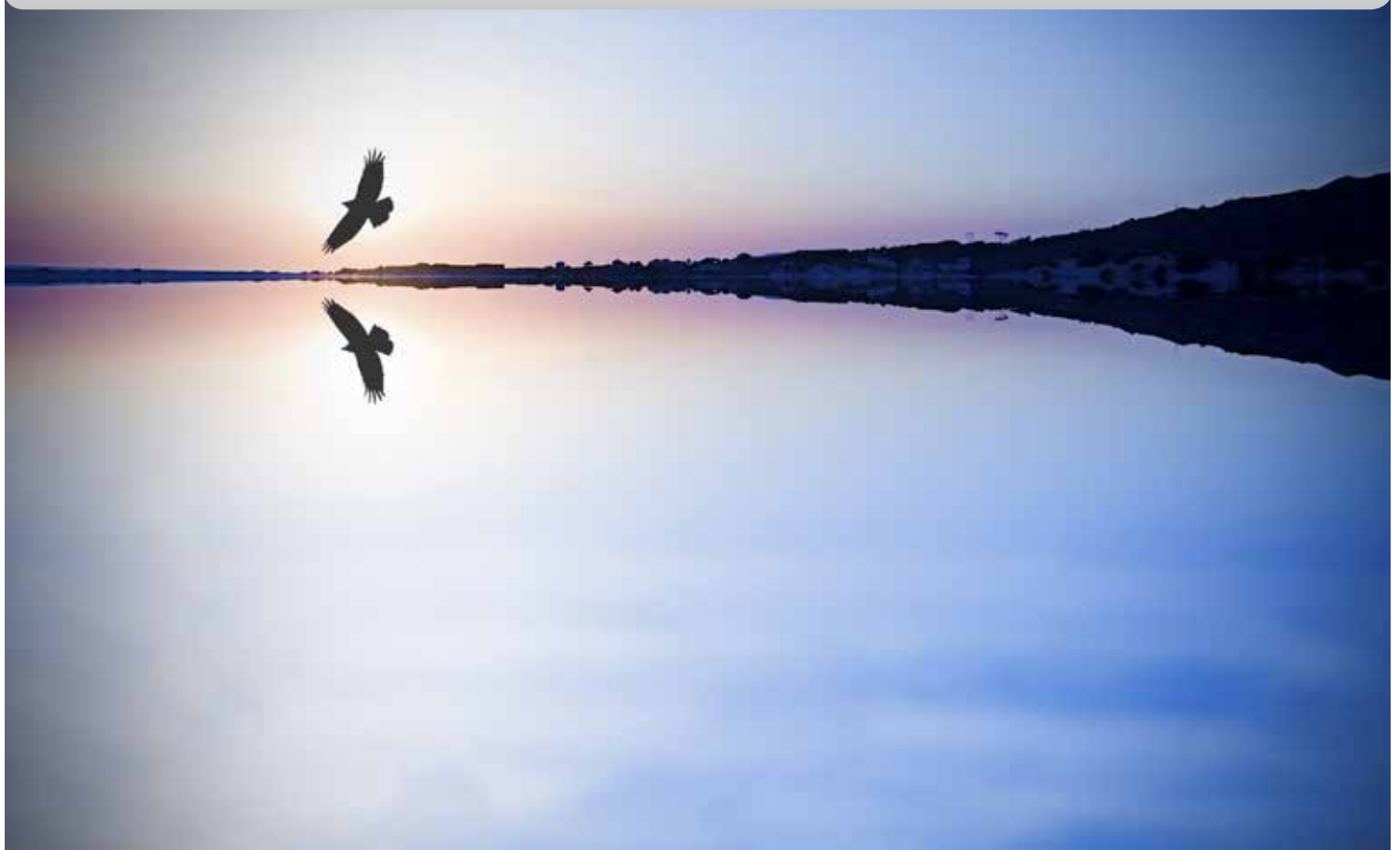




2nd Annual Palliative Care Conference



Thursday & Friday
March 23 - 24, 2017

7:45 a.m. - 4:15 p.m. / 8 a.m. - 4 p.m.



Holiday Inn Fayetteville I-95 S
1944 Cedar Creek Rd
Fayetteville, NC 28312



Association for
Home & Hospice Care
of North Carolina

**SOUTHERN
REGIONAL AHEC**
AREA HEALTH EDUCATION CENTER

In affiliation with Duke University Medical Center
Part of the NC AHEC Program

Target Audience

Social Workers, Nurses, Case Managers, Pharmacists, Clergy, and other health care workers/providers interested in palliative care.

Program Description

Palliative Care is specialized care for those with serious illness. The focus is on providing relief from symptoms and stress of the illness with a goal of improving quality of life for both the patient and their family. Join us for this two day conference to enhance your knowledge and skills of caring for adults and pediatric patients who need palliative care treatment.

Objectives

- Define the meaning of hospice.
- Identify 2 myths of hospice care and the truth behind them.
- Review the current Medicare changes for hospice care.
- Discuss the proper guidelines for documentation regarding medical necessity.
- Review advance care planning and legal decision making.
- Identify 2 types of complimentary medicine and the benefits of use in palliative care.
- Discuss the effects of prayer and meditation on one's health.
- Explore various tips on how to have difficult conversations.
- Review symptom management for neuropathic pain.
- Discuss pain assessment and management for the palliative care patient.
- Describe communication techniques between health care workers to achieve good pain relief for the patient.
- Identify ways to assist families in handling their grief.

Fees

Individual: \$225 when registration and payment are received by March 2, 2017; \$235.00 thereafter.

Group discount: \$200 when three or more participants register and pay together by March 2, 2017; \$ 210.00 per person thereafter.

SR-AHEC requires full payment for all registrations prior to the program date. We no longer accept purchase orders or supervisor's approval signatures in lieu of payment. Access to workshop materials and handouts cannot be released until payment is received. Early and regular rates will be determined by the date of receipt.

Agenda

March 23

7:45 a.m. - 8:30 a.m.	Registration/Time with Vendors
8:25 a.m. - 8:30 a.m.	Welcome
8:30 a.m. - 10 a.m.	Dispelling Myths, Hard Questions in Hospice <i>Michelle Crowell, BSN, RN</i>
10 a.m. - 10:45 a.m.	Break with Exhibitors
10:45 a.m. - 11:45 a.m.	Hospice Regulatory Updates <i>Michelle Crowell, BSN, RN</i>
11:45 a.m. -12:45 p.m.	Lunch/Exhibitors
12:45 p.m. - 1:45 p.m.	Documentation to meet Medical Necessity <i>Michelle Crowell, BSN, RN</i>
1:45 p.m. - 2:15 p.m.	Break with Vendors
2:15 p.m. - 3:15 p.m.	What Patients Need to Know About Advance Care Planning and Decision Making <i>Iain Stauffer, JD</i> <i>Ken Burgess, JD</i>
3:15 p.m. - 4:15 p.m.	Uses of Complimentary Medicine in Palliative Care <i>Tamara Bowman, MSN, APRN-BC</i>
4:15 p.m.	Adjourn

March 24

8 a.m. - 8:15 a.m.	Sign In	
8:15 a.m. - 9:15 a.m.	<u>Pediatric Track - OAK Ballroom</u> Peds Pain Assessment & Management <i>Sheri Stewart, MSN, RN-BC, CHPPN</i>	<u>Adult Track - PINE Ballroom</u> Symptom Management of Neuropathic Pain230 <i>Tamara Bowman, MSN, APRN-BC</i>
9:20 a.m. - 10:20 a.m.	<u>Pediatric Track - OAK Ballroom</u> When Hello Means Goodbye <i>Sheri Stewart, MSN, RN-BC, CHPPN</i>	<u>Adult Track - PINE Ballroom</u> Advanced Pain Assessment & Management <i>Tamara Bowman, MSN, APRN-BC</i>
10:20 a.m. - 10:30 a.m.	Break	

10:30 a.m. - 11:45 a.m.	<u>Pediatric Track - OAK Ballroom</u> Opening the Door: How to Support Terminally Ill Children and their Parents <i>Sheri Stewart, MSN, RN-BC, CHPPN</i>	<u>Adult Track - PINE Ballroom</u> Communicating w/Providers to Obtain Optimal Pain Relief <i>Tamara Bowman, MSN, APRN-BC</i>
11:45 a.m. - 12:45 p.m.	Lunch	
12:45 p.m. - 2:15 p.m.	How to Have Difficult Conversations - Panel Discussion <i>Melanie Swofford, MDiv BCC, Tamara Bowman, MSN, APRN-BC, Tina Barron, BSW, Rajesh Khurana, MD</i>	
2:15 p.m. - 2:30 p.m.	Break	
2:30 p.m. - 4 p.m.	Prayer, Meditation, and Medicine <i>Mitchell Krucoff, MD, Duke University Medical Center, Durham, NC</i>	
4 p.m.	Adjourn	

Faculty

Michelle Crowell, BSN, RN; Hospice Southern Region State Administrator LHC Group, Alabama

Tamara Bowman, MSN, APRN-BC, Medical University of South Carolina

Sheri Stewart, MSN, RN-BC, CHPPN, Director of Hands of Hope, Greenville, SC

Rajesh Khurana, MD, SR-AHEC, Fayetteville, NC

Tina Barron, BSW, Cape Fear Valley/LHC/Medical Social Worker, Fayetteville, NC

Melanie Swofford, MDiv BCC, Cape Fear Valley Health System, Fayetteville, NC

Mitchell Krucoff, MD, Duke University Medical Center, Durham, NC

Iain Stauffer, JD, Poyner Spruill, Raleigh, NC

Ken Burgess, JD, Poyner Spruill, Raleigh, NC

Credit

CEU: 1.2 (12 contact hours) will be awarded to participants who attend 100% of this event.

CNE: 12.0 CNE hours will be awarded to participants who attend 100% of this educational activity.

Southern Regional AHEC is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

ACPE: 12.0 hours

ACPE #: 0046-9999-17-074-L04-P

Disclosure: Southern Regional AHEC adheres to the ACPE policies regarding commercial support. Disclosure of faculty/planning committee members and commercial relationships will be made known of the activity. Speakers are expected to openly disclose a discussion of any off-label, experimental or investigational use of drugs or devices in their presentations.

In collaboration with UNC Eshelman School of Pharmacy.



The University of North Carolina Eshelman School of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. To receive CE credit, attendance must be acknowledged at the registration desk upon arrival at the program. Statements of credit will be uploaded to CPE Monitor within 4-6 weeks of completion of program. Participants will have access to print CE certificates from their CPE Profile under CPE Monitor.

Substitutes/Refunds/Cancellations

Participants who register for the program and are not able to attend, may:

- Send a substitute;
- Cancel 48 business hours before the program and receive a voucher for 100% of the registration fee for use at a future SR-AHEC program; or
- Cancel 48 business hours before the program and obtain a refund for 70% of the registration fee.

Cancellations less than 48 business hours before the program are non-refundable. Participants who register for a program and do not attend will forfeit the full amount of the program registration fee.

Hotel Accommodations

Holiday Inn Fayetteville I-95 S

1944 Cedar Creek Rd, Fayetteville, NC 28312

910-323-1600

Reservations via phone only.

Attendee Room Rate: \$89 + tax, Code: SRA

Reservations should be made by March 1.

Contact

Sherri G. Eubanks, BSN, RN

sherri.eubanks@sr-ahec.org / 910-678-7246

For information on program registration, call 910-678-7226.

Registration Form

Form may be duplicated.

Palliative Care Conference
CASCE #50760 / NU170323

Phone: 910-678-7226 **Fax:** 910-323-0674

Online: <http://www.aheconnect.com/ncahec/eventdetail.aspx?EventID=50760>

Mail: SR-AHEC, Attention Registrar, 1601 Owen Drive, Fayetteville, NC 28304

Dr. Mr. Mrs. Ms.

First Name Last Name Last 4 digits of SS#

Email (primary) (secondary - only used if primary is undeliverable)
 Do not send email announcements of upcoming SR-AHEC programs. Do not share my information with participants and/or exhibitors.

Home Address City State Zip Code

Employer Job Title

Work Address City State Zip Code

Phone (work) (home) (cell)

Certifications/Degrees Specialty Area(s)

Special Needs / Food Allergies

How did you hear about this SR-AHEC program?

Printed Publication Email Fax Word of Mouth AHEC web site MyAHEC Facebook Other _____

Payment Information

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Check (Make payable to SR-AHEC)

Mastercard / Visa # Expiration Date (mm/yy)

Name on Card Signature

Office Use Only: Check Auth # _____ Date _____ From _____ Amount \$ _____

www.sr-ahec.org
1601 Owen Drive • Fayetteville, NC 28304
910-678-7226



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