightening		
3:45 PM - 4:00 PM	Break		
3:45 PM - 4:00 PM	Book Signing with Mary Lynn McPherson and Gary Kinzbrunner		
4:00 PM - 4:45 PM	Memorial Service	Mineral Hall D/E	
4:00 PM - 4:45 PM	Poster Sessions with Faculty Discussions		
5:00 PM - 7:00 PM	Welcome Reception With the Exhibitors and Job Fair	Colorado Convention Center Korbel Ballroom	
7:00 PM - 8:30 PM	Self-Care Option: Expanding and Deepening: Discover the Potential of the Labyrinth for Your Work and Self-Care		

FRIDAY, SEPTEMBER 25

TIGO/(I, SET TE			
24 hrs	Cyber Station Open		
7:00 AM - 5:00 PM	Registration, NHPCO's Marketplace and DCP Audio Sales Open		
7:00 AM - 5:00 PM	Reflection Room/Labyrinth		
7:00 AM - 5:00 PM	Poster Sessions		
7:00 AM - 8:15 AM	Morning Refreshments with the Exhibitors	Colorado Convention Center Korbel Ballroom	
7:00 AM - 1:15 PM	JOB FAIR	Colorado Convention Center Korbel Ballroom	
8:15 AM - 9:30 AM	General Plenary Session II with Frank Ostaseski Being a Compassionate Companion	Centennial A-E	
9:30 AM - 9:45 AM	Book Signing with Ken Ross		
9:30 AM - 10:30 AM	Networking Break with Exhibitors	Colorado Convention Center Korbel Ballroom	
10:30 AM - Noon	2-DAY INTENSIVE (Separate registration is required) Leading and Managing in Tough Economic Times: Downsizing with Compassion		
10:45 AM - 11:45 AM	CONCURRENT SESSIONS		
	6A Low Lying Fruit: Daily Opportunities to Control Drug Costs While Providing Optimal Pain Management	Centennial A-E	
	6B When Time is Short and the Stakes are High: Effective Communication Techniques for Clinicians		
	6C Flying Together Instead of Flying Off the Handle: Training Physician and Social Work Fellows		
	6D Palliation for the Soul		
	6E Unimaginable Loss: Parents and the Death of their Child		
	6F A Case-Based Look at Managing Difficult Care Situations	Mineral Hall B/C	
	6G The Medical Review and Appeal Process		
	6H Cystic Fibrosis: A Palliative Care Case Study		
	61 Creating a Culture of QAPI: Driving Employee Engagement to Improve Quality Outcomes	Capitol 4 Room	
	6J A Dialogue on Ethical Issues: Your Questions Answered	Mineral Hall D/E	
	6K A Statewide Study of Professional End-of-Life Caregiver Stress, Burnout and Compassion Fatigue		
	6L Meaningful Moments: The Use of Ritual in the Care of Children and Families	Mineral Hall A	
	6M The Unbroken Circle: Partnerships Between Hospices and Faith Communities		
11:45 AM - Noon	Book Signing with Marcia Lattanzi-Licht		
11:45 AM - 1:15 PM	Lunch with the Exhibitors	Colorado Convention Center Korbel Ballroom	
1:15 PM - 1:30 PM	Break		
1:30 PM - 3:00 PM	CONCURRENT SESSIONS		
	7A Precise Pharmacopalliation: Getting It Just Right!	Centennial A-E	
	7B Facilitating the Family Goal Setting Conference		
	7C Social Work Professional Development		
	7D The Use of the Spiritual Assessment as a Tool for Best Practice		
	7E Going Green: Using a Writing Workshop as a Healing Tool in Recycling Grief's Garbage		

SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

CONFERENCE AGENDA • FRIDAY, SEPTEMBER 25 continued

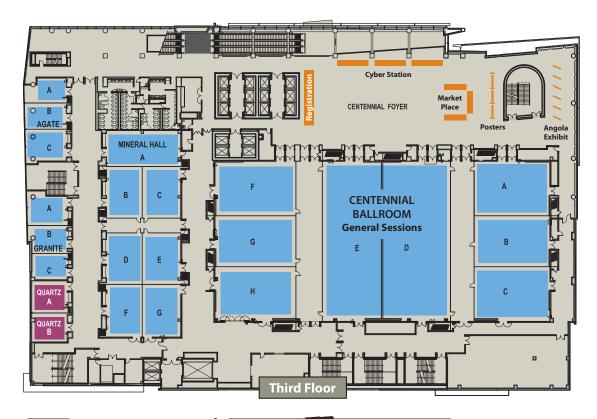
	7F What Managers, Supervisors and Staff Should Know: How Family Dynamics and Birth Order Affect Leadership Styles and Impact Teams 7G "Unwinding My Life:" A Proactive Approach to Meaning Near Life's End	Agate Room Mineral Hall D/E	
	7H The Case for Non-Pharmacologic Methods of Pain Relief: How We Changed our Pain Outcomes	Mineral Hall B/C	
	71 Scaling the Heights: Excelling with Comprehensive Assessment and Care Planning	Capitol 4 Room	
	7J The Hospice Interpretive Guidelines and the Interdisciplinary Group		
	7K1 - Impact of Pharmacist-Led Intervention on Medication Costs and		
	Utilization in a Hospice Care: A Claims Data Analysis		
	II - Community Characteristics that Predict the Availability of Hospice in the US		
	7L Growing Up Dying: Shifting the Pediatric End-of-Life Paradigm	Mineral Hall A	
	7M A Parent's Perspective – A Candid Conversation with a Panel of Bereaved Parents		
1:30 PM - 3:00 PM	2-DAY INTENSIVE (Separate registration is required) Leading and Managing in Tough Economic Times: Doing More with Less? Yes, It Can Be Done		
3:00 PM - 3:15 PM	Break		
3:00 PM - 3:15 PM 3:15 PM - 4:15 PM	Book Signing with Tiffany Christenson, Micheal T. Ferris, and Polly Rehnwall CONCURRENT SESSIONS		
	8A Hope for Change Through Education: Advance Practice Palliative Care Nursing in Acute Care Settings	Centennial A-E	
	8B Is Psychiatric Illness Ever Terminal?		
	8C Reducing the Risk of Violence: Are You Prepared?		
	8D Building Coalitions for Change – Children's Hospice and Palliative Care Coalition	Mineral Hall D/E	
	8E Fostering Healing and Resilience: The Philosophy, Structure and Methods of an Innovative Child Bereavement Program		
	8F Crossing the Line: Real Stories of Boundary Violations and What We Can Learn from Them	Mineral Hall B/C	
	8G Home Palliation: Who Fits?		
	8H My Tears Flow Like a River: Re-Thinking the Experience of Grief		
	81 Alphabet Soup-Making Sense of the Scales Used to Support Non-Cancer Hos Patient Appropriateness		
	8J Answering Urgent Hospice and Palliative Care Issues through Academic and Community-Based Partnerships		
	8K Evaluation of a Standardized Order Set for Planned Withdrawal of Life Support in Critical Care		
	8L From the Very Beginning - Palliative Care for the Fetal Patient	Mineral Hall A	
	8M QAPI Made Easy with Outcome-Based Clinical Pathways		
3:15 PM - 4:15 PM	2-DAY INTENSIVE (Separate registration is required) Leading and Managing in Tough Economic Times: Panel: Been There, Done That and Still Learning as We Go		
4:15 PM - 4:30 PM	Break		
4:15 PM - 4:30 PM	Book Signing with James Brooks		
4:30 PM - 5:30 PM	General Plenary III with Gary Gardia The Interdisciplinary Team – Dysfunctional, Barely Functional, or Highly Functional? Lessons from Lencioni and the Field	Centennial A-E	
6:00 PM - 8:30 PM	FHSSA 10th Anniversary Celebration (additional fee)		
8:00 PM - 9:30 PM	Self Care Option: Leave Your Shoes at the Door (And Put Your Feet Up): An Introduction to the Art/Science of Reflexology	Mineral Hall A	

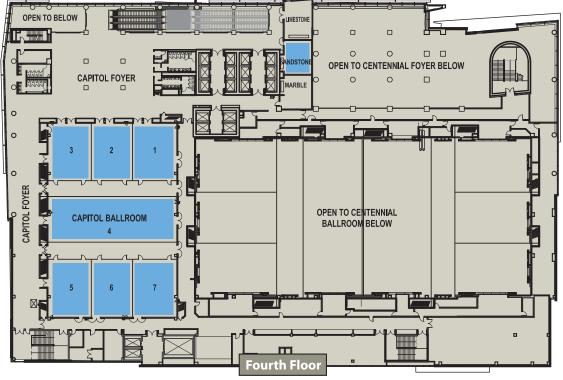
SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

SATURDAY, SEPTEMBER 26

7:00 AM - 8:00 AM Morning Refreshments Contennial Foyer 3rd Lovel 7:30 AM - 11:30 AM Registration, Marketplace and DCP Audio Sales 8:00 AM - 9:15 AM Ordinary With Brad Montgomery Ordinary Magic 9:15 AM - 9:30 AM Break 9:15 AM - 9:30 AM Sook Signing with Brad Montgomery 9:30 AM - 11:00 AM ONCURRENT SESSIONS 10A Pharmacy Collaboration in Hospice: Optimizing Outcomes When Performing a Medication Profile 10B Wound Care at the End of Life 10C Writing for (a) Change: Creative Practices to Build Effective Teams and Sustain Compassion Satisfaction 10D Distinguishing Your Hospice as a Global Partner with Community Roots 10E The Father's Shadow: An Exploration of the Ways Men Grieve the Loss of Their Fathers 10F Shared Care After One Year: A Tough Hill but Worth the Climb 10B Shifting the Paradigm: Implementation of an Electronic Medical Record 10H Hospice Advocacy at Every Level: Learning to Lead Beyond the Bedside 10H Rounding for Outcomes: Reducing Turnover to Enhance Patient Care 10J Integrative Hospice Massage and Bodywork Therapy Practice 10J Integrative Hospice Mineral Hall RC Apple 3 Room 4th Level 10Th Giff of Time 10L Enhancing Spiritual Care for Young Patients and Their Families 11:50 AM - 11:15 AM 11:15 AM - 12:15 PM 11:15 AM - 12:15 PM 12:15 FM 13:15 Treat or Not to Treat: Weighing the Benefits vs. Risk of Antibiotic Therapy in Hospice 11:16 Crossing the Sacred Bridge with People Who Have Dementia: 11:16 Crossing the Sacred Bridge with People Who Have Dementia: 11:16 The Father Sand Bolts of Creating a Dynamic Community Grief Center 11:15 AM and Bolts of Creating a Dynamic Community Grief Center 11:15 The Hall BC Grief Center 11:15 The Hall BC Grief Center 11:15 The Hall BC Grief Center 11:15 The Sassword is Palliative: The Program is Partnership 11:16 The Passwor	Until 11:30 AM	Cyber Station		
8:00 AM - 9:15 AM	7:00 AM - 8:00 AM	Morning Refreshments		
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			Mineral Hall A	

Access to the Colorado Convention Center is from the lobby level of the hotel through the 14th and California Street exit.









A Decade of Industry Service and Vision

One out of every four hospice patients in the United States is served by agencies that use Suncoast Solutions to deliver a higher level of care. That's because we help our clients achieve more with efficiencies that propel business forward. We've tailored our software for home care agencies because home care is not just a niche for us, it's our entire focus.

Let us empower you and your staff with complete patient management from a single screen. Make wise decisions rapidly with at-your-fingertips information. Suncoast Solutions saves you precious time and money so that you can focus your efforts where they count the most – on patient care.



10:15 AM - 11:45 AM

PSM

Centennial Ballroom A-E, 3rd level

ONCURRENT SESSIONS

Managing Difficult Pain Scenarios

Ronald Crossno MD

Hospice and palliative medicine, as a discipline, promises patients that they will not endure uncontrolled pain. With such a promise comes a commitment to ensure each patient's experience meets that expectation. This presentation will present difficult case-based pain scenarios then provide strategies and suggestions for optimal pain management.

- · Describe several difficult pain presentations in patients at the end of life
- Describe strategies for assessing difficult pain presentations
- · Discuss the management of these difficult pain presentations

CLIN Centennial F, 3rd Level

Management of Cardiac Devices in Hospice Patients

Iatin Dave MD, MPH Nanci Phillips RN

Management of implantable cardiac devices (pacemakers and defibrillators) in patients with limited life expectancy is becoming increasingly common. Current guidelines do not include the management of implantable cardiac devices in patients with non-sudden death. We will review the recent literature and present a case-based review of ethical, technical and regulatory aspects of managing cardiac devices, including deactivation in hospice patients.

- · Distinguish different types of implantable cardiac devices
- Describe the ethical and regulatory issues surrounding deactivation of common implantable cardiac devices
- · Describe the process of deactivating defibrillators
- Apply the learned information to two cases
- · Describe the experiences of other hospice programs

PSY

Centennial G, 3rd Level

What Social Workers Do

Mary Raymer LMSW, ACSW

Not everyone is clear about all of the many functions of the social worker in end-of-life care. This session will discuss the roles of social workers and their function, using a resource available to organizations to assist them in understanding "who we are and what we do" at all levels of social work. In addition, we will discuss future paths and opportunities associated with

- · Identify two obstacles leading to "role confusions"
- Distinguish between team leader and team coach
- · Explain the critical nature of licensing associated with function
- · Discuss the use of this resource in orientation and ongoing education

quality initiatives and those ever-evolving guidelines and regulations.

Demonstrate one method for moving towards a true interdisciplinary approach to care

Mineral Hall D/E, 3rd Level

Spiritual Diversity: What Makes Us Different

Alice Tremaine MDiv

This session will introduce participants to "theological worlds," a spiritual assessment tool developed by theologian and activist W. Paul Jones, which is based upon ten years of research with students and clergy. The session will include end-of-life care tools that are based upon individual spiritual orientations and which can be helpful to clinicians working with patients and families at the end of life.

- Describe the concept of "personal theology" and how it helps us understand what is behind our personal beliefs
- Discuss each "theological world" as a viable form of spirituality
- Describe the main characteristics, spiritual needs and resources of members of each theological world, including how they view God and death
- Explain and compare the five theological worlds as described by W. Paul Jones

BER, ISD Agate Room, 3rd Level

Creating from Loss: Teen/Young Adult Film Project

Geri Nelson LCSW

IDT

Providing teens and young adults a voice in their bereavement is a challenge for bereavement professionals. At that age, young people embrace technology. Teaching video production provides a creative atmosphere where they can express their emotions related to the death of a sibling. This workshop outlines a nine-week "Young Adult Film Group" in which teens and young adults are taught the creative vehicle of video production as a means of coping with loss and that can be replicated in other settings.

- · Replicate an innovative way of providing bereavement service to a heretofore difficult age group
- Describe the potential for providing a service that encourages connections within families and community
- Offer a new and different way to memorialize a loved one using technology

Mineral Hall B/C, 3rd Level

Making Room for Hope in Hospice: Reconsidering our Support of Patients and Families

Kristine Munholland PhD, MSW

We sometimes hear that patients and their healthcare providers are reluctant to utilize hospice services because they do not want to "give up hope." Yet, such an outlook equates hope with the continuation of life and the cure of disease. Surely, hope still exists for the dying, their loved ones and the bereaved. In this interactive workshop, drawing on existing work in the field, we will consider what it means to redefine hope in a hospice context, exploring elements necessary for its maintenance and suggesting strategies for its promotion. In addition, we will explore how grief, depression and denial interface or interfere with the preservation of hope through the end-of-life process and in the experience of bereavement.

- Define hope in a hospice context
- Identify key elements in maintaining, and strategies for fostering, hope for hospice patients and families
- Describe interplay between grief, depression, denial and hope in a hospice context

SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

ETH Capitol 2 Room, 4th Level

When All Else Fails . . . Including Most Moral Justifications: The Problem of Palliative Sedation

Jennifer Ballentine MA

As palliative sedation, as an ethically acceptable response to suffering at the end of life, becomes normalized in clinical practice, it is essential that hospice and palliative care professionals fully understand what it is we are doing, why and for whom we are doing it and when we ought not to. This workshop will explore the varieties, applications and justifications of palliative sedation. We will critically examine the most common ethical arguments for and against, exposing fallacies in some of the arguments themselves as well as potential "fatal flaws" in their application. Emerging protocols governing the use of palliative sedation for both physical and existential suffering will be examined in the context of real-world case studies.

- Define various types and applications of palliative sedation and criteria for use
- Articulate and critique common ethical justifications for terminal sedation
- Apply new awareness of issues and implications to bedside realities

IDT, EDU

Capitol 3 Room, 4th Level

Etudes en Communication: A Musical Exploration of the Team-Based Family Meeting



Daniel Johnson MD, FAAHPM

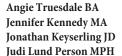
Come join this unique, metaphorical journey exploring the skills and techniques of one of palliative medicine's fundamental tools: the teambased family meeting. Through musical analogies and a review of selected published evidence, this session examines skills in consultation including: the art of alignment, recognizing and reacting to "tempo" and harmonizing with the "melody" of the room. Short film and musical excerpts demonstrate common challenges faced by the team including: managing the "atonal" meeting, failing to "hear one's self," dealing with both personal and team "agendas" and responding to "wrong notes." Prepare to think, laugh and listen, while reflecting upon your own stories of team-based consultation!

- State predictors of patient and family satisfaction with end-of-life communication
- Define shared decision-making, describing how it supports "alignment" or "connection"
- Explain three strengths of the interdisciplinary team approach to the family meeting
- List two strategies that support personal and/or team growth following communication "mistakes"

REG, AD

Capitol 4 Room, 4th Level

Legislative and Regulatory Town Hall Forum



NHPCO experts will lead an open forum on hot topics in the regulatory and legislative arenas. Topics ranging from COPs to congressional action on hospice issues to rate protection will be covered in this town hall style,

interactive session. Come with your questions ready or just listen and learn from this informative and informal discussion.

- Identify current issues moving on Capitol Hill and with the Obama administration
- Identify current regulatory issues
- Discuss questions and concerns about regulatory and legislative issues and responses provided
- Apply knowledge of regulatory and legislative landscape to work at the local level

CLIN

Capitol 5 Room, 4th Level

Comfort Touch: Complementary Care for the Hospice Patient

Mary Kathleen Rose BA

Comfort Touch is a nurturing style of acupressure massage designed to be safe, appropriate and effective for the elderly and the ill. It is a welcome complement to other palliative care measures offered within the hospice context. It provides comfort through hands-on techniques that promote deep relaxation and relief from pain. Six basic principles of Comfort Touch guide the caregiver in providing physical and psychosocial support to the patient. Integral to the practice of Comfort Touch is awareness of the body patterning of the practitioner to ensure physical and emotional self-care. Comfort Touch can be incorporated into the hands-on care of the patient by the nursing staff, or it can be practiced as a complementary therapy by massage therapists, hospice volunteers or family members.

- Describe the physical and psychosocial benefits of Comfort Touch for the hospice patient
- List the six principles of Comfort Touch
- Practice specific techniques of Comfort Touch in hands-on demonstration and practice
- Use proper body patterning and self-care for the caregiver
- Discuss guidelines for incorporating Comfort Touch as a complementary therapy in the hospice setting

SS

Centennial H, 3rd Level

Advances in Quality Measurement and Benchmarking



David Casarett MD, MA Joan Teno MD, MS

What is so fundamental about hospice is a focus on the needs and expectations of patients and those who care for them. This commitment to patient and family-centered care is at the core of the 5C's of high quality hospice care. A high quality hospice program will provide competent care by an interdisciplinary team, care that is patient and family-centered and compassionate, coordination across settings of care, all with a commitment to quality. In this session, we will give an overview of the current efforts in quality measurement and discuss new future efforts to ensure that high quality hospice care.

- Describe key elements of the 5 c's of high quality hospice care
- Discuss how current advances in measurement techniques and electronic medical records can be used to facilitate quality measurement on a national level
- Anticipate future changes to the FEHC and NHPCO-sponsored quality measurement and reporting activities

ACC Access and Outreach AD Advocacy BER Bereavement CLIN Clinical Medical Care EDU Education ETH Ethics IDT Interdisciplinary Team ISD Innovative Service Delivery LEAD Leadership PC Palliative Care PEDS Pediatric Palliative
PSM Pain and Symptom Management PSY Psychosocial Care QUAL Quality REG Regulatory/Compliance SPIR Spiritual Care SS Scientific Symposium VOL Volunteer Services

THURSDAY continued

PEDS Mineral Hall A, 3rd Level

Critical Barriers to Pediatric Palliative Care: The Neonatal and Pediatric ICU



Brian Carter MD

Pediatric palliative care may not be well received in the critical care environments of the Neonatal and Pediatric Intensive Care Units - despite these units being the locus of a majority of pediatric deaths. Hospice and palliative care providers will learn some of the barriers that are voiced by practicing clinicians concerning their reluctance to consult palliative care staff or refer to hospice services. Participants will consider ways to work together with critical care staff toward reaching mutually desirable goals for these patients and their families.

- Identify three major barriers to palliative care consultation in the Neonatal Intensive Care Unit
- Identify three major barriers to palliative care consultation in the Pediatric Intensive Care Unit
- Identify and suggest measures to overcome barriers in the consultation or implementation of palliative care
- Identify a process for examining and working toward resolving common barriers to the ICU environment
- · List three such mechanisms to overcome these barriers

IDT, QUAL Granite Room, 3rd Level

Response-ability: Developing Compassionate Responses to Difficult Situations

Alison C. Issen RN, LMHC, CHPN, MS

Poor staff attitudes and behaviors comprise one of the top three complaint categories for patients and families. In this session, we will identify the barriers to compassionate care and communication in our healthcare systems and learn ways to overcome them. In a hospice or palliative care environment, where we are so reliant on well-functioning teams, it is crucial that we approach conflict in a way that strengthens and enhances our relations with each other, as well as with our patients and families.

- Define and recognize symptoms of compassion fatigue and discuss its impact on communicating empathy
- Identify barriers to compassionate care in organizations and work environments
- Distinguish helpful responses and listening skills from those that create barriers to positive communication
- Recognize the benefits of a mindful approach to work and communication
- Develop methods of self-care and support which will enhance compassionate outreach with others

1:30 PM - 2:30 PM

PSM. REG

Centennial Ballroom A-E. 3rd level

Palliative or Polypharmacy? End-Stage COPD Case Presentations

John F. Manfredonia DO, FACOFP, FAAHPM Brent Roddy PharmD, RPh

This presentation will focus on patient assessment, symptom management and appropriate medication regimes for patients with Chronic Obstructive Pulmonary Disease (COPD). Through the use of an Audience Response System (ARS), we will explore complex case scenarios of typical problems encountered in the assessment and management of patients with end-stage COPD. The ARS is an interactive learning tool that provides instantaneous audience feedback that encourages group participation, enhances dilemma discussion, gains peer perspective and ultimately contributes to learning and retention.

- Better assess and understand the complexity of management of patients with end-stage Chronic Obstructive Pulmonary Disease
- Review patient cases and discuss appropriate recommendations to medication regimen
- Discuss the implications of the new Conditions of Participation as they impact on related/unrelated, polypharmacy and the reduction/elimination of unnecessary, non-beneficial medications

CLIN Centennial F, 3rd Level

Anticoagulation in Hospice: When to Say When

Holly Holmes MD Mary Lynn McPherson PharmD Sriram Yennurajalingam MD

This interactive session will feature a point/counterpoint discussion of the use of anticoagulation in hospice patients. A moderator will familiarize the audience with background information about the use of anticoagulation in hospice, including a discussion of recently updated guidelines. An overview of relevant literature will include an appraisal of its applicability to hospice populations. A presentation of the case for anticoagulation to improve symptoms and quality of life in hospice patients will be countered by a debate against anticoagulation on the basis of safety and goals of care. Throughout the discussion, audience interaction will be encouraged through the use of representative cases that highlight the controversy. This symposium is appropriate for all clinicians involved in the care of hospice patients, especially physicians, nurses, nurse practitioners and pharmacists.

- Identify the main indications for anticoagulation in hospice patients
- Discuss the benefits of anticoagulation in hospice patients in terms of quality of life and symptom management
- Identify risks of anticoagulation in the general population and understand how these risks might be modified in hospice patients
- Articulate the controversies surrounding anticoagulation in hospice and identify key gaps in knowledge

PSY, IDT

Centennial G, 3rd Level

When the Face Across the Room Reflects My Own: Countertransference and Workplace Burnout

Betsy Lang MSW

Rarely is the health care team given an opportunity to explore the impact of their work on themselves and, in the same way, to examine the impact of their own emotions on the care they provide to their patients. It can be hard to admit that, even in a highly professional, academic and competitive environment, the influence of unrecognized countertransference can be significant and profound for all. How can we maintain our daily professional effectiveness when bombarded with end-of-life issues and avoid excessive stress that leads to exhaustion and burn out? As helping professionals who are regularly exposed to loss, pain and suffering, we must be vigilant about understanding and attending to our countertransference feelings so that we do not find ourselves inadvertently acting them out or become victims of vicarious traumatization and burn out.

- Identify how the word "job" has become highly valued in today's society
- Identify our own misconceptions about our emotions at work
- Discuss the need for professional and personal objectivity
- Describe the four hooks of countertransference
- Describe how countertransference represents the totality of our responses to our work in these realms: emotionally, cognitively, behaviorally, socially and spiritually

SPIR

Mineral Hall D/E, 3rd Level

Soar to New Heights of Spiritual Care Competence



Martha Rutland DMin Carlyle Coash MA, BCC Teresa Snorton DMin

What is at the heart of hospice? How does spirituality inform end-of-life care? Participants will look at who spiritual caregivers are as identified through a recent NHPCO survey. The presenters will review competencies illuminated in the revised NHPCO Spiritual Care Guidelines. Attendees will discover ways hospices can partner with hospice chaplains for creative models of education, distance learning and credentialing to maximize benefits for the institution and minimize the chaplain's need to be away from daily responsibilities. Begin to network with colleagues to lend expertise to the development of common standards, the sharing of best practices and the naming of the gifts of spirituality at the end of life.

- Review NHPCO's Hospice Spiritual Caregiver Survey results and implications
- Discuss collaboration toward increasing training for hospice chaplains and a potential for future specialization
- Identify hospice chaplain competencies and clinical support tools
- · Create opportunities to sustain hospice chaplain best practices

CLIN, PSY

Agate Room, 3rd Level

Sad or Blue? Differentiating Between Grief and Depression in Patients with Serious Life-Limiting Illnesses

Vyjeyanthi (VJ) Periyakoil MD

Grief and depression present similarly in patients who are dying. Conventional symptoms (e.g. frequent crying, weight loss, thoughts of death) used to assess for depression in these patients may be imprecise because these

symptoms are also present in preparatory grief and as a part of the normal dying process. Preparatory grief is experienced by virtually all patients who are dying and can be facilitated with psychosocial support and counseling. This interactive, skill oriented, and case-based workshop will review the most current evidence-based research on assessment, diagnosis, and treatment of preparatory grief and depression in the context of serious life-limiting illnesses. Facilitated discussion of a video case study, group activities and mini-didactics will be used to facilitate easy uptake of practical clinical skills.

- Describe how to recognize individual grieving styles in patients including loss and restoration oriented grief
- Determine how to differentiate grief from depression in palliative care patients across the trajectory of serious life limiting illness
- Describe multiple co-morbid mental illnesses and cognitive impairment on preparatory grief and depression
- Discuss a systematic approach towards usage of medication to treat depression in a palliative care setting

IDT

Mineral Hall B/C, 3rd Level

Creating the Ideal Interdisciplinary Team Meeting

Andrea Allen MD

Tighten up your interdisciplinary team meeting! Increase efficiency while making sure that all disciplines are heard and appreciated. Yes, 50 patients/families can benefit from concentrated team effort in 90 minutes, with a time left over for staff support. Learn about our simple, measurable approach, which has resulted in increased staff satisfaction and provides better coordination of patient/family care.

- Discuss why many interdisciplinary team meetings run long and result in decreased staff satisfaction and poor care coordination
- Review purpose and responsibilities of the interdisciplinary team conference
- Outline a strategy for redesigning the interdisciplinary team conference to be efficient, useful, and tailored to the needs of each individual
- Describe a method of providing 5-10 very effective minutes for staff support at every team meeting

PC, QUAL

Capitol 2 Room, 4th Level

Hospital Palliative Care Operational Standards

David Weissman MD Amber Jones MEd

To better define the growing world of hospital-based palliative care, a consensus panel was convened by the Center to Advance Palliative Care to develop operational standards that would provide greater depth of information for new and existing programs than was available in national guidelines. Consensus was reached in twelve domains including "must have" and "should have" recommendations. This session will review the published, recommended operational standards and discuss how hospice programs can work collaboratively with hospitals to best achieve these standards.

- List the 12 domains of operational standards for hospital palliative care programs
- · Analyze implementation issues for hospitals of different size
- Construct an implementation "action plan" for hospice-hospital partnerships

THURSDAY continued

PSY. IDT

Capitol 3 Room, 4th Level

Care of the Patient and Family with Dementia: Do I Really Make a Difference?

Beth Whidden MS

The admission of a patient with dementia to a hospice program can present a significant challenge to the hospice team. Sometimes, hospice team members may feel that they are not making a difference in the lives of their patients diagnosed with dementia because of the unpredictability of the disease, the frequent behavioral changes and the patient's inability to communicate effectively. This session will assist your team in recognizing the difference they have made as a result of their care of patients and families living with dementia, will explore non-pharmacological interventions that they can implement at their next visit and provide skills for responding to behaviors and communicating with people with dementia.

- Describe the difference hospice team members have made because of their care of the dementia patient and family
- Explore non-pharmacological interventions that they can implement at their next visit
- Identify skills for responding to behaviors and communicating with people with dementia

REG Capitol 4 Room, 4th Level

The Progressive Corrective Action Process: Overview, Prevention and Resolution

Phyllis Rust RN

Is your hospice prepared to deal with multiple Additional Development Requests? Can you prevent being placed on a probe edit/review? If your hospice is selected for review, how can Targeted Medical Review be avoided? What are some methods for resolution of Targeted Medical Review? These are questions many hospices are asking which will be addressed in this presentation providing hospices with alternative ways to prepare and be successful when faced with these issues.

- Define Progressive Corrective Action (PCA) and explain its components
- List several ways to possibly avoid Targeted Medical Review
- List some steps to take if Targeted Medical Review appears imminent
- Describe steps that will assist in the resolution of Targeted Medical Review
- List several suggestions for improving processing of Additional Development Request packets

CLIN, ISD

Capitol 5 Room, 4th Level

Hospice and Palliative Care for the Patient with ALS (Lou Gehrig's Disease)

Robert Osborne RN

This presentation will examine ALS; its pathology, symptomology and symptom management. As an incurable disease, almost all care for the ALS patient is palliative. The session will follow the disease from diagnosis to death, with insight into managing its various manifestations along the

continuum. A rare disease, ALS strikes 2 in 100,000 people yet when hospice and palliative care teams provide care to these patients, they need the information that this session will provide.

- Identify the common manifestations of ALS
- Identify palliative measures, treatments and medications for the most common manifestations of ALS
- Identify the most common causes of death in ALS patients, and hospice measures and medications that can address the end-of-life care needs of this population

99

Centennial H, 3rd Level

Falls in the Hospice Setting: Current State of the Evidence

Mamta Bhatnagar MD



Patients at the end of life are at significant risk for falls, further compromising their already compromised status. Hospice professionals work hard to prevent falls and ensure patient safety but they occur on a fairly regular basis. This session will review the current state of the evidence on falls in the hospice setting, providing important data for hospice clinicians who want to improve care.

- · Discuss trends in falls at the end of life
- Summarize key findings from the evidence supporting fall prevention, assessment and response
- Apply research evidence to propose and carry out a quality assessment and performance (QAPI) project in an hospice settin

PEDS Mineral Hall A, 3rd Level

Yes, We Can: Seamless Integration of Palliative Care in the Pediatric Intensive Care



Sarah Friebert MD Marlene Hardy-Gomez MSN

The pediatric intensive care unit (PICU) is a common point of entry for critically or chronically ill children into health care. PICU admissions are also natural times for advance care planning for those with life-threatening illness. Nevertheless, pediatric palliative care (PC) has not been well accepted in the PICU due to many barriers. We have developed a successful, integrated model, resulting in a linear increase in PC/PICU patient co-management over the past 4 years. This session will describe the collaboration and provide attendees with a roadmap to begin or enhance similar relationships in their own institutions.

- Describe the importance of developing a collaborative relationship between pediatric palliative care (PPC) and the pediatric intensive care unit (PICU) to intensive care unit colleagues
- Outline common and helpful metrics to detail the success of a true collaborative relationship between the PICU and the PPC service
- List 5 specific roles the PPC team can play in the PICU and delineate the benefits of each to skeptical ICU colleagues
- Develop institution-specific guidelines for PPC consultation in the PICH

BER, EDU

Granite Room, 3rd Level

Stories of Change: The Use of Story in Volunteer Grief Education



Rex Allen MA

Moving from the generalized to the personal, stories can become the primary teaching tool in training volunteers around the grief process. Using the work of Neimeyer, Attig and Frank as a theoretical base and supplemented by stories from various cultures, this session will outline an approach to training volunteers to be better equipped to recognize their own grief response even while sitting with the grief of others.

- Describe how story may be a primary component in the processing of grief
- Name the 3 story (narrative) types that individuals who are ill may need to experience
- Describe the relationship between change, loss, grief and mourning
- Utilize a grief visualization exercise to help volunteers tell a portion of their own grief story

2:45 PM - 3:45 PM

PSM

Centennial Ballroom A-E, 3rd level

Opioid Conversions, Titrations and Breakthrough: Oh My!

Mary Lynn McPherson PharmD

Opioid drug math can be a daunting prospect under the best of circumstances; an error can be fatal. Patients with life-limiting illnesses frequently need to switch from one opioid to another, or from one dosage formulation to another. This session will provide the participant with grounding in the principles of opioid switching, limitations to equianalgesic dosing charts and will help them learn how to perform these calculations. Participants will also learn how to increase or decrease opioid regimens and to calculate effective rescue opioid regimens.

- Describe reasons why patients with an advanced illness may need to be switched from one opioid or dosage formulation to another
- For each new medication approved in the past year, describe the burden-to-benefit ratio and the role of the medication in caring for patients with advanced illness
- Analyze important drug alerts released by the FDA (Public Health Advisories) and their relevance to drug therapies commonly used with hospice and palliative care patients
- Recommend an appropriate strategy for increasing and decreasing an opioid regimen, including how quickly the dosage can be changed, and the magnitude of the change
- Determine an appropriate regimen of rescue opioid for various types of breakthrough pain

CLIN, SPIR

Centennial F, 3rd Level

"Hoping for Hope:" Translating Hope Theory into Clinical Palliative Care Practice

Todd Cote FAAHPM, FAAFP, MD, CMO

The concept of hope plays an important role in our lives, especially when we are challenged with chronic or life-threatening illness. This session will review and explore clinically relevant hope theories and hope frame-

works with the goal of developing individualized hope-enhancing interventions for coping with progressive illness. Hope surveys that are easy to use in clinical practice will be discussed thru audience participation. Case studies and presentation of current hope-enhancing therapies in both home and hospital environments (including the intensive care unit) will be presented.

- Discuss the nature and definition of hope
- Describe two different hope frameworks studied in end-of-life care
- Translate hope theory surveys into patient/family hope assessment
- Apply hope-enhancing therapies throughout the continuum of palliative care practice

ACC, ISD

Centennial G, 3rd Level

Reaching Out to Homeless and Rural Veterans

Donna Bales MRE

Kandyce Powell MSN, RN

Twenty-three percent of the homeless population are veterans and an estimated 196,000 veterans are homeless every day. At the same time, 5.7 million veterans live in rural areas and are in substantially poorer health than their urban and suburban peers. Learn about the needs and opportunities that this data reflects as well as best practices and emerging information that will help you better identify and address the needs of these veterans. Leave this session with resources for growth in serving veterans, tools to help in this effort and ideas for partnerships with the VA.

- Describe the need for quality end-of-life care for homeless and rural veterans
- Analyze the need for improved care for veterans within the participant's service community
- Identify three best practices in meeting needs of homeless and rural veterans.
- Locate resources and tools for understanding and reaching homeless and rural veterans

SPIR, EDU

Granite Room, 3rd Level

Creating Contemplative Care Programs with Hospices and Palliative Care Departments

Rev. Koshin Paley Ellison LMSW Robert Chodo Campbell HHC

As contemplative spiritual practices find an increasing presence within end-of-life care, there is both an opportunity and a need to integrate practitioners into traditional medical settings to serve as spiritual caregivers. There is a growing understanding that these practitioners are key players to help transform and integrate contemplative, compassionate care into these settings. This session focuses on work being done at the New York Zen Center for Contemplative Care. The Center has recently led the field by contracting with a hospital to offer a comprehensive Contemplative Care Program and becoming an accredited training site for Clinical Pastoral Education. Join the founders of the Center to explore what contemplative care is and its value in end-of-life care.

- Define contemplative-based care and its purpose in end-of-life care practice
- Describe the foundational components of a contemplative program and its interface with another institution
- Describe, to their teams, the advantages of integrating contemplative care approaches into their hospice or palliative care programs

THURSDAY continued

BER Agate Room, 3rd Level

The Passage of Time: Grief and the Older Adult

Karen Hatfield MMT, MT-BC

Older adults experience grief much the same as younger and middle aged adults. However age, life experience and many other variables can shape their grief reactions. This session will review losses associated with older adults, characteristics of grief and the elderly, influential factors on grieving older adults and issues related to dementia. Strategies to support grieving older adults will also be discussed.

- · Identify losses associated with older adults
- · Define characteristics of grief and loss related to the older adult
- · Identify factors influencing the grief process and older adults
- · Identify three strategies to support grieving older adults

IDT, PSY Capitol 4 Room, 4th Level

What To Do When the Well Runs Dry

Martha Rutland DMin Paula Desjardin PhD, RN, CHPN, PCRN PhD Barry Kinzbrunner MD, FACP Elizabeth Knowlton MSW

Creating a spiritually, physically and emotionally sustainable environment is essential for effective teamwork. Soar to new heights of renewable energy through the focused attention and perspectives of a physician, chaplain, social worker, and nurse. Identify pre-conditions for drought, for loss of spirit, energy, compassion. Determine personal and professional support systems, receive tools for discovering untapped resources and strengthening known sources for renewal. Recognize how to build sustainable patterns for relationship, productivity and life.

- Trace patterns of drought with responsive creativity
- · Identify spiritual, physical and emotional water sources
- Receive tools for sustainability
- Engage practices of renewal in the Jewish tradition
- · Recover uplifted spirit and energy

ETH, EDU Capitol 2 Room, 4th Level

Perspectives of Team Members and Their Disciplines using Documentary as a Vehicle for Discussion

Karen Van Vuuren

The documentary "Dying Wish" will be used to facilitate a discussion of issues surrounding patient refusal of food and fluid from the perspective of hospice team members. It is important to consider the causes and ramifications of this choice from all points of view including physical, spiritual, bioethical, etc. Dying Wish, the story of retired surgeon Dr. Michael Miller's journey toward death, provides talking points that can lead to deep sharing based on experiential data provided by IDT members.

- Discuss a scenario in which a patient refuses nutrition and hydration
- Elicit information from diverse participants on their perspectives about patient cessation of food and fluids
- Identify sensitive and complex issues raised in "Dying Wish" and comprehend the perspectives of hospice interdisciplinary team members

ACC Capitol 3 Room, 4th Level

Bridging the Gap to Hospice for the Cardiac Patient – A National Need

Andrea Gray RN, CHPN

Heart failure is the major cause of death in the United States, but one of the least referred to hospice. Developing a cardiac disease specific program is critical to "bridging the gap" in care for end-stage heart failure patients. Come find out how to develop a program that educates the community and your hospice staff on the need for specialized care for the heart failure community.

- Identify the national need for specialized end-of-life cardiac care within the hospice setting
- Summarize the program tools to develop an end-stage cardiac program
- · Distinguish appropriate cardiac resources in their community

QUAL Mineral Hall B/C, 3rd Level

Understanding QAPI – Design a Performance Improvement Project

Luis Gonzalez MD, FACP, FAAHPM, CMD Sally Parnell RN, MSN

In 2008 CMS implemented the new Conditions of Participation (CoPs) for hospice. As a result, hospices were required to implement new systems for compliance. The Quality Assessment and Performance Improvement Program (QAPI) has posed a significant but important challenge to hospices. QAPI intends to improve the care and safety of hospice patients by expecting a proactive data driven process be implemented that focuses on indicators involving all of the hospice services and staff, including contract providers. The system for improving outcomes is based on scientific approaches and concepts and principles of continuous and sustained improvement. This presentation will review the importance of integrating databases to identify opportunities and enhance interpretive analysis that supports effective responses to untoward trends and proactively reduces safety risks.

- Describe the process, tools and skills necessary to measure, assess and design a Performance Improvement Project (PIP) within the QAPI program
- Design a Performance Improvement Project (PIP) upon return to their program and be able to support ongoing PIPs into the future

BER, IDT Capitol 5 Room, 4th Level

Maximizing the Role of the Grief Counselor on the Interdisciplinary Team



Cheri Milton MSMFT

This session will provide information and practical suggestions for expanding grief counselors' role on the interdisciplinary team. Simple, straight forward ideas that will result in better care and positive outcomes for patients, families and team members will be identified and shared.

- Identify the current role of the grief/bereavement counselor and consider the possibility of the grief/bereavement counselor role being revised for maximum impact
- Describe the significance of providing pre-death grief support for patients/families
- Identify the process needed to develop a bridge of support between pre-death and post-death grief interventions
- Discuss skills needed to support fellow team members and create a more positive team environment



SS Centennial H, 3rd Level

Wound Care at the End of Life: A Review of the Evidence Base



JoAnne Reifsnyder PhD, ACHPN, Thomas Jefferson University, Philadelphia, PA

End-of-life care professionals work hard to ensure that patients in their care are as comfortable as possible; this goal is compromised when patients have wounds that must be tended. This session will review epidemiological trends in wounds, summarize key findings about prevention, assessment and treatment as well as discuss opportunities for effective QAPI focus in a hospice setting.

- Discuss epidemiological trends in wounds at end of life
- Summarize key findings from the evidence supporting wound prevention, assessment and treatment
- Apply research evidence to propose and carry out a quality assessment and performance improvement (QAPI) project in a hospice setting

PEDS

Mineral Hall A, 3rd Level

The Spectrum of Complex, Chronic and Fatal Conditions in Pediatric Palliative Care



Cassandra Hirsh DO Sarah Friebert MD

Identifying children who are appropriate for palliative care can be challenging. Pediatric palliative care is appropriate for any child (from prenatal to early adulthood) with a chronic, complex and/or life-threatening condition. Because of the large number and varied types of conditions, the role of the pediatric palliative care practitioner is vast. This session will look systematically at the various disease states in which palliative care consultation would be appropriate and discuss the valuable role that can be played in each of these situations.

- Describe at least five situations in which a palliative care consult would be appropriate
- Determine appropriate timing for a pediatric palliative care consult along an illness trajectory
- Differentiate which situations call for palliative care to provide a supportive role vs. situations that call for palliative care to become the patient's medical home

SPIR

Mineral Hall D/E, 3rd Level

Improving the Quality of Spiritual Care as a Dimension of Palliative Care: A National Consensus Project

Carlyle Coash MA, BCC Christina Puchalski MD, FACP

For some time, it has become clear that the model that best mirrors true holistic care is one that incorporates all aspects of the human condition. To genuinely serve a person through illness and the end of life, one must tend to the physical, emotional, existential and spiritual components of that experience. This session explores the foundational elements of an Archstone Foundation funded national consensus project designed to advocate for strengthening the quality of spiritual care as an essential component of the work of palliative care. It will focus on key understandings in the development, creation and dissemination of a best practice model for true integration of spiritual care at the end of life.

- Identify core elements to the consensus project and its purpose in the work of palliative care
- Examine the historical heritage that supports the presence of spiritual care as an elemental component of the care of others
- Distinguish between several spiritual assessment modalities and their application within the palliative care setting
- Construct a basic model for training staff, volunteers and clinicians in the key components of contemplative-based care
- Assess how to apply and implement core recommendations of the project

FRIDAY, SEPTEMBER 25, 2009

10:45 AM - 11:45 AM

QUAL

Centennial Ballroom A-E, 3rd level

Low Lying Fruit: Daily Opportunities to Control Drug Costs While Providing Optimal Pain Management

Dan Maison MD, FAAHPM

Cost containment is on everyone's mind. Funding is likely to become tighter over the coming years and we all need to be evaluating how we are providing hospice care to ensure we are being as cost effective as possible. That being said, we have to likewise ensure that quality does not suffer as we carefully evaluate our expenditures. Drug costs are a big part of everyone's budget and analgesics are a big portion of the medications we use. Effective management of your analgesic usage may be one of the easiest targets for improvement. This session will explore methods of ensuring that you are being as cost effective as possible in the delivery of excellent pain management. Barriers to this endeavor will be discussed as well as strategies on overcoming these barriers.

- List three daily opportunities to control costs with respect to pain medications
- List three barriers to lowering costs of analgesics
- Describe three strategies to overcoming these barriers

CLIN, IDT

Centennial F, 3rd Level

When Time is Short and the Stakes are High: Effective Communication Techniques for Clinicians

Kevin Henning MD Margaret Carlson BA

Discussing emotionally-laden issues such as limited prognosis, complicated treatment options and resuscitation wishes in hospice and palliative medicine challenges even the most experienced professionals. Hospice team members may feel inadequately trained to share bad news and to skillfully guide patients and family members to help them make informed decisions regarding treatment plans and resuscitation efforts. Participants will learn specific steps that can be followed when breaking bad news and counseling patients and family members about palliative therapy options and in discussing whether to attempt cardiopulmonary resuscitation.

- Identify skills needed in breaking bad news and sharing poor prognostic information with patients and family members
- Counsel patients and family members more confidently about therapeutic options and assist them in choosing the best options for them
- Effectively advise patients and family members about their decision whether to attempt cardiopulmonary resuscitation

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ACC Access and Outreach AD Advocacy BER Bereavement CLIN Clinical Medical Care BDI Education ETH Ethics IDT Interdisciplinary Team ISD Innovative Service Delivery LEAD Leadership PC Palliative Care PEDS Pediatric Palliative PSM Pain and Symptom Management PSY Psychosocial Care QUAL Quality REG Regulatory/Compliance SPIR Spiritual Care SS Scientific Symposium VOL Volunteer Services

FRIDAY continued

EDU, PC Centennial G. 3rd Level

Flying Together Instead of Flying Off the Handle: Training Physician and Social Work Fellows

Jaime Goldberg MSW Deborah Moran MD Jillisa Steckart PsyD

The Interprofessional Fellowship in Hospice and Palliative Care through the VA Greater Los Angeles/Cedars-Sinai Medical Center, accredited by the Accreditation Council for Graduate Medical Education (ACGME), has created an innovative approach to mentoring and preceptoring inter-professional learners to become leaders in palliative care. Though the fellowship provides sub-specialty training for physicians, social workers, nurse practitioners and physician assistants, this session will focus on the unique educational experience of the social work and physician trainees, which involves both parallel and integrated components across the continuum of palliative care.

- Describe background of inter/trans-disciplinary team models in palliative care and recognize the importance of an integrated sub-specialty training in this area
- Describe innovative techniques for training inter-professional fellows and the core components of a inter-professional fellowship program
- Identify successes and challenges of a parallel yet integrated model of interdisciplinary training

SPIR, IDT Agate Room, 3rd Level

Palliation for the Soul

Charles Behrens MDiv

Often times when a patient is restless and we can't explain it clinically, psycho-socially or emotionally, it is a "spiritual" concern. What is spiritual pain? This session will delve into the differences between religion and spirituality and identify what spiritual pain is, some of its causes and how it can be effectively and consistently addressed.

- · Define spiritual pain and suffering
- Discuss signs and symptoms of spiritual pain as identified in the terminally ill patient
- Discuss spiritual interventions that may be utilized by any team member when spiritual pain/suffering is assessed

IDT Capitol 5 Room, 4th Level

Unimaginable Loss: Parents and the Death of their Child

Marcia Lattanzi-Licht LHD, RN, LPC

The death of a child represents an unimaginable loss for families, as well as for the professionals who work with them. This session outlines a summary of parental responses rooted in research, literature and experience. Participants will explore the stresses placed upon parents, with major emphasis upon ways to support parents who experience the death of a child.

- Identify the range of parental responses to the death of a child
- To discuss responses and stresses when a child dies
- To review recommendations for supporting parents and families surrounding the death of a child

IDT, PSY Mineral Hall B/C, 3rd Level

A Case-Based Look at Managing Difficult Care Situations

Ronald Crossno MD

The so-called "difficult patient" or "difficult family" is at risk of receiving sub-optimal care from the interdisciplinary team. Attempts to manage these individuals and families are often disruptive to the normal function of the team. 'Issues-of-the-moment' distract team members from underlying problems and major issues that would benefit from our assistance. This presentation will offer case-based situations with suggestions for maintaining objectivity and a grasp of the 'big picture' in order to ensure the best care for our patients and families.

- · Describe representative scenarios of 'difficult care situations'
- Discuss the necessity of recognizing these situations in order to maintain objectivity and proper team function
- Discuss potential management strategies and techniques to ensure proper care in these situations

REG Capitol 2 Room, 4th Level

The Medical Review and Appeal Process

Charlene Ross MBA, MSN



CMS is required to ensure that payment is made only for those medical services that are reasonable and necessary. To meet this requirement, CMS hires Medicare contractors to perform data analysis of claim data to identify atypical billing and verify if billing problems exist. This is accomplished through probe reviews, both pre and post payment. Medical review is an important part of the Medicare Integrity Program. This session will focus on the various types of medical review, the appeals process and the impact of medical review and denials on a hospice.

- Explain the Medicare Progressive Corrective Action
- Identify the effects of denial(s)
- · Describe the five levels of appeal
- Describe other types of medical reviews
- · Discuss tips for First Level Appeals

PEDS, ISD

Capitol 3 Room, 4th Level

Cystic Fibrosis: A Palliative Care Case Study

Holli Martinez FNP-BC, ACHPN

The prevalence of cystic fibrosis (CF) is one in every 3,000 births and affects mostly Caucasians. It is characterized by chronic airway infections, malabsorption syndromes and urogenital dysfunction, among other symptoms. Palliative and end-of-life care for persons with CF is challenging because many of those with advanced disease die in the hospital while continuing aggressive treatment. Using a case study and evidence-based format, an actual patient will be discussed, beginning with the initial palliative care consultation and concluding with the withdrawal of ventilator support. The discussion will include a review of pathophysiology, disease trajectory, challenges of advance care planning and barriers to accessing optimal end-of-life care with this unique population.

- Review prevalence and incidence of CF and its pathophysiology
- Examine the unique disease trajectory and disease manifestations of CF
- Explore interventions to improve symptom burden and discuss their impact on quality of life
- Discuss evidence-based implications for palliative and end-of-life care with CF patients

QUAL

Capitol 4 Room, 4th Level

Creating a Culture of QAPI: Driving Employee Engagement to Improve Quality Outcomes

Deborah Owen RN Cineta Lee RN

Through the introduction of aligned goals for leaders, relentless measurement of outcomes and maximizing communication with front line staff, Heart 'n Home Hospice & Palliative Care has concurrently achieved improvements in pain management, increased employee engagement, decreased staff turnover and documented quality outcomes. The presenters will outline the process to create a "culture of QAPI" that involves everyone within the agency in identifying and implementing process improvements.

- Identify key components of successfully introducing organizational
- Outline three effective techniques for increasing employee engagement in the agency's operational goals
- Discuss tracking and reporting tools necessary to ensure that the initial positive results of quality improvement and employee engagement are maintained long term
- Describe examples of how increased employee engagement positively impacts quality outcomes and ongoing process improvement

ETH

Mineral Hall D/E, 3rd Level

A Dialogue on Ethical Issues: **Your Questions Answered**

Carlyle Coash MA, BCC Walter B. Guthrie MD Angela Elena Waterbury RN, BSN, CHPN

This session brings together a panel of professionals from the field of hospice and palliative care experienced in dealing with ethical issues and end-of-life care. Session attendees will be able to ask questions and bring real issues to the attention of the expert panel. This highly interactive forum will provide attendees with practical advice and insight from the field. This is an excellent opportunity to dialogue about an ethical issue or question taken from your workplace. Panelists will suggest resources that address a range of ethical issues of importance to hospice and palliative care professionals.

- Identify the range of factors that should be considered when examining an ethical question or situation involving patients and families
- · Provide at least three examples of challenging ethical situations that providers have had to address in the provision of hospice or palliative care
- Articulate the importance of an ethics committee within an organization
- Discuss the value of position statements in developing a specific organization's response to situations likely to arise in the provision of hospice and palliative care
- Name three ethics related resources available through NHPCO

SS Centennial H, 3rd Level

A Statewide Study of Professional End-of-Life Caregiver Stress, Burnout MRCO Scientific and Compassion Fatigue



Gretchen Thompson MDiv

This session will describe the components, results and implications of a doctoral research study on compassion fatigue, burnout and stress among professional end-of-life caregivers. Discussion will enable participants to distinguish between the "portrait" of a satisfied employee who intends to

remain in hospice work with one who is casually or actively searching for other work. In addition, the study provides important data about the retention of skilled employees.

- Identify the basic components of a state-wide research study assessing compassion fatigue, stress and burnout among professional end-oflife caregivers
- Articulate the overall research results
- Explore the implications of the study

Mineral Hall A, 3rd Level

Meaningful Moments: The Use of Ritual in the Care of Children and Families



Kathie Kobler MSN Rana Limbo PhD

Ritual provides meaning and order to transitions, symbolically connecting people and events. Throughout the trajectory of care for a child with a lifethreatening condition, the use of ritual can honor the parent-child relationship, offering acknowledgement and support to families. Intention, participation and meaning-making are the key dimensions of rituals that arise from clinical encounters. This presentation will define these dimensions of ritual as each pertains to the care of children and families, and provide concrete applications for use in clinical practice. The importance of co-creation of ritual between care providers and parents will be explored, highlighting the transforming and healing nature of ritual for all participants.

- Define ritual as applied to the life experiences from which ritual arises
- Describe aspects of ritual use for parents
- Discuss the three dimensions of ritual as applied to care of children and families
- Identify two strategies to incorporate ritual in patient care

Granite Room, 3rd Level

The Unbroken Circle: Partnerships **Between Hospices and Faith Communities**



Jeanne Twohig MPA James Brooks MDiv Gwynn Sullivan MSN

Patients and families confronting illness, dying and grieving face unprecedented spiritual questions. They often turn to faith communities for support, but come up empty handed unless congregations are attuned to addressing end-of-life issues. Through a partnership with NHPCO, Duke Institute on Care at the End of Life and Project Compassion, powerful new tools are available to help congregations strengthen their approach to caring and to provide hospices with innovative ideas for reaching out to faith communities. Learn about "The Unbroken Circle: A Toolkit Around Illness, End of Life, and Grief," a treasure trove of resources for congregations and Caring Connection's "Faith Outreach Guide," a practical guide for hospices wishing to align with faith communities.

- · Cite reasons why it is important for congregations to develop the capacity to address end-of-life issues
- Identify tools for congregations to assess their capacity to address endof-life issues and implement practical strategies
- Describe the vehicles available in congregations to address end-of-life
- Identify successful practices used by hospices to reach out to/partner with faith communities

FRIDAY continued

1:30 PM - 3:00 PM

PSM

Centennial Ballroom A-E, 3rd level

Precise Pharmacopalliation: Getting It Just Right!

Mary Lynn McPherson PharmD **Holly Holmes MD**

Medications play a vital role in the palliation of symptoms during endof-life care, but they must be used judiciously. During this session participants will learn to identify drug-related problems, how to select appropriate medications and doses and how and when to discontinue medications.

- · Define the term "precise pharmacopalliation"
- · List and define what drug-related problems are and give examples from palliative care
- · Describe common symptoms experienced and appropriate drug-therapy selection and titration for common end-of-life diagnoses
- Explain the rationale for tapering some medications when being discontinued and describe a titration strategy for common medication classes

IDT, CLIN

Centennial F, 3rd Level

Facilitating the Family Goal Setting Conference

David Weissman MD

Facilitating a "Family Goal Setting Conference" is a core skill for hospice and palliative care professionals. This workshop teaches a ten-step, structured approach to leading a family conference. The interactive session will include an emphasis on the following skills: using empathic communication to foster patient/family self-reflection; strategies for dealing with patient-family or patient-family-medical team conflict and educational resources for participants to teach others. The workshop is suitable for clinicians who want to improve their communication skills, clinicians interested in successful strategies for dealing with end-of-life conflicts and team leaders/educators seeking to improve their communication teaching skills.

- · Describe a ten-step process to leading a Family Goal Setting Confer-
- Classify seven different causes for conflict surrounding end-of-life care
- Explain/practice three strategies for dealing with goal setting conflicts
- Construct an action plan for educating other health professionals about the Family Goal Setting Conference

ISW

Centennial G, 3rd Level

Social Work Professional Development



Sherri Weisenfluh MSW, LCSW, ACHP-SW

Join social workers from across the country in this session to talk about professional development opportunities for hospice and palliative care social workers, from utilizing social networking opportunities to personal achievement and advancement through pursuit of a social work credential to future ideas for social work development. Throw some of your own ideas into the mix for discussion in this lively forum for the field of social work.

- Identify opportunities for social workers to learn, network and share with each other
- Describe and discuss credentials available to hospice and palliative care social workers
- Highlight future possibilities for social work development in end-oflife care

SPIR

Capitol 2 Room, 4th Level

The Use of the Spiritual Assessment as a Tool for Best Practice



Carlyle Coash MA, BCC

One of the key components of the practice of spiritual care is the spiritual assessment. It is a tool that assists not only in the creation of a plan of care, but also serves as a mechanism for tracking essential spiritual care elements for the team as a whole. The spiritual assessment can be the channel through which quality and outcome-based measurements take root. This session will take an in-depth look at several spiritual assessment models, discuss approaches to incorporating them into practice and focus on how to interface with electronic documentation and the changing face of charting methods.

- Define the basic aspects of the spiritual assessment and its use within the practice of spiritual care
- Distinguish between several spiritual assessment models that are currently used in healthcare
- Diagram the assessments with an exploration of functionality as well as how the assessments track basic interventions and outcomes
- Integrate the models into the documentation protocols utilized by a particular program, especially electronic documentation
- Discuss the appropriate clinical practitioner to complete the spiritual care assessment and the training needed

BER

Capitol 3 Room, 4th Level

Going Green: Using a Writing Workshop as a Healing Tool in Recycling Grief's Garbage



Laurel Goodrick MS, LGPC, NCC Charles Sternheim PhD

Moving through grief toward health and healing can be a messy process. Powerful, confusing and contradictory emotions abound. Come learn about an innovative writing program developed by bereavement counselors and volunteers of Gilchrist Hospice Care that you can replicate to help your clients explore their fear and pain, "recycling" it into constructive healing. Attendees will have an opportunity for experiential learning by completing their own writing exercise.

- Describe a comprehensive bereavement program, including functions and qualifications of the bereavement volunteer
- Identify and implement strategies used to create a collaborative relationship between counselors and volunteers
- State why writing can be a powerful healing tool
- Describe the developmental process and replicate a four-session writing workshop
- Identify and experience the cognitive and emotional reactions that may occur when writing about loss
- Critique the use of a writing workshop as a healing tool for their own bereavement program



INVEST IN YOUR ORGANIZATION'S LEADERSHIP

NHPCO is proud to present two educational events in conjunction with the Volunteerism and Family Caregiving Conference in Orlando, Florida

TAPPING YOUR BOARD'S FULL POTENTIAL

Bill Musick

MBA, Tower Hill Resources An Affiliate of The Corridor Group, Honolulu, HI

Two Half-Day Seminars • Thursday, December 3, 2009

Engaged and healthy boards are a vital source of strength for hospices. Unfortunately, despite a significant investment of time and energy by board and staff, many boards never realize their full potential. Using a common base of six key ingredients for a healthy board, these sessions will focus on key areas that hospice leaders have identified as needing the most improvement for their boards: Governing for what matters and increased levels of engagement.

These two complementary sessions provide a full day's focus on the most actionable areas for improving hospice governance. Choose both seminars to maximize your ability to help your board reach its full potential or chose one that emphasizes the issue most relevant to your board. In addition to new insights and learning, the sessions will be designed to help you form networks with peers for the ongoing exchange of information and mutual support.

PC01 • 9:00 am – 12:00 noon Tapping Your Board's Full Potential – Governing for What Matters

PC02 • 1:30 pm – 4:30 pm Tapping Your Board's Full Potential – Increasing Your Board's Level of Engagement

- Nurses and social workers Continuing Education credit is available for PC01 and PC02.
- Visit www.nhpco.org/continuingeducation for more information.



DISNEY'S APPROACH TO LEAD-ERSHIP EXCELLENCE

Friday December 4 • 9:00 am - 5:00 pm

Every leader is telling a "story" about what he or she values. For the Walt Disney Company, leading by example is a story-line that delivers tangible results: improved behavior and increased productivity. By consistently demonstrating the behaviors they value, Disney leaders speak volumes about the methods the company values; methods that their teams learn to follow. Disney leadership excellence begins with a vision, then follows with a structure and process to organize, engage and commit everyone in the organization to it.

NHPCO is pleased to offer an unprecedented opportunity for hospice and palliative care leaders to learn this unique approach to excellence and to gain an insider's perspective into the proven leadership philosophies, strategies and methods of The Walt Disney Company. Leaders who participate in this outstanding program will dive into the details of the Disney Leadership Excellence Model (through classroom and "behind the scenes" experiential learning activities), learning how to adapt Disney's approaches to improve their ability to lead successful, committed organizations.

Join hospice and palliative care leaders from across the country for a day of creative, stimulating, insight-packed and results-oriented learning that has the potential to improve organizational outcomes, inspire innovative approaches and is guaranteed to be a learning experience you will never forget!

- Transportation to the Disney Field Experience and lunch are included on Friday, December 4th.
- Continuing education credit is **not** available for this course.

INVEST IN YOUR ORGANIZATION'S LEADERSHIP

NHPCO'S 6TH NATIONAL CONFERENCE ON VOLUNTEERISM AND FAMILY CAREGIVING

REGISTRATION FORM

Organization Information		
Organization	Organization #	
Address		
City	State Zip	
Phone Fax		
Attendee Information Individual attendee information MUST be completed on this form. Please copy	this form to register additional at	tendees.
Name (Last, First)		
Credentials/Degree		
Email (required)		
Ind. Member # (if known) D	iscipline Code (see key below)	
(Please check appropriate boxes)		
Non Member ☐ First Time Attendee ☐ I require special services to fully p	participate in the conference (attach	a description of your needs)
NHPCO has several options available for attending the Preconference Seminar, T half-day seminars on December 3rd and the Disney Institute's: Disney's Approact		
3	dvanced, 8/17–11/11 O Member/Non-Member NHP	Onsite, After 11/11 CO Member/Non-Member
PC01 Governing or PC02 Engaging Thursday, December 3rd	\$95/\$170	\$170/\$245
Disney Institute Seminar (see previous page for details) Lunch provided. • Disney's Approach to Leadership Excellence, 9:00 am – 5:00 pm, Dec	\$525/\$675 ember 4	\$625/\$775
Special Offers		
Option 1: Lunch will be provided on Friday only. PC01: Tapping Your Board's Full Potential: Governing, Thursday, Dec	\$620/\$770	\$720/\$870
 Disney Institute's Leadership Excellence, Friday, December 4th, 9:00 at 		
Option 2: Lunch will be provided on Friday only. PC02 Tapping Your Board's Full Potential: Engaging, Thursday, Decer Disney Institute's Leadership Excellence, Friday, December 4th, 9:00 a.		\$720/\$870
Option 3: Lunch will be provided on Friday only.	\$650/\$800	\$750/\$900
 PC01 Tapping Your Board's Full Potential: Governing, Thursday, Dece PC02 Tapping Your Board's Full Potential: Engaging, Thursday, Decer 	ember 3rd, 9:00 am — 12 pm	\$730/\$300
• Disney Institute's Leadership Excellence, Friday, December 4th, 9:00 at		
Pricing for Options 1, 2 or 3 are valid only as stated above and cannot be used	in combination with any other of	fers.
Please make selections by checking appropriate box. PC01 or PC02		¢
		\$
☐ Disney Institute Seminar, December 4, 2009 Full Day Session (9:00 am − 5:0	U pm)	\$
Special Offers, December 3rd and 4th ☐ Option 1: PC01 AND the Disney Institute		
Option 2: PC02 AND the Disney Institute		
Option 3: PC01 & PC02 AND the Disney Institute		\$
	Total Fees for this attendee	
	Grand Total Due NHPCO	
Payment Information		· •
-	7.15	•
☐ Checks payable to "NHPCO" enclosed. (Payable in U.S. dollars)	Total Fees	: \$
☐ Credit Card Payment ☐ Visa ☐ MasterCard ☐ American		
Card number	Exp. Date/	
Name of Cardholder (print) Author	ized Signature	

Registration Cancellation Policy

All cancellation requests must be submitted in writing. A \$50 processing fee will apply to all cancellations. Cancellations on or before October 9, 2009 will receive a full refund less the processing fee. Cancellations between October 10 and November 13, 2009 will receive a 50% refund less the processing fee. No refunds will be made on registration cancellations postmarked after November 13, 2009. Substitutions are welcome; please submit your request in writing. All refunds will be processed within 30 days after the conference. Cancellation requests or substitution requests can be sent via email to conferences@nhpco.org or via fax at 703-837-1233 or 877-779-6472.

We reserve the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If the conference must be cancelled, registrants will receive full credits or refunds of the paid registration fees. No refunds can be made for lodging, airfare, or any other expenses related to attending the conference.

How to Register

Online: www.nhpco.org/vol2009
Fax: 877/779-6472 (toll-free)

Fax registration form and payment.

Mail: Volunteerism and Family Caregiving Registration

NHPCO P.O. Box 34929 Alexandria, VA 22334-0929

Please note that overnight deliveries should be sent to:

Volunteer Conference Registration

NHPCO

1731 King Street, Suite 100 Alexandria, VA 22314

Discipline Code Key

Eligible employees of member organizations will automatically be enrolled as E-NCHPP members upon registering.

Allied Therapist	ALLTHER
Bereavement Professional	BERPRO
Board Member	BDMEM
CEO/Executive Director	CEO/EXEC
Certified Nursing Assistant	CNA
Clinical and Operations Mgmt	COM
Coalition Leader/ Member	CL/MEM
Counselor	
Development/Pub Relations/MKTG	DEV/PR/M
Finance/Information Systems	FIN/INF
Nurse	NURSE
Performance Improvement/QA	PI/QA
Pharmacist	PHARM
Physician	PHYS
Research/Academics/Education	RES/ACAD/ED
Social Worker	SW
Spiritual Caregiver	
Volunteer/Volunteer Mgmt	VOL/MGMT

National Hospice and Palliative Care Organization



FRIDAY continued

IDT, QUAL

Agate Room, 3rd Level

What Managers, Supervisors and Staff Should Know: How Family Dynamics and Birth Order Affect Leadership Styles and Impact Teams

Keith McDaniel MFT, CT

Relationships at work, just as in other settings, can create stress and promote low productivity. Left unaddressed, relationship issues can be counterproductive to both our individual health and the health of the organization. This workshop helps participants determine the origin of stress in relationships, identify nonproductive behaviors and create positive and responsible ways for handling difficult situations.

- Formulate a personal and professional emotive relational map
- Identify reasons for negative behaviors demonstrated in personal and professional systems
- · Identify communication skills that promote positive behavior
- Create positive and productive professional relationships based on personal insight and understanding

IDT, SPIR

Mineral Hall D/E, 3rd Level

"Unwinding My Life:" A Proactive Approach to Meaning Near Life's End

Kathy Egan City MA

In his book, "Chasing Daylight," Eugene O'Kelly, CEO of KPMG accounting firm, shares his experiences of his final weeks of life, referring to "unwinding my life" and posing the questions, "Must the end of life be the worst part? Can it be made the best?" He describes this process in a very personal, familiar way to those who have had the honor of witnessing life completion and closure with patients and families. This interactive session will present a research-based, practical approach to helping people "unwind their lives" so they may define and create meaningful, positive experiences in the midst of very difficult times. Participants will examine a variety of tools and resources that can be used proactively in hospice and palliative care settings to facilitate meaningful life and relationship closure.

- Define the experiences of "unwinding life" for patients and families
- Describe the social, emotional and spiritual aspects of completion and closure and how they impact personal meaning and purpose in these experiences
- Discuss tools and resources available to "guide" patients and families through meaningful experiences in the last years of life

PSM, CLIN

Mineral Hall B/C, 3rd Level

The Case for Non-Pharmacologic Methods of Pain Relief - How We Changed our Pain Outcomes

April Perry APRN, MEd

Non-pharmacological interventions have not been used as effectively as they could be in symptom management for hospice patients. This session will report on a project done in a home care population where a combination of guided imagery, pet therapy and aromatherapy was used in patients who reported unmanaged pain. Results showed the use of these non-pharmacological interventions produced a decrease in pain scores of 62% following the interventions with no changes in pharmacologic

agents. Participants who attend this session will have the opportunity to participate in experiential learning through demonstration of two of the methods used in the study - guided imagery and relaxation techniques - to understand the ease with which they can be used and taught.

- Define the use and effectiveness of non-pharmacological approaches to pain management
- Discuss two non-pharmacological interventions for chronic pain which can be easily implemented in the home setting
- Describe a plan for implementation of a non-pharmacological pain management program in a home care agency

IDT. REG

Capitol 4 Room, 4th Level

Scaling the Heights: Excelling with Comprehensive Assessment and Care Planning



Annette Kiser RN, MSN Denise Skinner BSN

The Conditions of Participation (CoPs) require an increased focus on assessment, care planning and care coordination. This presentation will provide information on the CoPs and Interpretive Guidelines that apply to these processes. We will share insights into methods that will help enhance documentation to ensure compliance with the CoPs while addressing the needs of patients and families receiving hospice care. This presentation is applicable to all hospices whether, you use paper or electronic medical records.

- Describe the critical elements of the 2008 Conditions of Participation (CoPs) on assessment, IDG and care planning
- Identify strategies to ensure the required documentation creates a 360° view of all aspects of the patient's medical condition and the needs of the patient and family
- Identify one area for improvement in their own organizations that will help them excel in comprehensive assessment and care planning

REG, IDT

Capitol 5 Room, 4th Level

The Hospice Interpretive Guidelines and the Interdisciplinary Group



Jennifer Kennedy MA Roseanne Berry MS, RN

Do you know what the Interpretative Guidelines mean to the IDG and how to use them in understanding CMS's expectations of the IDG? The hospice IDG is fundamental to hospice care and part of what makes hospice unique. Surveyors will be looking for evidence of a fully functioning IDG that is completes comprehensive assessments, develops and implements plans of care, employs effective methods of communication with patients and their families and coordinates care to meet patient and family needs. Presenters will discuss the purpose of the Interpretative Guidelines, how they affect the IDG and the role of IDG prior to and during a federal hospice compliance survey. Finally, identification of resources available to support the IDG will be identified.

- Describe the use of the Interpretative Guidelines in meeting CMS's requirements for the IDG
- Discuss use of the Interpretative Guidelines for the IDG in survey readiness
- Identify resources available to support the IDG in survey readiness
- Allow participants to ask questions regarding content

FRIDAY continued

7K-1 Impact of Pharmacist-Led Intervention onMedication Costs and Utilization in a Hospice Care:



Rachi Parekh MS Khalid Kamal PhD Mary Mihalyo PharmD Autumn Runyon PharmD

Pharmacy Benefit Managers (PBM) employ pharmacists to conduct medication reviews for patients under hospice care. As a result of these interventions, the utilization of cost-effective medications is encouraged. The overall costs for hospice care to Medicare, other third party payers and patients may be less as compared to the costs incurred by conventional care. Pharmacists specializing in hospice and palliative care are able to recommend appropriate and effective drug therapy as an alternative to high cost, high-risk medications, resulting in cost-savings. Pharmacists can also identify drug-related problems which influence better patient outcomes in hospice care. This session will discuss the impact of pharmacist-led medication review on hospice costs.

- Describe patient and hospice-related characteristics and medication expenditures of five hospices in Ohio compared with National Hospice and Palliative Care Organization (NHPCO) data
- Identify therapeutic drug classes and medications with the most frequent utilization rates and largest percentage of expenditures in hospice care
- Analyze utilization and cost for medications under the different therapeutic class of medications

7K-Il Community Characteristics that Predict the Availability of Hospice in the US

Maria Silveira MD

This session will review the results of geographic studies examining the location of hospices in the US and the community characteristics associated with access to hospice care.

- Describe the results of novel research on the community level predictors of availability of hospice
- Describe the areas with highest and lowest access to hospice

PEDS Mineral Hall A, 3rd Level

Growing Up Dying: Shifting the Pediatric End-of-Life Paradigm



Tiffany Christensen

Tiffany Christensen grew up thinking about dying. Like most sick children, she was surrounded by doctors, family members and a society at large who taught her how to feel about illness and death. Now that this cystic fibrosis patient has lived with serious chronic illness, been diagnosed twice as terminally ill and survived two double lung transplants, she has discovered that other people's beliefs weren't always helpful or pertinent. In this interactive workshop, participants will gain unique insights into the end-of-life experience, ways to approach a terminally ill child and how to guide families in raising a dying child. Tiffany is an author and public speaker passionate about imparting the lessons learned about the social and cultural aspects of life in the deathbed.

- Identify key messages often unconsciously communicated to pediatric patients about their illness and possible death by professionals and family members
- Discuss clinical concerns without an atmosphere of judgment, thus allowing the patient to decide for themselves the level of worry, fear or acceptance they have about any given health status change or treatment option
- Guide parents of terminally ill children in creating and nurturing a healthier family paradigm
- Identify and address three key areas for pediatric patients and families to recognize and work through.

PEDS. PSY

Granite Room, 3rd Level

A Parent's Perspective – A Candid Conversation with a Panel of Bereaved Parents



Lori Butterworth BA

Panel members:

Maureen Lilly Dianne Gray Lisa Buell

This workshop is a unique opportunity to intimately interact with a thoughtful and gracious panel of three bereaved parents who are members of the Children's Hospice and Palliative Care Coalition's Family Advisory Council. Participants will be able to ask questions of the panel in a safe and supportive environment. Every day, parents are faced with the heartbreaking reality that they have outlived their child. Grief support for parents who have lost a child comes in all sizes and shapes. Some parents find healing in grief support groups, some through solitude and some through political action. For many it is a combination; for all it changes over time. Honoring parents' wishes and providing them with an opportunity to participate in meaningful ways that bring them comfort and hope will be explored in this interactive session that will provide a unique opportunity to ask questions in a safe, supportive and non-judgmental environment.

- Identify methods to communicate better and more comfortably with bereaved parents and other family members
- Identify effective ways to communicate that build relationships with parents of children with life-threatening conditions
- Describe a national parent network, Partnership for Parents, for ongoing information, support and resources



3:15 PM - 4:15 PM

EDU, PC

Centennial Ballroom A-E, 3rd level

Hope for Change through Education: Advance Practice Palliative Care Nursing in Acute Care Settings

Paula Nelson-Marten PhD Nancy English RN, MSN, PhD Sean Reed MF

This session will describe an innovative palliative care educational program for advanced practice nurses. The program is the sustaining piece of a NCI/NIH grant and consists of two graduate level courses offered in two different formats—an intensive in-class week and an online format. The two courses focus on the development of the role of the Palliative Care Nurse. Discussion will include the specific role of advance practice palliative care nursing in acute care settings. One aspect of evaluation is the development of a palliative care change project by each participant. Participants are encouraged to implement these changes in their individual practice settings. Illustrations of how change is implemented by the APN in acute care will be discussed.

- Describe the palliative care certificate program known as Palliative Care Beyond Hospice: A Nursing Education Model
- Discuss strategies for change through nursing education focused on palliative care nursing
- Describe the role of the advance practice nurses in acute care settings

CLIN, PSY

Centennial F, 3rd Level

Is Psychiatric Illness Ever Terminal?

Melinda Henderson MD Kate Payne JD

For most diseases, an absence of curative therapy combined with a predictable terminal outcome prompts a shift to hospice. Do the same norms apply when the illness is psychiatric in nature or when psychiatric conditions have led to the fatal pathology? Participants in this session will have the opportunity to review and discuss cases where psychiatric features predominate. Discussion will focus on determining if traditional hospice criteria apply or if different approaches may be required. Participants will also be asked to examine their own attitudes about mental illness and how their approach affects end-of-life care.

- Describe differences in assessment and treatment of physical versus psychiatric conditions
- Examine personal attitudes towards mental illness and how they impact end-of-life care
- Identify criteria for terminal psychiatric illness and appropriate hospice and palliative responses

QUAL, IDT

Centennial G, 3rd Level

Reducing the Risk of Violence: Are You Prepared?

Nadine Reimer Penner MSW Diane Spain BSN

Have you experienced the wrath of an angry hospice family member? Has a patient threatened to harm you? How have your supervisor and agency responded to your concerns? How prepared are you to cope with the next angry patient or family situation? This session will provide specific skills,

protocols and policies to increase the ability of hospice professionals to assess and reduce the risk of violence. Learn how one hospice implemented a quality improvement process to address this important but often minimized concern.

- · Identify why, how and when violence to hospice professionals occurs
- Establish a quality improvement process to reduce the risk of violence
- Implement intervention strategies to prevent or reduce the risk of violence
- Review and evaluate the effectiveness of interventions to increase the safety of hospice professionals

ACC, PEDS

Mineral Hall D/E, 3rd Level

Building Coalitions for Change – Children's Hospice and Palliative Care Coalition



Lori Butterworth BA Devon Dabbs BS, BBA

Improving care for children with life-threatening conditions is possible when people come together toward a common goal and a common vision. The Children's Hospice and Palliative Care Coalition is a committed, inspired and diverse group which emerged from the ground up to address a healthcare crisis for children with life-threatening conditions. In this session, you will learn how and why to build collaborations to bring about change and to improve care for children with life-threatening conditions and their families.

- Identify strategies for building pediatric palliative care coalitions and evaluate the effectiveness of collaborative efforts to improve care for children with life-threatening conditions
- Evaluate a variety of methods and strategies used to bring about policy changes affecting care for children with life-threatening conditions regional, state and national
- Identify stakeholders who share the common goal of improving care for children with life-threatening conditions and strategize on how to engage them in collaborative projects

BER, ISD Agate Room, 3rd Level

Fostering Healing and Resilience: The Philosophy, Structure and Methods of an Innovative Child Bereavement Program

Elise Gaul MS, LPC

The David Bradley Children's Bereavement Program was established by Penn Wissahickon Hospice in 1998 to help children and adolescents cope with terminal illness and death-related losses of a loved one. Targeted interventions for grieving children can serve as a catalyst for healing in the lifelong process. Through a menu of children's bereavement services tailored to individual need, the program helps families heal and develop coping skills for moving forward together. Added support and follow up after the death of a loved one helps families leave hospice care with a more positive view of their experience. Further, the program raises a positive profile of hospice in the community by offering a much needed and unique service.

- Define the components of a model children's bereavement program including the origins, philosophy, and goals
- Identify a menu of possible services
- Participants will understand unique aspects of the bereavement needs of children and families affected by the death of someone important in their lives
- · Describe activities for assisting grieving children

FRIDAY continued

IDT, QUAL

Mineral Hall B/C, 3rd Level

Crossing the Line: Real Stories of Boundary Violations and What We Can Learn from Them

April Perry APRN MEd

Providing hospice care in the home innately leads to a level of intimacy and closeness that may not be present in acute care or outpatient settings. Maintaining professional boundaries is critical in providing effective and safe care for patients and their family as well as for the integrity of the organization. Even innocent, well intended behavior can be detrimental to the patient and the therapeutic relationship and may actually put the agency at risk. This session will use case studies that demonstrate how health care team members have violated or crossed professional boundaries. The critical nature of professional boundaries will be discussed as well as ways that managers can foster appropriate professional relationships between staff and their patients.

- Define the nature, purpose and impact of professional boundaries in the home care setting
- Describe how boundaries are necessary in clarifying roles and expectations and maintaining integrity of the organization
- Discuss appropriate methods for handling situations where boundary crossing/violations have occurred

PC

Capitol 2 Room, 4th Level

Home Palliation: Who Fits?

Thomas Grothe MS

This presentation will present data from a successful home palliative care program. Admission criteria, program structure and place in the continuum of care will be presented. Unusual aspects of this program are: high numbers of demented patients, nurse practitioners being used as both case managers and primary providers and service to RCFC Facilities. Case examples will be discussed, with audience participation. Difficulties related to development and growth of a home palliation program will be discussed. A case will be made for why hospices need to develop palliation programs and how they can be financially feasible.

- Describe the Innovations Grant that molded the structure of one successful home palliation program
- Describe one successful home palliation program
- Articulate ways a nurse practitioner can bring value to a home palliation program
- Identify ways this home palliation program differs from other programs
- Recount statistical data that supports the viability of this home palliation program
- Describe the benefits and detriments of a home palliation program and why hospices are uniquely situated to provide palliative services

BER

Capitol 3 Room, 4th Level

My Tears Flow Like a River: Re-Thinking the Experience of Grief

Thomas Dennis MAPC

Bereavement professionals acknowledge the limitations of existing "process" models of grief but, due to the lack of an effective alternative, continue to promote them. This session presents a new, experientially-based model of grief that replaces confusing technical terminology with

the easy to understand language of metaphor. The lifelong impact of loss is acknowledged and described as being like a river in five phases: headwaters, rapids, runs, delta and rejoining the sea. In this model, the goal for mourners is not acceptance or resolution. Instead, emphasis is placed on integration and developing the skills necessary to deal with the moment at hand. Implications for hospice programs are explored.

- Identify how the experiential model differs from existing models of grief
- · Describe the lifelong impact of loss
- Adapt the river metaphor for use in counseling hospice patients and their families

REG, CLIN

Capitol 4 Room, 4th Level

Alphabet Soup - Making Sense of the Scales Used to Support Non-Cancer Hospice Patient Appropriateness

Catherine Sweeney RN Lori Attivissimo MD, FACP, FAAHPM Mary Ellen Cubbon BSN

This presentation provides evidenced-based tools for meeting the "CoPs" regulations for clinicians working with non-cancer hospice patients. A brief review of the typical non-cancer symptom profile, handouts of tools that have been developed and can be utilized and an explanation of how to use them will be offered through an interactive lecture with case examples. The need to contain the changing elements captured by these tools is a vital way to demonstrate that hospice provides appropriate, quality care and that hospice is a responsible care model at the end of life.

- Outline the typical symptom profile and indicators for the dementiadiagnosed hospice patient
- Discuss and use three prognostic tools created for the non-cancer patient

EDU

Capitol 5 Room, 4th Level

Answering Urgent Hospice and Palliative Care Issues through Academic and Community-Based Partnerships

Jean Kutner MD, MSPH Susan Lasker-Hertz MSN Janelle McCallum MSM

Research partnerships between hospices and academic entities are essential for improving end-of-life care. In this session, presenters will describe how they are building on informal collegial relationships to create an integrated partnership to increase capacity for palliative care research and to address the paucity of evidence guiding care for persons with serious advanced illness. Specifically, they will describe how they are capitalizing on the unique opportunity of available Clinical Translational Science Award (CTSA) funding to formalize a community-based, participatory research (CBPR) process to address gaps in the evidence-base related to care at the end of life.

- Describe the CBPR approach and the important role for hospices in CBPR, particularly for addressing important questions that are urgent to hospices
- Describe the CTSI funding mechanism and the potential for collaborating with academic centers that have received these awards

SS Centennial H, 3rd Level

Evaluation of a Standardized Order Set for Planned Withdrawal of Life Support in Critical Care

HPCO Scientific

Deborah Bourgeois RN

Approximately 20% of all deaths in America occur in the intensive care units annually. Many of these are associated with planned withdrawal of life support. Critical care nurses are often frustrated and emotionally drained by the end-of-life experience and families are frequently dissatisfied with death and dying process in the ICU. Limited investigations report that use of standardized order sets focusing on end-of-life care are associated with increased staff and family satisfaction with planned withdrawal of life support. The purpose of this research study is to measure the impact of a standardized order set on critical care nurses satisfaction with end-of-life care and describe evidence-based improvements in practice.

- Identify nursing issues and research questions concerning end-of-life nursing care for critical care patients when withdrawing life support therapies in the critical care unit
- Describe critical care nurses perceptions about end-of-life care before and after the implementation of a standardized order set for planned life support withdrawal
- Demonstrate increased knowledge concerning standardized order sets that focus on planned withdrawal of life support and their association with increased nursing and family satisfaction

PEDS Mineral Hall A, 3rd Level

From the Very Beginning – Palliative Care for the Fetal Patient



Catherine Kelly-Langen MD Susan Howson MSN

Prenatal care includes more than just the identification of the pregnancy and its potential maternal complications. Medical science allows us to identify life-threatening and life-limiting illnesses and conditions earlier and earlier in gestation. Palliative is an important therapy available to these prenatal patients. A pediatric palliative care (PPC) team is an important component of one institution's Fetal Treatment Center and is growing in its involvement with prenatally diagnosed patients. This session will describe the collaboration and offer insight into ways to introduce PPC to the prenatal patient.

- Describe the benefits of including pediatric palliative care (PPC) in the spectrum of therapies offered to prenatal patients
- Describe the common barriers to incorporating PPC into the care of the prenatal patient
- List five specific roles the PPC team can play in the care of the prenatal patient and delineate the benefits of each

QUAL Granite Room, 3rd Level

QAPI Made Easy with Outcome-Based Clinical Pathways

Lisa Van Dyck MSN

Using clinical pathways as a documentation tool promotes concurrent outcome management during services and an efficient QAPI (Quality Assessment/Performance Improvement) process. Sample outcome-based documentation tools and outcome management tools will be presented. A demonstration of outcome management on-the-fly as well as an efficient retrospective QAPI activity will be provided. Some of these tools include outcome-based visit notes, outcome tracking tool, telephone follow-up visit note, list of focus assessments/symptoms with patient goals, and symptom logs.

- Describe five (5) phases within a hospice clinical pathway model
- Define three (3) components and tools in a documentation system that promotes efficient and concurrent evaluation of outcomes during services
- Describe an efficient retrospective QAPI process using clinical pathways and outcome management tools

SATURDAY, SEPTEMBER 26, 2009

9:30 AM - 11:00 AM

PSM

Centennial Ballroom A-E, 3rd level

Pharmacy Collaboration in Hospice: Optimizing Outcomes When Performing a Medication Profile Review

Terri L. Maxwell PhD, APRN, BC-PCMVP Jillian Baer PharmD

The revised Conditions of Participation (CoPs) call for greater collaboration between the hospice interdisciplinary team and pharmacists. As part of the comprehensive assessment, hospices must now perform a full medication profile review as well as routinely update the medication profile in the plan of care (POC). This session will describe a collaborative approach to performing a medication profile review in hospice. Hospice nurses will enhance their skills in performing a medication history as examples of probes to ensure that the medication profile is accurate and complete are discussed. Pharmacists will learn how to perform a systematic medication profile review to identify potential medication-related problems that could negatively affect a patient's wellbeing. Clinical examples will be shared and methods for documenting the medication profile review will be discussed.

- Describe best practices for performing a medication history
- Characterize the elements of a comprehensive medication profile review as performed by pharmacists and provide clinical examples
- Discuss models of collaboration between pharmacists and the hospice interdisciplinary team (IDT)

SATURDAY continued

CLIN

Centennial F, 3rd Level

Wound Care at the End of Life

Beth Whidden MS

For a non-hospice patient, the expected time for improvement in wound status can be 2 - 4 weeks. This estimated time for improvement is based on multiple factors: good to excellent general health, increased nutritional needs of wound healing able to be met through diet/supplements and that the perfusion or circulation to the wound is not compromised. The hospice patient, by definition, is not a person experiencing good general health. Nutrition at the end of life decreases and supplements need to be evaluated on each patient based on benefit vs. burden ratio. Lastly, circulation or perfusion will decrease as the end of life approaches. Development of wound care guidelines specific to hospice care can assist the health care professional with palliative interventions for wounds, thereby increasing the quality of life for the hospice patient.

- · Describe basic wound care guidelines for all patients
- Discuss why wounds may not heal in the hospice patient population despite utilizing wound care guidelines
- · Implement palliative wound care for the hospice patient

IDT

Centennial G, 3rd Level

Writing for (a) Change: Creative Practices to Build Effective Teams and Sustain Compassion Satisfaction

Maureen Martin MDiv, MAPC, MD Mary Pierce Brosmer MA

With increased workloads, stretched budgets and new regulations, fatigue and burnout may overwhelm the vitality of our teams. Yet, compassion satisfaction can thrive even in difficult times when we derive pleasure from our work and assign meaning to life events. This workshop will review simple, effective strategies to advance the function and success of the interdisciplinary team. Together, we will explore ways to develop practices of community that will improve communication and relationships. Even in times that demand increased productivity and documentation, this innovative and well-tested program can create an atmosphere to support, strengthen and nurture the interdisciplinary team.

- Identify factors contributing to burnout, fatigue and compassion satisfaction
- Identify individual and group writing practices to improve communication and develop compassion satisfaction
- Review their experience with writing practices that mitigate burnout and nurture effective teams
- Identify methods to incorporate writing practices into interdisciplinary teams and enhance individual self-care

ACC, IFD

Mineral Hall D/E, 3rd Level

Distinguishing Your Hospice as a Global Partner with Community Roots

Phil Di Sorbo MA Alexzandra M. Shade BA Lisa Motz-Story MDiv Elizabeth Makule RN, IEC

Global pandemics of HIV/AIDS and cancer are challenging hospice providers in Africa. American hospices have a unique opportunity to distinguish themselves by joining NHPCO's American hospice movement response to assist African hospices by forming mutual partnerships. These partnerships bring significant local value to American hospices, internally energizing staff and externally attracting new donors and referrals while significantly strengthening community roots.

- Describe the global health need in Africa for American partners
- · Describe the benefits of becoming a global hospice partner
- Describe the investments needed, financial and other, to establish and sustain an effective partnership

BER

Agate Room, 3rd Level

The Father's Shadow: An Exploration of the Ways Men Grieve the Loss of Their Fathers



Keith McDaniel MFT, CT

A gypsy proverb states, "You have to dig deep to bury your father." For a male, the loss of his father is a pivotal point in his life. Participants will explore this male grief experience and examine the unique and often creative process that follows the loss of a father.

- · Examine masculine experiences of grief
- Explain styles of mourning
- Identify the uniqueness of father loss
- Recognize and encourage the uniqueness and creativity of grief related to father loss

IDT, LEAD

Mineral Hall B/C, 3rd Level

Shared Care after One Year: A Tough Hill but Worth the Climb

John M. Johnson RN, CHPN Jan Cole

This presentation will review the change from a traditional, columnar model of care to an integrated or shared care model. We will review the traditional model, a shared care model, the rationale for change and the implementation process. The successes, failures and accommodations will be reviewed. Finally, we will review patient, family and employee reactions to the change and surprises we encountered along the way.

- Describe the differences in the traditional care delivery system in endof-life care and a shared care model
- Identify attributes of an effective training program to implement a shared care model
- Discuss expected problems and successes of implementation of shared care model as well as surprises encountered
- Identify strategies and procedures to evaluate effective implementation of shared care program

SOARING TO NEW HEIGHTS IN INTERDISCIPLINARY CARE

IDT Capitol 2 Room, 4th Level

Shifting the Paradigm: Implementation of an Electronic Medical Record

C VALLE

Debra Brousseau MEd Pam Edwards RN

This presentation will describe the steps necessary to successfully implement the transition to an electronic medical record (EMR) throughout an organization with multiple service delivery sites. Content will include information on the design and development of tools and educational materials, how to select and train the best trainers for the process and how to roll out the training to a large or small organization. The presenters will discuss the importance of getting buy-in before the change, designing the right handouts and education, training the trainers and keeping the momentum of the project from being slowed. They will also discuss the rationale and return on investment for implementing an electronic patient record.

- State the essential elements needed for the implementation of an EMR and discuss the need for comprehensive education, training and tools for staff
- Explain the process of selecting high performers as trainers and designing an effective training process, including development of training materials and review of current policies, procedures and practices that will be affected
- Describe the process of designing, developing, and reviewing educational manuals, handouts and tools for staff and selecting a classroom delivery mode
- Discuss the importance of establishing a manageable timeline, the creation of diverse teams, and measures and tools to ensure uniform and consistent training throughout the process
- Explain how to assess staff satisfaction with the implementation and with the use of the EMR and how to evaluate effectiveness of the EMR by improved outcomes in specific areas as a result of improved documentation

LEAD

Capitol 3 Room, 4th Level

Hospice Advocacy at Every Level: Learning to Lead Beyond the Bedside

Angie Truesdale BA Jonathan Keyserling JD

There has never been so much at stake for the hospice community. Every member of the interdisciplinary team should know how to be an effective advocate for quality, compassionate end-of-life care. Learn how one person can effect change through advocacy at local, state and federal levels of government.

- Provide an overview of advocacy and why it is critical to hospice at every level
- Identify differences in local, state and federal branches of government
- Identify reasons why effective advocacy is important to access to care at the bedside and in developing a program's profile in their community
- Identify the role of hospice programs and individual members of the interdisciplinary team in effective end-of-life care advocacy efforts
- Identify outside resources for help during the advocacy planning process; understand the tools needed to implement advocacy programs

IDT, QUAL

Capitol 4 Room, 4th Level

Rounding for Outcomes: Reducing Turnover to Enhance Patient Care

Cathy Grubbs MA, BS

This workshop will include both didactic and interactive learning of Rounding for Outcomes, an innovative leadership and communications strategy for improving relationships among hospice leaders, clinical staff and the patients and families that they serve. The presenter will provide statistical evidence of improvements in employee satisfaction, reduction in turnover, and qualitative improvements to clinical care from hospice programs across the United States. Participants will engage in interactive activities to solidify didactic teaching, and will return to their hospice programs with learning, tools, and verification instruments to ensure effective implementation.

- Describe key constituent elements in the process of Rounding for Outcomes and the potential organizational benefits that accrue from its implementation in hospice organizations
- Describe the importance of Senior Leader Scouting Reports in enhancing communications between clinical teams and hospice senior leaders, and to complete such a Scouting Report
- Describe the process of Rounding as it relates to clinical and administrative team members and be able to conduct and document a Rounding interaction
- Explain how the Rounding for Outcomes process can improve clinical outcomes, and be able to conduct a Rounding encounter with a patient or caregiver
- Explain potential applications of Rounding for Outcomes outside of interdisciplinary team settings, including for internal service teams (e.g., human resources, IT, finance, etc.), referring physicians and discharge planners

CLIN, ISD

Capitol 5 Room, 4th Level

Integrative Hospice Massage and Bodywork Therapy Practice

Valerie Hartman RN, CHPN, CTRN Lisa Browder ICA, CR

This session presents a vision for using massage and therapeutic bodywork professionally in hospice IDT practice, including bereavement. With the advent of the new Medicare Conditions of Participation, hospice programs are required to document goal specific use/measurable outcomes for certified bodywork therapy as identified in the hospice plan of care. This session will explore integration of massage, reflexology, acupressure, healing touch and energy-based therapy for patient/caregiver stress symptom support and effective coping. Attendees will be introduced to the national landscape of programs creatively integrating these vital therapies into practice. Please come willing to share your personal experiences and discuss new horizons in integrative bodywork therapy practices.

- Identify the therapeutic forms of bodywork therapy: massage, reflexology, acupressure, healing touch and energy-based therapy, usefully adapted to meet stress symptom goals for hospice patients/caregivers
- Identify the measurable responses in the body that indicate massage and bodywork therapy goals are being met for stress reduction and effective coping during and after a session, for documentation purposes
- Discuss a variety of hospice program models for professional integration and use of massage and bodywork therapy
- Identify high stress and complicated hospice cases that indicate referral for certified bodywork therapy as an integral part of the plan of care

ACC Access and Outreach AD Advocacy BER Bereavement CLIN Clinical/Medical Care BDU Education ETH Ethics IDT Interdisciplinary Team ISD Innovative Service Delivery LEAD Leadership PC Palliative Care PEDS Pediatric Palliative
PSM Pain and Symptom Management PSY Psychosocial Care QUAL Quality REG Regulatory/Compliance SPIR Spiritual Care SS Scientific Symposium VOL Volunteer Services

SATURDAY continued

The Gift of Time

PSY, SPIR

Centennial H, 3rd Level

Jentennai II, Siu Leve



Francis James BFA

The Gift of Time is an interactive documentary chronicling a family's story of forgiveness and reconciliation when their mother is diagnosed with a terminal illness. The documentary and supporting materials examine the process and effects of a family attempting to forgive a once-abusive parent who has been diagnosed with a terminal illness. Attendees will be invited to join the James family on their journey of reconciliation and redemption and share in the gift their mother gave to them at the end of her life.

- Demonstrate the power of forgiveness
- Demonstrate the power of acceptance
- Empathize with families and individuals dealing with a terminal illness or loss of a loved one

PEDS, SPIR

Mineral Hall A, 3rd Level

Enhancing Spiritual Care for Young Patients and Their Families



Karen Durgans MS Angela Ethier PhD

The goal of this interactive session is to help health care professionals respond empathetically to the spiritual care needs of diverse young patients and their families by utilizing real life unscripted, complex case studies from the Emmy Award-winning documentary "A Lion in the House." Although spirituality is an essential element of clinical care, many health care professionals feel reluctant to address it due to lack of time, not knowing what to say, inadequate training and fear of projecting one's beliefs. A national survey estimates that half of hospitalized children and 60% to 80% of their parents have spiritual care needs and studies note that parents/families would like to have spirituality integrated into their child's overall care.

- Identify overt and covert cues to the spiritual needs of young patients and their families
- Identify overt and covert cues to the spiritual needs and practices important to young patients and their families
- Reflect on one's own spiritual care beliefs related to health care and their impact on interactions with patient/family
- Articulate how concepts, tools, and resources might be meaningfully applied in one's occupational setting

11:15 AM - 12:15 PM

CLIN

Centennial Ballroom A-E, 3rd level

To Treat or Not to Treat: Weighing the Benefits vs. Risks of Antibiotic Therapy in Hospice

Terri L. Maxwell PhD, APRN, BC-PCMVP Jillian Baer PharmD

The extensive use of antibiotics in hospice requires hospice professionals to ask themselves when treatment with antibiotics is appropriate. When approaching the question of antibiotic use at the end of life, there are two important factors to take into consideration: the benefit and burden to the patient being treated and the potential risk imposed on other patients by contributing to the increasing prevalence of antimicrobial resistance. The presenters will describe antibiotic use in hospice, review current practice guidelines to help direct appropriate use and assist participants in addressing the clinical and ethical implications of antibiotic prescribing at the end of life.

- Describe patterns of antibiotic use in hospice
- Discuss the clinical and ethical dilemmas and public health concerns of prescribing antibiotics in the hospice population
- Review risk factors, clinical presentation and treatment recommendations for common infections prevalent in the hospice population
- Describe a QAPI project to address potential inappropriate antibiotic prescribing in hospice

ISD, PSY

Centennial F, 3rd Level

Crossing the Sacred Bridge with People Who Have Dementia: Enhanced Communication Techniques

Laura Beer MA Maria Mclain Cox MA

A hospice music therapist and chaplain are identifying ways to reduce the emotional and spiritual isolation of people with dementia by teaching caregivers communication techniques. Through this collaboration, they are developing innovative practical applications, educational models, and research designs. Using a combination of video excerpts, research information and skill-building activities, a model of enhanced communication and meaningful interaction for use with people who have dementia will be presented.

- Integrate three enhanced communication techniques into their work with people who have advanced dementia
- · Cite statistics, current research strategies, and results
- Define implicit memory strengths of people who have dementia
- Identify one specific intention of personal significance that they will apply to their own practice



PSY Centennial G, 3rd Level

Hearing What I Didn't Say

Charles Behrens MDiv

Communication between patient/family/friends and professional caregivers is a vital part of end-of-life care. End-of-life communication is not simply deciphering what is said but hearing, understanding and acting upon what is never spoken yet is inherently being communicated. This session will focus on giving and receiving communication, interpreting it and understanding it as well as discussing and demonstrating interventions that enable caregivers to 'hear' more effectively. Listening to what the heart shouts and the mouth will never be able to whisper will make better communicators of us all.

- Define/illustrate how we communicate and how often what is said is not exactly heard in the intended ways
- Identify the essential components of effective communication and define some of the most common errors
- Discuss effective interventions in hearing and speaking for optimal communication at the beginning, middle or end of life

SPIR, PSY

Mineral Hall D/E, 3rd Level

Nostalgia: Yellow Brick Road or Black Hole?

Ronald King DMin

A 2008 study indicates that emotional longing and imaging of the past may be a fundamental human resource for dealing with loneliness, loss and identity among the elderly. In the past, nostalgia has been used as a diagnosis of medical and psychiatric disorder. Physical, social, spiritual and even political dimensions of linking past and present may determine whether memory-related thoughts and emotions have a positive or negative impact on patients and families facing the end of life. Discover practical skills to conduct interviews using nostalgic experience to promote personal wholeness and healthy relationships while avoiding unintended outcomes. Learn to elicit, identify and assess the impact of nostalgia on emotional, relational and spiritual health.

- Describe the history of clinical and popular definitions of nostalgia
- Identify potential positive and negative outcomes of nostalgia related to life review and bereavement for patients at the end of life
- Conduct an interview with hospice patients and family, making use
 of practical implications from the history and research of nostalgia as
 a medical and psychological diagnosis

BER. ISD

Agate Room, 3rd Level

The Nuts and Bolts of Creating a Dynamic Community Grief Center



Nancy Jakobsson MSW

Pathways Hospice opened its grief center four years ago after completing a three million dollar capital campaign. The center is known for its innovative approach in providing counseling and support, including the use of expressive therapies and specialized programs for schools and the workplace. The decision to open a grief center is an important decision for a hospice. This interactive session will assist those who are considering developing a center based on a proven plan, including the steps necessary for making this decision.

- Assess your community's receptivity to opening a grief center
- Identify the necessary steps needed to develop a community grief center
- Apply the strategies for developing a counseling center to their communities

IDT Mineral Hall B/C, 3rd Level

Interdisciplinary Team (IDT) – It Is More Than a Meeting

Susan Bruno MSW, LCSW

Does your organizational culture reflect the value of interdisciplinary practice? How can a practice model optimize experiences for people we serve, our staff and volunteers? This interactive session will reflect upon the experiences of those we serve and the value of hospice/palliative care interdisciplinary teams to support those experiences. Participants will complete a team and organizational assessment of an IDT model and discuss ways to create organizational systems and culture that values and supports all members of the IDT.

- Define the optimal interdisciplinary care team structure for hospice and palliative care that reflects the experiences of those we serve
- Critique examples of organizational culture and how it can support or detract from optimal interdisciplinary practice
- Complete a team/agency assessment of interdisciplinary practice
- Discuss and outline ways to create organizational culture and systems that value and support all members of the interdisciplinary team

PC Capitol 2 Room, 4th Level

The Password is Palliative: The Program is Partnership

Laura Watt RN, BSN, CHPN Wendy Bethurum BSN Nora Morgenstern MD Nancy Roth LCSW

"Palia, pleural of pallium: derived from Latin pallium or palla—a woolen cloak, worn by men in ancient Rome providing a protective cover." Does your palliative care program "cover" the physical, psychosocial and spiritual needs of your patient and his or her family? Kaiser Permanente of Colorado and two area hospices have developed an innovative partnership model to provide a home-based palliative care program that addresses the many needs of the patient and family with progressive illness and end-of-life concerns. Highlights of the program, as well as barriers and challenges to the program's growth, will be discussed through partnership and patient stories.

- Define palliative care and describe the type of patient or patient situation for which a palliative care program could be beneficial
- Describe the program framework for the model of delivery of palliative care via the collaboration between two partner agencies, The Denver Hospice and Kaiser Permanente
- Describe potential challenges and barriers that need to be addressed when developing a palliative care partnership program
- Identify types of patients in their professional settings or communities who can benefit from a palliative care program

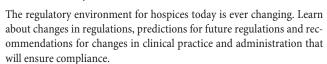
SATURDAY continued

REG

Capitol 3 Room, 4th Level

Hot Regulatory Topics

Judi Lund Person MPH Jennifer Kennedy MA



- Identify three changes in regulations that will affect hospice clinicians
- Provide details on how to comply with new regulations
- Discuss implementation strategies for new regulations and plan for upcoming and expected regulatory changes
- · Ask questions and get answers to frequently asked regulatory questions

Capitol 4 Room, 4th Level

QAPI: A Strategy - Not a Process

Teresa Craig CPA

This interactive workshop will enable hospice leaders to use commonly collected data to enhance operations. Information found in QAPI reports will be reviewed for use in making strategic operational changes. Participants will understand why successful strategies include performance management systems. A case study will provide attendees with a set of tools they can use to convert their strategy to measurable performance indicators.

- Explain why QAPI is a strategy and not a process
- Convert the case study and tools into a strategy to use for their organization and to measure performance indicators
- Understand the importance of communication, visible feedback, and the need to close the loop among strategy, quality assessment and performance improvement

PSY, IDT

Capitol 5 Room, 4th Level

It Takes Two to Tango: Interacting with **Difficult Families**

Lisa Johnson RN, BSN, CHPN

Nothing can ruin a day of a clinician faster than dealing with difficult patients and their families. Hurtful remarks can unravel your nerves and impact your productivity. To keep from losing control, it pays to understand why people are acting difficult and learn effective communication skills to diffuse situations. This session will help you identify what makes people difficult and develop concrete strategies for dealing with challenging situations, regardless of what causes them. We will also examine the role we, as clinicians, play in altercations with patients and their families. Remember: one person cannot do the tango; it takes two.

- · Identify what classifies patients/families as difficult
- · List four categories of difficult patients/families
- Describe how clinicians play a role in creating difficult situations with patients/families
- · Discuss strategies for dealing with each category of difficult patients/families

CLIN

Centennial H, 3rd Level

Meeting Families Where We Are: Living Both Sites of the Care Experience



Kim Mooney BA, CT, CTR Marcia Lattanzi-Licht LHD, RN, LPC

How does the hospice care experience look from the bedside? The assumptions and principles we take for granted as hospice professionals are often challenged during the experience of care of one of our own family members. This session explores ways we can recognize how our personal styles and attention influence our professional ability to support families. The focus will be upon ways to work effectively and compassionately from both sides of the hospice equation.

- Discuss the philosophical principles and approach involved in the hospice principle of 'meeting families where they are' and the potential conflicts they represent
- Recognize how personal styles and attention can influence our professional ability to support families
- Identify three practices that support best attention and care of families according to their needs

PEDS, ISD

Mineral Hall A, 3rd Level

A Model for Success: Integrative Care to Increase Comfort and Quality of Life for **Pediatric Hospice Patients and Families**



Laura Thomae BA, MT-BC Shannon Buffler BSN

Presenters will discuss a comprehensive model that integrates creative arts and complementary therapists into the care team to address the complex needs of terminally ill children and families. Through case examples and discussion, a pediatric hospice nurse and music therapist will highlight effective co-treatment and share innovative methods for addressing psychosocial issues and pain and symptom management.

- · Identify complementary therapies attlized in Keystone's model of pediatric hospice
- Discuss best practice examples supported by research
- Identify means of incorporating complementary therap
- Identify key psychosocial/spiritual issues and needs addressed thr integrative approaches
- Identify several effective complementary and collaborative pain and symptom management interventions



MEETINGS OF NOTE

Thursday, September 24, 12:00 PM - 1:15 PM

Join your colleagues for a networking meeting on a range of timely topics. Complimentary box lunches are provided to those who RSVP'd on their registration form or you can pick up a lunch token at the registration desk. So, grab a lunch and join one of the discipline-specific discussions. This is the best time to meet new colleagues who work in jobs similar to your own. Learn, network and develop professional relationships, all while discussing topics important to your job function.

Meeting	Discussion Topic	Room	Location
Allied Therapist	Promoting Allied and Complementary Therapies in Your Organization	Centennial F	3rd Level
Bereavement Professional	Egroups and Networking through NHPCO	Centennial G	3rd Level
Combined Meetings: CEO/Executive Director/President and Clinical and Operations Management	Egroups and Networking through NHPCO	Mineral Hall B/C	3rd Level
Development/Public Relations/Marketing	Egroups and Networking through NHPCO Best Practices in the Field	Mineral Hall D/E	3rd Level
Finance/Information Systems	Egroups and Networking through NHPCO Reimbursement Cuts	Capitol 5 Room	4th Level
Combined Meetings: Nurse and Certified Nursing Assistant	Egroups and Networking through NHPCO – FDA Update; Nursing Guidelines Update	Centennial Ballroom A-E	3rd Level
Quality Assessment/ Performance Improvement	QAPI; Egroups and Networking through NHPCO	Agate Room	3rd Level
Pharmacists	Opioids and the FDA – How Pharmacists can Help	Granite Room	3rd Level
Physicians	Egroups and Networking through NHPCO Physician Certification and Recertification Process Change	Capitol 2 Room	4th Level
Research/Academics/Education	Innovations in Interdisciplinary Education	Capitol 4 Room	4th Level
Social Workers	Egroups and Networking through NHPCO Social Work Credential	Capitol 7 Room	4th Level
Spiritual Caregivers	Egroups and Networking through NHPCO Faith Community Outreach	Capitol 3 Room	4th Level
Volunteer/Volunteer Management	Egroups and Networking through NHPCO	Capitol 1 Room	4th Level

Special Pricing Opportunity!

Purchase 10 or more tickets and save! See details below*



Years of Pro Future of I



We invite you to experience the outstanding view from the 37th Floor of the Grand Hyatt Denver on Friday, September 25th at 6:00 pm.

(just steps away from our host hotel, the Hyatt Regency Denver)

Join us for an evening of hors d'oeuvres and wine tasting featuring a message from Honorary Chair Naomi Tutu, African drumming group Sifa! Sifa!, a silent auction showcasing textiles, jewelry, baskets and art from Africa and much more!

The Foundation for Hospices in Sub-Saharan Africa presents a special evening to celebrate the spirit of international relationships, 10 years of partnerships, and the future role of FHSSA in advancing hospice and palliative care in Africa.

\$50/person (10) ticket min*; \$60/person w/ registration; \$75/person w/o registration; \$125/Patron.

Registration for the FHSSA Fundraising Reception can be completed at the FHSSA events desk in the Centennial Foyer on the 3rd level of the hotel. For questions about FHSSA and partnerships, please visit the FHSSA Booth in the exhibit hall at the NHPCO Pavilion.

*In order to receive the \$50 per ticket pricing, you must purchase a minumum of ten tickets at once as well as be from the same organization.

FHSSA would like to gratefully acknowledge the following organizations that have provided support for the evening:

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POSTER SESSIONS

Poster Sessions provide opportunities to share research, innovations, success strategies and outreach ideas using visual materials and handouts. The Posters will be set up along the Centennial Foyer starting on Thursday at 7:00 AM through Friday until 5:00 PM. Faculty will be available to discuss their work, share ideas, resources and answer questions on Thursday, September 24th from 4:00 PM – 4:45 PM.

Patients' and Family Caregivers' Perspectives or Supportive Care for Heart Failure

David Bekelman MD, MPH

We conducted a qualitative interview study to learn about heart failure patients' (n=33) and their family caregivers' (n=20) major concerns and needs and to explore whether palliative care would be useful to them. Participants described three core needs: anticipatory guidance, symptom alleviation and communication/collaboration. Unmet care needs described by heart failure outpatients and their family caregivers are amenable to palliative care intervention. Such intervention would ideally involve a cardiac nurse trained in several palliative care components who meets regularly with a multidisciplinary palliative care team.

Methadone: Achieving Cost-Effective Management of Severe Pain

Jim Joyner PharmD

This poster describes the significant advantages of methadone in the management of severe pain in hospice patients, highlighting cost-effectiveness and clinical superiority over other long-acting opioids. The poster will illustrate an effective and practical method for converting patients from high-cost, long-acting opioids to methadone.

Interactive Caregiving in Hospice and Palliative Care

Maureen Robinson MA

Interactive caregiving is a philosophy of care that engages a patient within his/her abilities. Instead of "doing for" the patient, the caregiver is "doing with" each patient. In this way, each person can enjoy quality of life regardless of their challenges or illness. This concept is especially true during the process of aging and dying. Comfort Keepers has specific training modules that are taught to incorporate each patient's life experiences on a day-to-day basis.

Occupational Therapy at the End of Life A Rural Hospice Case Study

Julya Westfall MPA Beth Hunter PhD

Hospice fosters dignity, comfort and family connections as aspects of quality of life. With increasing attention on quality of life, the role of rehabilitation at the end of life remains unresolved. A pilot study was conducted to explore how occupational therapy (OT) might enhance the wellbeing of persons in hospice care. The occupational therapy process identified activities the

patient deemed meaningful and facilitated engagement in these activities despite limitations imposed by illness. Resuming life participation lessened anxiety, depression and boredom for patient and caregiver. A renewed sense of "living, not just existing" led to less use of nursing and case management.

Advancing Advance Care Planning: Results of a Statewide Community Education Project

Cordt Kassner PhD Jennifer Ballentine MA Terra Anderson

Hospice and other healthcare organizations have promoted advance care planning through community education for decades and yet measurable utilization of advance directives nationally is still below 30% by most estimates. Is such education a pointless exercise or is it producing helpful effects that can't be measured by counting signed documents? Beginning in 2007, Colorado Center for Hospice & Palliative Care developed an innovative statewide advance care planning community education project utilizing a customizable PowerPoint presentation, trained volunteer presenters and a unique evaluation tool to measure impact. This poster will present the details of this project and results to date.

Performance Opportunities for Palliative Care Programs

Beth Magnifico MD

In 2007, the UHC published the data that was obtained from the Palliative Care Benchmarking Project. During that project, 1,934 patient encounters from 44 university hospitals were reviewed. From the analysis, ten palliative care bundle measures were identified that impacted length of stay and ultimately institutional cost. A retrospective study of palliative care consults at a tertiary care center was performed for 2008. The time from admission to consult was looked at for each consult. The number of performance measures that the consult could capture was obtained. This data was then compared to the UHC Benchmarking Project to determine the impact that the palliative care consultation service can have on institutional length of stay and cost.

An Educational Paradigm Shift: Palliative Care Performance Improvement Via Multidisciplinary Education at a University Hospital

Beth Magnifico MD Margaret Kreher MD

The National Quality Forum has placed the guarantee of "appropriate and compassionate care for patients with life-limiting illness" as one of the six priorities for health care improvement. The palliative care team at Penn-



sylvania State University/Hershey Medical Center has employed multidisciplinary education as a means to achieve performance improvement in palliative care provision in the hospital setting.

The Mayo Hospice Experience with After-Hours Calls: Review of Issues, Interventions and Importance

Meg Johnson Arif Kamal MD

A hallmark of quality hospice care is ease of patient and family access to the expertise of the hospice multidisciplinary team. Access is especially critical in times of crisis and often needed outside of normal business hours. We use on-call services staffed by our own hospice nurses to provide support around-the-clock. To better understand the service we provide, the needs of our patients and the efficacy of our interventions, we chronicled all incoming calls to the on-call service over a three month period. A comprehensive data collection tool was used to record our findings. Our poster presentation will outline the tools used, data collected, observations and conclusions made.

Building an Inpatient Care Facility from Concept to First Admission: The Duke Experience

Carol Ann Mullis BS

Although Duke Hospice has successfully operated an inpatient facility for many years, the facility primarily served rural patients. After the state identified a need for hospice beds in an urban setting, Duke Hospice found unique ways to meet the needs of both urban and rural patients and families in one inpatient facility. This poster will illustrate how, through a lengthy needs assessment process, a university-based hospice was able to make a convincing argument to the state to adjust the CON needs determination and show financial sustainability. Additionally, the process of designing, building and occupying the facility will be shown.

Partners in Care: A Transitional Program for Patients Facing Life-Limiting Illness

Melissa Ring RN, BA, CHPN Alan Mabry RN

Partners in Care is an interdisciplinary, collaborative program developed to ensure a seamless continuum of care for patients facing life limiting illness. This program represents a partnership between home health and hospice in identifying patients earlier that may ultimately require/benefit from hospice services during the course of illness. While qualifying for home health services, patients begin to learn about the hospice philosophy and as needed, the hospice team is introduced prior to the transition to hospice. The program is designed to accept patients where they are in the acceptance process and match resources to those unique needs.

Ethics in Hospice: Results of the First Statewide Survey of Hospice Ethics Committees and Consultation Services

Jennifer Ballentine MA Christine Zanoni BS, BA Susan Langley BA

The NHPCO Quality Partners initiative includes standards on ethical practice and conflict resolution; hospice accrediting bodies also require mechanisms for handling ethical dilemmas – but the reality of how hospices "do" ethics has not been formally examined. In 2008, Colorado Center for Hospice & Palliative Care developed a survey to gauge the presence and activities of ethics committees in hospice in Colorado, including committee structure and membership, education/training, consultation models/outcomes, "hot" issues and policy development. The study was also designed to produce data for comparison with two previous national studies of hospital-based ethics operations. This poster presents the study results with a "report card" evaluation identifying areas for improvement.

Making the Case for Hospice in Long-Term Care

Cari Levy MD

VA nursing homes (Community Living Centers) represent an important site for studying end-of-life care because decisions to enroll patients in hospice and to hospitalize are not confounded with financial incentives. This study examined predictors of site of death in VA CLCs and suggests that site of death in a hospital (terminal hospitalization) occurs when long-term care residents lack documented care preferences and when they are not identified as having end-stage disease. Screening tools to identify long-term care residents at high risk of mortality may increase discussions about goals of care and reduce the rate of terminal hospitalization among residents with poor prognoses.

Bereavement Survey as a Measure of End-of-Life Care Family Satisfaction

Deborah Bourgeois RN

The Ochsner Medical Center palliative care committee, in consultation with Press Ganey, developed a 40-question bereavement survey to assess family satisfaction with end-of-life care provided to inpatients who died at our facility. The bereavement survey instrument was used to evaluate family satisfaction with end-of-life care for all patients who died at Ochsner Medical Center before and after the implementation of the inpatient palliative care consultative service. We demonstrated improved satisfaction with end-of-life patient care measures following the implementation of palliative care.

Climbing Mountains Together: Men Helping Men Cope with Loss

Donald Hohne MDiv

Men sometimes describe their experience after a spouse or life partner has died as one of "being lost without a compass." The metaphorical mountain they must climb can be awash with feelings of isolation and loneliness while they learn to adapt to new and unfamiliar roles. This poster presents the crafting, unfolding and on-going development of "The Men's Group," a bereavement support group designed by an interdisciplinary team at Gilchrist Hospice Care.

Evolution of the Rainbow Kids Pediatric Palliative Care Program

Antonia Sherwood BSN, CPNP

This poster will address the development of an inpatient pediatric palliative care program at a tertiary care children's hospital, including preliminary research, marketing strategies for the program and development of the interdisciplinary team's roles. Statistics defining referral patterns, including origin of referral, reasons for referral and predominant diagnoses will be presented. Lessons learned over the two years since inception of the program will be shared.

Pediatric Palliative Care: Feedback from the Pediatric Intensivist Community

Patrick Jones MD

Within the pediatric community, a body of clinicians has emerged whose focus is on the provision of care to children with life-threatening or life-limiting conditions. As pediatric palliative care (PPC) has developed, there is debate as to what areas of care it will include. Information gathered from more than 100 intensivists in a survey of the AAP section on critical care will be presented in the hope that it will aid those in the PPC community who are contemplating their next step. Responses will provide insight into the "culture of the unit," allowing PPC teams (both formal and informal) to better tailor their services to patient, family, and practitioners.

Pediatric Palliative Care: A Community-Based Model

Philip Carpenter MDiv

The poster describes the development and infrastructure of the District of Columbia Pediatric Palliative Care Collaboration (DCPPCC), a formal partnership of two hospitals and one hospice that have combined resources, space and talent to develop a system-wide program to provide and evaluate inpatient consultation for pain and symptom management in critically ill

children; counseling and support to families with children facing lifethreatening illnesses; home hospice care for children (with eventual inpatient care) and follow-up bereavement and counseling services for parents and siblings. The poster reviews the challenges and barriers posed by the development of this collaborative program.

Ongoing Follow-Up of Bereaved Families of Pediatric Hematology/Oncology Patients at the American Family Children's Hospital

Margo Hoover-Regan MD

A multidisciplinary pediatric palliative care team (which included 2 bereaved parents) developed a protocol for providing regular follow-up with bereaved families of pediatric hematology/oncology patients. Families giving permission for future contact by the team were offered a meeting with the child's primary physician to discuss medical and other issues; phone contact at 1, 3, 6, 9, 12, and 18 months after death and were sent greeting cards at winter holiday time and near the time of the child's birth-day for three years. A Child Life Specialist contacted families with surviving children to invite sibling(s) to participate in a play session. Printed resources (short books or pamphlets addressing grief) were also offered.

Using the Web in Children's Palliative Care - Research, Support and Family Connections

Laura Beaune MSW

Web-based technology can be used innovatively to share research learnings in an environment that is both supportive to children and families while enabling researchers to learn from each other. This poster will introduce the audience to our Web site: tracpg.ca, as a one-stop portal for sharing research, connecting kids and families through blogging, information and links while also advocating for best practices.

Hospice and Palliative Care in the Prenata and Pediatric Setting

Kathleen Mimnaugh-Story RN Ann-Patrice Foley

Angela Hospice's "My Nest Is Best" program provides physician, nursing and social work support to families during the end-of-life journey. The pre-natal program involves collaboration between parents and the healthcare team working toward a meaningful, dignified and loving birth experience for the family of a stillborn or terminally ill child.

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