

Leadership for a Caring Community

This program is jointly sponsored with Albany Medical College for Continuing Medical Education

Hospice & Palliative Care Association of New York State (HPCANYS)

31st Annual Interdisciplinary Seminar and Meeting

**Thursday and Friday
May 19-20, 2011**

The Desmond Hotel & Conference Center
660 Albany Shaker Road
Albany, NY

Welcome

Springtime in upstate New York brings us together for HPCANYS' 31st Annual Interdisciplinary Meeting and Conference. Once again, our program is designed to provide opportunities for networking, education, and thoughtful discussion about end-of-life care.

I am delighted to welcome Matt Thornhill as our Keynote Speaker.

Friday morning's plenary speaker is Sheldon Solomon who is back with us by popular demand.

This conference offers thirty workshops covering topics such as pain and symptom management in hospice and palliative care, the challenges of underserved populations, and getting the best from your interdisciplinary team. Our Annual Meeting Committee has worked hard to ensure that there is something for everyone.

Exhibitors from across the country will be on hand to discuss their products and services. Join us for hors d'oeuvres at the close of Thursday's concurrent session at our Exhibitors' Cocktail Reception. Another opportunity to meet and network with the exhibitors is offered again at breakfast on Friday morning.

Conference Highlights

Awards Luncheon

Join us in honoring the 2011 Award Winners! Volunteer Awards and the Carol Selinske Founder's Award will be presented to the 2011 award winners at the Awards Luncheon on Friday, May 20, 2011.

Concurrent Workshop Sessions

The 2011 concurrent workshops offer something for everyone! Thirty (30) educational programs in five (5) concurrent workshop sessions offer topics in ethics, quality, clinical, open access, the latest in palliative care, staff renewal, bereavement, pediatric hospice and palliative care, and much more!

Exhibits and Exhibitor Cocktail Reception

There will be exhibitors from around the country displaying their latest products and services.

On Thursday night, visit with old friends, view products and services and network with exhibitors. Hors d'oeuvres and a cash bar will be offered! An additional opportunity to meet, view and network with the exhibitors is offered during breakfast on Friday, May 20, 2011.

NHPCO Marketplace

Technical materials, gifts, and the most recent books on hospice and palliative care are brought to you by the National Hospice and Palliative Care Organization (NHPCO). A favorite exhibition, NHPCO Marketplace, helps you to provide the best service to your patients, their families, your staff, and volunteers. Book prices are lower than any on-line book retailer.

Networking Breakfast

Have breakfast with your peers. On Friday morning, we will be setting up designated tables for peer groups. This is a great time for you to share your concerns and exchange information.

Media Corner

Award winning short films about hospice programs in New York State.

Mission

To promote the availability and accessibility of quality hospice and palliative care for all persons in New York State confronted with life-limiting illness.

Conference Schedule

Thursday, May 19, 2011

7:30 am – 8:45 am	Registration & Breakfast
8:45 am – 9:00 am	Welcome
9:00 am – 10:00 am	Keynote
10:15 am – 11:45 am	Concurrent Workshops Session A
12:00 pm – 1:00 pm	Lunch, Business Meeting
1:00 pm – 1:30 pm	Dessert with Exhibitors
1:45 pm – 2:45 pm	Concurrent Workshops Session B
3:00 pm – 4:30 pm	Concurrent Workshops Session C
4:30 pm – 5:45 pm	Exhibitor Reception

Friday, May 20, 2011

7:30 am – 8:45 am	Breakfast with Exhibitors/ Peer Group Breakfast
8:45 am – 10:00 am	Plenary
10:00 am – 10:30 am	Break with Exhibitors
10:30 am – 11:30 am	Concurrent Workshops Session D
11:45 am – 1:15 pm	Lunch, Awards
1:30 pm – 3:00 pm	Concurrent Workshops Session E

Plenary Speakers

Thursday, May 19, 2011

Matt Thornhill

Matt Thornhill, a thought leader in the field of Boomer studies, synthesizes the firm's proprietary research and third-party sources with feedback from his extensive personal network to develop you-heard-it-here-first insights into the Boomer consumer and emerging trends in Boomer behavior. Besides overseeing research and consulting work for clients, he speaks frequently and leads workshops around the country.

He is co-author of the book, *Boomer Consumer: Ten New Rules for Marketing to America's Largest, Wealthiest and Most Important Demographic Group*, and he contributes columns to the Boomer Project's "Viva the Vital!" column. He is quoted frequently by media around the world, and he appears as a speaker or workshop leader in events around the country more than 40 times a year.



Friday, May 20, 2011

Sheldon Solomon

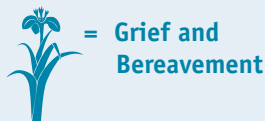
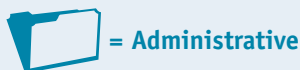
Sheldon Solomon is Professor of Psychology and Ross Professor of Interdisciplinary Studies at Skidmore College. As an experimental social psychologist, his interests

include the nature of self, consciousness, and social behavior. His work exploring the effects of the uniquely human awareness of death on individual and social behavior has been supported by the National Science Foundation and Ernest Becker Foundation and was recently featured in the award winning documentary film *Flight from Death: The Quest for Immortality*; he is co-author of *In the Wake of 9/11: The Psychology of Terror* (2003, American Psychological Association Books) and co-founder of The World Leaders Project.

Concurrent Workshops

THURSDAY, MAY 19

This key will help you determine which workshops are the most likely to benefit you. The categories are: Administrative, Bereavement, Clinical, Palliative Care, Pediatric, Spiritual and Team. Please look for the icons below next to the workshop descriptions.



[Disclaimer: "The material presented in the educational sessions represents the opinions of the speakers and not necessarily the views of the Hospice and Palliative Care Association of New York State. All faculty are required to disclose to program participants any relationship, including financial interest or affiliations with a commercial company, as well as discussion of unlabeled uses. A copy of the disclosure information will be made available to attendees at the meeting."]

SESSION A: 10:15 – 11:45am

A-1 Are You Ready? Lessons Learned from the AIM Project

Carol Shenise, MS, RN and Rebecca Van Vorst, MSPH, IPRO, Albany, NY

For the first time hospice will be joining other healthcare venues in reporting quality measures. What does this mean for your agency? Are you prepared? Attend this session and listen to an overview of the CMS Hospice AIM Special Project. Take advantage of this opportunity to explore your documentation processes and discuss how to abstract reliable quality measures reflective of your agency practices. Consider your agency policies, use of standardized scales and learn how the AIM Project agencies made process changes based upon their data results. Put your agency further along in measuring quality!

Purpose: At the close of the session learners will be able to:

- Explain the AIM Project and the value of quality measures in end-of-life care
- Discuss agency's steps in the quality measurement process
- Practice clinical record abstractions and learn how to calculate quality measure performance scores

A-2 Building Cultural Competency: Examining Our Cultural Lens in End-of-Life Care

Eunju Lee, LMSW, MSOD, Hospice of New York, Long Island City, NY

By 2050, approximately 40% of older Americans will be people of color, widely defined as American Indian/Native Alaskan, Asian, Black or African American, Latino or Hispanic and Native Hawaiian/Pacific Islander. The prediction of wide demographic shifts in the US has increased the need for cultural competency and has been identified as critical to leadership in the field of healthcare. Cross cultural understanding is difficult to obtain because culture is the water we swim in. Culture is not overt and its rules are not apparent until, like a fish, we are taken out of our own water. Moreover, we are all ethnocentric, believing that our own culture is the best or the "truth" of reality. Awareness of one's own cultural waters, then, is the first step toward cultural competence.

Purpose: At the close of the session learners will be able to:

- Describe culture and its relevance in the field of healthcare
- Analyze and discuss cultural assumptions of the dominant US society, medical field and hospice work
- Review literature studies on cross cultural difference at end-of-life care
- Explore and discuss personal cultural awareness

A-3 Establishing Partnerships with Institutions of Higher Education: Making In-Roads and Tapping Hidden Resources

Sue Conlin, Community Hospice of Albany, Albany, NY; Susan Tomlinson, Schenectady Community Home, Inc., Schenectady, NY; and Carol Weisse, PhD, Union College, Schenectady, NY

Institutions of higher education have the potential to provide a wealth of resources to hospice and palliative care organizations. In this workshop, participants will identify ways to establish partnerships with local colleges and universities. Drawing on current partnership models between Union College, Community Hospice, Albany Medical College, Ellis Hospital/School of Nursing and the Joan Nicole Prince Home, presenters will outline steps for establishing educational programs and initiatives that can promote sharing of resources, service learning exchanges, internships, research endeavors and other mutually beneficial projects that can strengthen bonds with the community.

Purpose: At the close of the session learners will be able to:

- Outline ways in which partnerships with academic institutions have benefited from palliative care efforts
- Develop strategies for approaching institutions of higher education
- Discuss the challenges of partnering with academic institutions and how to overcome them
- Create an exercise (project) to identify specific ways a hospice program (participant's hospice program) might benefit from academic resources

A-4 Family Health Care Decisions Act & Interprofessional Ethics Training: Implications for Decision Making in Hospice and Palliative Care

Bruce Jennings, MA, The Hastings Center, Hastings-on-Hudson, NY; David Leven, JD, Compassion & Choices of NY, Pelham, NY; and Mary Beth Morrissey,

JD, MPH, Fordham Ravazzin Center on Aging, W. Harrison, NY

Ethics training is central to the role of the interdisciplinary team in hospice and palliative care in end-of-life decision-making. This presentation focuses on providing critical information about the New York State Family Health Care Decisions Act (FHCA) and ethical issues related to the statute and its implementation in hospitals and nursing homes, and the potential impact on hospice and palliative care in different settings. Key provisions of the statute will be reviewed and discussed as well as the important role of the ethics committee under the new law.

Purpose: At the close of the session learners will be able to:

- Explain the legal and ethical consensus that exists on decision making
- Explain the grants of legal authority to the surrogate under Family Health Care Decisions Act
- Describe the role and responsibility of the ethics committee under the Family Decisions Health Care Act
- Describe the results of a research study evaluating interprofessional ethics training
- Describe the complexities of ethical decision making under new law in NYS



A-5 Novel Pain Medications

Eugene Perlov, MD, VNSNY Hospice Care, New York, NY and Lauren Shaiova, MD, Metropolitan Hospital Center, New York, NY

While many clinicians successfully use morphine to treat pain at end of life, some patients can be treated effectively with methadone or medical marijuana. This workshop will discuss the uses of these two drugs including duration of action, availability and legal issues.

Purpose: At the close of the session learners will be able to:

- Discuss uses of methadone
- Discuss the pharmacokinetics of methadone
- Discuss medical uses of marijuana



A-6 State Regulatory Review

Rebecca Fuller Gray, MBA, BSN and Diane Jones, RN, BSN, NYS Department of Health, Delmar, NY

This workshop addresses review of the revised state regulations and the strategies used in the surveillance process assuring quality hospice care in New York State.

Purpose: At the close of the session learners will be able to:

- Summarize new regulatory initiatives that impact on the survey activities conducted at hospices

- Describe components of survey process incorporated since May 2010
- Analyze findings on hospice surveys since May 2010

SESSION B: 1:45 – 2:45pm



B-7 Breathe Easier with QAPI: Improving the Management of Breathlessness in Home Hospice Patients

Daniel Cogan, BA, BSN, MSN, RN, GNP, ACHPN, VNSNY Hospice Care, New York, NY

Breathlessness is one of the most distressing symptoms hospice patients experience. Meanwhile, many hospice clinicians have great distress with quality improvement initiatives. This session will describe the DYSP PIP – a performance improvement project to improve management of breathlessness for home hospice patients. This discussion will address the clinical and operational challenges of ensuring that dyspneic patients receive prompt and aggressive effective evidence-based, interdisciplinary symptom management.

Purpose: At the close of the session learners will be able to:

- Describe the role of QAPI in hospice care
- Describe an example of QAPI applied to clinical symptom management
- Discuss methods to support staff enthusiasm and participation for QAPI initiatives



B-8 Certified Nurse Assistant Palliative Care Training Program

Judith Bianca, RN, MPH; Wendy Daneri, CNA; and Naama Tokayer, PsyD, Elizabeth Seton Pediatric Center, New York, NY

Staff members of Elizabeth Seton Pediatric Center provide comprehensive care for infants, children and adolescents who have complex medical, physical, developmental and psychosocial needs. As one would expect, palliative care services are of high importance for these residents. Our dedicated staff of Certified Nurse Assistants play a vital role in the provision of this care. Over time we have learned that the CNAs are eager to increase their knowledge of palliative care issues. In addition, in their daily work, they experience loss and feelings of helplessness. We have developed a program, now in its fifth year, that provides an off-site full day conference for 15 CNAs that encompasses a lec-

ture on palliative care, an interactive discussion on grief and bereavement and an empowering activity. This program has been well received by staff and has led to improved confidence, involvement and understanding by CNAs.

Purpose: At the close of the session learners will be able to:

- Explain the critical role of the Certified Nurse Assistant (CNA) in provision of palliative care services
- Describe the development of a unique program for the CNA in pediatric palliative care
- Explains benefits of the program for the CNA, other staff, residents and families



B-9 What Would You Do?

Philene Cromwell, RN, MSN, PNP, CompassionNet/Lifetime Care, Rochester, NY and David Korones, MD, University of Rochester Medical Center, Rochester, NY

Discussions with chronically ill or terminally ill children and their families about goals of care and end-of-life care are particularly challenging. Barriers to such discussions include relative lack of experience on the part of practitioners, fear on the part of families, and the emotions and heartbreak discussing losing a child for all involved. In this session we discuss some of the most difficult questions that children with life-limiting diseases and their families ask. The session is designed to be interactive. Several challenging questions will be discussed. Participants will be encouraged to bring up difficult questions they themselves have been asked by children and their families.

Purpose: At the close of the session learners will be able to:

- Discuss hard questions terminally ill children and their parents ask
- Discuss how to provide a framework for answering questions
- Discuss how to balance honesty and what is in the best interest of the child and family



B-10 HIPAA & HITECH: What You Need to Know and Why

Marianna Miyazaki, Esq., Arent Fox LLP, New York, NY

Now more than ever hospice and palliative care providers need to know and understand HIPAA and HITECH. The Office of the Inspector General (OIG) is increasing its audit activity of providers' security compliance efforts, while at the same time, CMS is rolling out all the required HITECH regulations. This workshop will include an in-depth examination of HITECH and

how HITECH changes HIPAA; how providers can shape their privacy and security compliance activities and programs to ensure compliance with both HIPAA and HITEH; and the penalties for not complying with these statutes. Focus will be given to risk areas highlighted by the OIG and State Medicaid Programs in Fraud Alerts, Advisory Opinions, Work Plans, Corporate Integrity Agreements as well as audits by the OIG, RACs and the Medicaid Integrity Program.

Purpose: At the close of the session learners will be able to:

- Describe HIPAA's objectives and mandates
- Identify HITECH's key provisions, how HITECH modified HIPAA and how to change compliance accordingly

B-11 Life is a Journey and Death a Destination: Ensuring the Rights of Individuals with Developmental Disabilities at the End of Life

Lori Hardoon, LCSW and Judith Pollack, LCSW, FECS Health and Human Services System, Syosset, NY

All too often, individuals with developmental disabilities who also have cognitive impairment, spend their last days of life in a hospital, subjected to often futile medical procedures. Thought to be unable to participate in the decision-making process, most developmentally disabled individuals have to depend on caregivers to facilitate end-of-life choices and/or make those decisions for them. In a culture which is essentially death-denying and full of confusing and contradictory laws, regulations and policies, decisions regarding care at the end of life usually tend toward the most aggressive measures, leading to unnecessary suffering. This workshop will explore the barriers that impede the full realization of the rights of individuals with developmental disabilities and cognitive limitations at end of life. Workshop participants will be able to use information offered to better advocate for those with developmental disabilities at an individual level and examine and influence existing policies and practices in their agencies.

Purpose: At the close of the session learners will be able to:

- Discuss 15 rights of dying based on "The Rights of Dying" by David Kessler
- Identify eight (8) specific barriers to the realization of the Rights of Dying with regards to developmentally disabled
- Identify eight (8) specific areas that will enhance their (participants') ability to advocate for or influence practice and policy at the agency level

B-12 Meeting the Challenge of Providing Community-Based Palliative Care

Noreen Coyne, MSN; Jeanne Dennis, MSW, BA; and Karol DiBello, FNP, BC, ACHPN, VNSNY Hospice Care, New York, NY

Palliative Care is a hot topic in the news these days. Palliative Care programs are popping up at an encouraging rate in hospitals across the country. But what about patients that need Palliative Care services in the community? How does an existing community-based hospice program incorporate a palliative care program into their provided services? This workshop will explore palliative care service delivery models at Visiting Nurse Service of NY Hospice Care. It will examine the challenges and lessons learned that led to the development of a Palliative Care Case Management Model. The session will take the participant through the initial program planning, the implementation, the evaluation and the growth of a new model for community based palliative care.

Purpose: At the close of the session learners will be able to:

- Describe the history of palliative care at VNSNY (Visiting Nurse Service of New York)
- Describe the process of the SPARK program development
- Explain the SPARK Program model
- Review the lessons learned and describe how the SPARK program adapted to lessons

SESSION C: 3:00 – 4:30pm

C-13 Good vs. Good: Who is Right When Everybody's Right?

Wayne Waz, MD, Women and Children's Hospital of Buffalo, Buffalo, NY

An important aspect of professionalism is the ability to understand one's role in the ethical dilemmas that occur in clinical practice. In theory, we should always advocate for altruistic action, however, in clinical settings, we encounter cases in which one individual's perception of an altruistic, or "good" action conflicts with another's. Discussion of these cases requires a structure for personal reflection, identification of conflicting viewpoints, interpretation of individual roles in the decision-making process, and moving past abstract discussion to a clinical decision.

Purpose: At the close of the session learners will be able to:

- Present cases for discussion of ethical issues
- Discuss various models for surrogate decision making including substituted judgment and patient best interest models and develop a system for case analysis to assist in resolution of ethical dilemmas
- Distinguish cases that arise as a result of poor communication from those which truly represent battles of "good vs. good", in which well-intentioned parties disagree over a patient's best interests

C-14 Taking Care of Our Own: When the Hospice Professional is Diagnosed with a Life-Threatening Illness

John Chermack, MS, Hospice of New York, Long Island City, NY and Margaret Clemens, BA, JD, Littler, Mendelson, PC, Rochester, NY

Hospices face unique challenges when their own employees or their loved ones are diagnosed with life-threatening illnesses. Even organizations that have provided expert end-of-life care to patients and their families in the community for decades may be unprepared when a staff member or someone close to them is diagnosed with a terminal illness. From dealing with staffers who opt to maintain their privacy and continue to work as if nothing has changed, to those who eventually become patients at their own agencies, hospices will find that each employee facing this difficult situation is different than any of their community patients. This presentation will address the unique human resource, legal and ethical considerations for which hospices need to be prepared.

Purpose: At the close of the session learners will be able to:

- Discuss the challenges a hospice professional faces when faced with own illness
- Discuss what type of support is needed for the employee
- Explain the legal issues that a hospice faces (from perspective of federal and state employment laws)
- Describe the ethical responsibilities of the hospice organization

C-15 Hospice/Nursing Home Partnership in Caring for the Terminally Ill Patient

Rachel Hold-Weiss, RPA-C, JD, Arent Fox LLP, New York, NY

This presentation will provide an in-depth examination of the barriers and collaboration

issues impacting the provision of hospice and palliative care to nursing home residents from a regulatory, compliance and quality of care perspective. Discussion will include a comparison of requirements under the new hospice conditions of participation governing hospice/SNF relationships, contract requirements, reimbursement pitfalls, competing roles of the Medical Directors and difference in patient goals, admission and election criteria. Focus will also be on risk areas highlighted by the OIG and State Medicaid Programs.

Purpose: At the close of the session learners will be able to:

- Identify barriers and collaboration issues between hospices and skilled nursing facilities
- Describe the requirements under the new hospice COPs for nursing facility/hospice and inpatient hospice relationships
- Identify compliance, regulatory and business issues that arise when hospices contract with skilled nursing facilities

C-16 The Rising Tide: Vietnam Veterans

Louisa Daratsos, PhD, LCSW, VA NY Harbor Healthcare System, Brooklyn, NY and Julie Phillips, MD, Stratton VA Medical Center, Albany, NY

In order for hospice and palliative care professionals to optimally care for veterans, it is important to be aware of the impact of military service and how it influences the illness experience. At 8.4 million, Vietnam veterans are the largest group of veterans in our country. This workshop will discuss how military service constitutes an acquired cultural experience that can have both positive and negative effects on an individual. We will briefly look at the social and political milieu of the Vietnam era and the unique characteristics of the War itself. We will further examine the experience of Vietnam veterans after the war, including successful adaptation versus struggles with post-traumatic stress disorder and other psychosocial issues. Finally, we will explore possible approaches to the challenges that exist for some Vietnam veterans as end of life nears.

Purpose: At the close of the session learners will be able to:

- Explain the importance of a military history
- Discuss the social and political milieu of the Vietnam Era and the unique characteristics of the war
- Explain the challenges facing many Vietnam Veterans now

C-17 Therapeutic Update: Empiric Opioid Utilization

Mary Mihalyo, BS, PharmD, Duquesne University, Pittsburgh, PA

Pain is the most common complaint of the patient at end of life. According to the NHPCO's Family Evaluation of Hospice Care survey, over 87% of respondents report that the patient had pain or was being treated for pain. In this workshop, you will learn effective strategies for treating pain with opioids.

Purpose: At the close of the session learners will be able to:

- Identify the most common opioids used in end-of-life care
- Discuss under what circumstances which opioid should be used
- List the new dosage forms
- Determine which new dosage forms will be of value in end-of-life care
- Analyze the impact of the Risk Evaluation and Mitigation Strategies (REMS) Program on the utilization of opioids in end-of-life care

C-18 When Grief Enters the School

Mary Jones, CT, Hospice & Palliative Care of St. Lawrence Valley, Potsdam, NY

The death of a student or staff member forever changes the landscape of a school and community and the lack of an effective response can have long lasting negative impact on all involved. As a leader in addressing end-of-life issues, hospice can connect with local schools to offer guidance to cultivate adults and students to be healthy grievers. This workshop offers a road map on how hospice can engage students in preparing for, responding to and recovering from the crisis that occurs after the unexpected death of a student or staff member.

Purpose: At the close of the session learners will be able to:

- State three key elements to the NYS mandatory school crisis program
- Describe ideas on how to cultivate relationships with local school districts
- Identify two essential factors in supporting schools before, during and after a death related crisis at school

**SESSION D:
10:30 – 11:30am**

D-19 Partnering with a Community Agency to Provide Doulas to Hospitalized Patients with Life Limiting Illness

Marianne Gelber, MSN, GNP, ACHPN, Mt. Sinai School of Medicine, New York, NY and Amy Levine, MSW, LCSW, LMSW, Jewish Board of Family and Children's Services, New York, NY

Patients with life limiting illnesses who are hospitalized often experience social isolation as a result of physical limitations imposed on them by their disease and the absence of family and friends who are unable to be present due to family, work, or geographical constraints. Palliative care clinicians strive to provide comprehensive care in all domains: physical, psychological, spiritual and social. Due to clinical demands, clinicians in palliative care need assistance to help meet the social needs of the isolated, hospitalized patient. In 2008, through innovative collaboration with the Jewish Board of Family and Children Services, the volunteer Doula program was created to provide patients with compassionate supportive companions. This has given the interdisciplinary team another tool in their armamentarium to provide comprehensive patient care.

Purpose: At the close of the session learners will be able to:

- Define "Doula" and explain the importance of its partnership with end of life agencies
- Explain supportive companionship roles of the Doula
- Describe the growth of the Doula program and plans for the future

D-20 Collaborative Caregiving: A Partnership with Catskill Area Hospice and the Alzheimer's Association

Cynthia Lockrow, LMSW and Nanci Nero, RN, BSN, CHPN, Catskill Area Hospice & Palliative Care, Oneonta, NY; and Ann Thayer, BS, Alzheimer's Association Leatherstocking Regional Office, Cooperstown, NY

Catskill Area Hospice and the Alzheimer's Association have formed a special relationship

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over the past several years. They recognized a need for collaboration, especially when helping patients and families with advance care planning. By working together and combining their expertise, they are better able to meet the needs of those with dementia diagnoses. Though the “Choices” program, they are able to reach patients earlier than they would otherwise. This program offers case management, advance care planning and volunteers as available for patients who have a progressive, life changing disease process. Choices and the Alzheimer’s Association have developed a wonderful relationship that allows a patient and caregiver to have more access to experts, supports, education and understanding. We recognize what a long, difficult road dementia can be, and also the frustration of not being eligible for help until the last stages of the disease. Our goal is to mitigate the stress and suffering brought on by these frustrations by being actively involved as soon as possible.

Purpose: At the close of the session learners will be able to:

- Identify two benefits of forming a community partnership
- Detail two areas of collaboration that leads to improved hospice care of Alzheimer’s patients
- Describe two impact areas of a collaborative partnership on caregivers

D-21 Improving the Care and Access of Veterans Through We Honor Veterans

Therese Cortez, MSN, NP, ACHPN and Carol Luhrs, MD, VA NY Harbor Healthcare System, Brooklyn, NY

We Honor Veterans, a joint program of the National Hospice and Palliative Care Organization and the Department of Veterans Affairs, is designed to empower hospice professionals and organizations to meet the unique needs of veterans and their families. This workshop will describe how to become a *We Honor Veterans* partner, the five levels of achievement your organizations can attain and the benefits of partnership including online education, examples of best practices and other resources to improve the assessment and care of veterans.

Purpose: At the close of the session learners will be able to:

- Discuss the unique needs of Veterans at the end of life
- Describe *We Honor Veterans* and discuss specific ideas and practices to integrate within hospice organizations
- Identify other ways to implement *We Honor Veterans* using other new and successful program initiatives

D-22 Development of Diagnosis-Specific Programming: A Multi-Stage View

Samuel Krohn, RN, Suzanne Schieb, RN and Robin Stawasz, BS, LMSW, Southern Tier Hospice & Palliative Care, Corning, NY

Diagnosis-specific hospice programming – specialized hospice care tailored to the unique needs of distinct diagnostic groups – is a tremendously effective way to increase access for patients, build partnerships with fellow providers, expand community presence and prepare for growth for hospices both large and small. Southern Tier Hospice and Palliative Care has seen multiple benefits come from their diagnosis specific programs, including higher patient census, increased length of stay, more partnering opportunities and a changed public image. This workshop will explore three programs: cardiac disease-focused Lifebeat, dementia and debility-focused Living with Dementia, and a respiratory disease specialized program. Each of these programs is in a different stage of development, ranging from well-established and tested to the early formative steps. By examining the nuts and bolts of these programs, participants will be able to adapt these concepts to their own hospice, learning the development needs over time.

Purpose: At the close of the session learners will be able to:

- Describe the specific issues and associated needs with the start up of a diagnosis-specific hospice program
- Detail the piloting stage of diagnosis-specific hospice program’s development and how to maximize partnerships and opportunities while managing setbacks
- Distinguish characteristics and benefits of a well established diagnosis-specific program

D-23 When A Child’s Heart Stops and a Family’s Heart Breaks...What to do Next?

Philene Cromwell, RN, MSN, PNP, CompassionNet/Lifetime Care, Rochester, NY

The death of a child is always a tragedy. Families of terminally ill children often express profound shock when the unspeakable has been spoken. Expert care for a terminally ill child and their family at time of death and immediately thereafter provides a critical layer of support that when not offered, can leave a family feeling devastated. When care is conducted with skill and compassion, families can endure this most difficult time with grace, dignity and memory

building experiences. Professional vignettes will be shared illustrating the importance of taking the lead at this difficult time. Participants will be instructed to educate and support families during this time by utilizing effective communication strategies and by adhering to a family’s cultural beliefs. Rituals including bathing, hair cutting, hand/footprints and photography will be discussed.

Purpose: At the close of the session learners will be able to:

- Describe effective communication strategies that can be utilized to help support a family at the time of their child’s death
- Describe common rituals and memory building experiences conducted at the time of death
- Describe the importance of exploring and respecting the cultural beliefs of the family at the time of death

D-24 Sleep Disturbances Near End of Life

Elizabeth Maher, MD, The Center for Hospice & Palliative Care, Cheektowaga, NY

Sleep disorders are very common in the general population, the elderly, and in terminally ill patients. Difficulty sleeping causes significant suffering, contributing to fatigue that prevents patients from participating in meaningful daytime activities and decreasing their quality of life.

Learn how sleep disturbances can be assessed and what treatment options are available.

Purpose: At the close of the session learners will be able to:

- Describe the essential elements of “restorative” sleep
- Complete a sleep history
- Discuss the impact of sleep disturbances on caregivers of the seriously ill/dying
- Describe some typical medical conditions that cause sleep disturbance at end of life
- List treatment options that reduce sleep disturbance/disruption at end of life

SESSION E: 1:30 – 3:00pm

E-25 Hospice Regulatory Update

Jennifer Kennedy, BSN, NHPCO, Alexandria, VA

What’s new in Federal Regulations? Have you implemented the latest Change Request? Is your documentation all that it should be? All of your latest compliance questions answered.

Purpose: At the close of the session learners will be able to:

- Identify the current “hot” issues in the hospice

industry and how they affect hospice providers and the hospice industry as a whole

- Describe the climate within CMS and the fiscal intermediary regarding hospice care
- Identify resources available for support for the hospice clinician

E-26 Meeting the Unique Needs of Children and Families through Hospice and Palliative Care

Susan Conceicao, LCSW; Debra Fox, MS, APRN, FNP; and Elizabeth Packer, RN, CHPN, Metropolitan Jewish Hospice, New York, NY

Currently, only 10 to 20 percent of dying children receive hospice services (generally for a brief duration), and a similar minority of children with life-threatening conditions receive palliative care support and interventions. Barriers to the provision of this necessary care are numerous and daunting. The Pediatric Services Survey which NHPCO conducted in 2007 reveals that a majority of responding agencies serve pediatric patients, but only a minority has formal pediatric hospice and palliative care programs with specially-trained staff. Many providers indicate a willingness to start or expand pediatric services but lack education, tools, resources and performance improvement methods to create and sustain high-quality programming. Metropolitan Jewish Hospice was one of the first programs in New York State to be approved as a pediatric palliative care provider under the NYS Care at Home I/II waiver program. Learn how they developed the structure of their program, determined the needs of their community and have conquered roadblocks and recognized opportunities.

Purpose: At the close of the session learners will be able to:

- Discuss the specific challenges that arise in providing palliative care and hospice care to pediatric patients and their families
- Identify strategies for improving access to and receipt of pediatric palliative care and hospice care
- Define the Care at Home Waiver and its importance in the benefit structure of pediatric palliative options
- Differentiate between a case in which a pediatric patient would be best served by a hospice program and a case in which a pediatric patient would be best served by a community-based palliative care consultation team
- Explain how appropriate use of the hospice benefit's levels of care may assist pediatric patients and their families to experience the benefits of hospice care

E-27 Palliative Care & the ACA *Connie Raffa, JD, LLM, Arent Fox LLP, New York, NY*

The Patient Protection and Affordable Care Act of 2010 contains provisions which profoundly impact how health care is provided. The ACA sets up new guidelines for palliative care providers under Medicare. This workshop will explore how the new health care reform laws impact service provision in the field of palliative care.

Purpose: At the close of the session learners will be able to:

- Define differences between hospice and palliative care
- Identify how the PPACA demonstration projects for Medical Home Models are similar to Palliative Care Programs
- Define imperatives which support the creation of a PCP
- Identify six organizational design options for creating a PCP, including which can qualify as a Medical Home Model
- Define the legal issues that must be complied with when creating a PCP

E-28 Nutrition & Wound Healing

Mary Ellen Cubbon, RN, BSN, CHPN, CWCN and Susan Sturgess, MS, RD, Hospice Care Network, Woodbury, NY

Family and patient concern with breakdown of skin has become a large focus of care. In addition, pressure ulcers are often used as a nursing quality indicator. In the past, no clear guidelines existed that addressed palliative wound care. With the recent publication of the National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel Clinical Practice Guidelines (2009) palliative pressure ulcer management was specifically addressed and nutrition was included in the standards of care. Over the past five years, Hospice Care Network hospice patients have been offered medical nutritional therapy in coordination with evidence based skin formulary and positive outcomes have been achieved.

Purpose: At the close of the session learners will be able to:

- Identify hospice patients with skin breakdown that may benefit from medical nutrition therapy (MNT)
- List benefits obtained from medical nutrition therapy (MNT) in wound healing

E-29 Beyond Words: Redefining Loss in Pediatrics Through Creative Arts Interventions

Vanessa Andrews, MA, CCLS, ATR-BC, LCAT, CEIM and Kristen O'Grady, MA, MT-BC, Elizabeth Seton Pediatric Center, New York, NY

Creative arts modalities, such as art and music, have been used historically as an outlet for processing grief. Creative arts therapists are uniquely qualified to effect change during the grieving process, bringing the family together to facilitate positive memories and interactions with their dying child. Grieving begins far before the child dies. Thus, the creative arts therapist's roles include helping the parents work through their anticipatory grief, creating positive memories with their child, and providing support to the interdisciplinary team. Through clinical vignettes, workshop participants will acquire the knowledge of the role of creative arts therapists within the palliative care team, as well as the importance of non-verbal modalities when helping individuals express grief.

Purpose: At the close of the session learners will be able to:

- Describe the role of the creative arts therapist on the palliative care team
- Identify techniques utilized by creative arts therapists to address grief in children, families and staff
- Explain the benefits of creative arts therapies techniques

E-30 Planning for the Unexpected

Rebecca Petrie, LCSW and Roger Sullivan, LCSW, Good Shepherd Hospice, Melville, NY

Today's business environment produces change in the workplace more suddenly and frequently than ever before. Mergers, acquisitions, new technology, restructuring and downsizing are all factors that contribute to a growing climate of uncertainty. People have deep attachments to their organization, work group, and way of working. The ability to adapt to changing work conditions is key for individual and organizational survival. Change will be ever present and learning to manage and lead change includes not only understanding human factors but also acquiring the skill to manage and lead change effectively.

Purpose: At the close of the session learners will be able to:

- Describe how change affects people individually
- Identify the change process and how it is different from transition
- Identify the tasks of changing organizations

General Information

Conference Location

All plenary speakers, workshops and social events will take place at the The Desmond Hotel & Conference Center, 660 Albany Shaker Road, Albany, NY 12211 518-869-8100

Directions to The Desmond Hotel & Conference Center:

From the South or West: Take the New York State Thruway to Exit 24. After toll booths, take the Adirondack Northway (I-87) North to Exit 4 (Albany Airport exit). At the end of the ramp, go left on Wolf Road. At next traffic light, go left on Albany-Shaker Road. You will pass under the highway; do not get back on I-87 south. Rather, proceed straight through the intersection, and prepare to make a left turn. The Desmond is the first building on your left, set back from the road. It resembles a Colonial village.

From the East: Take the Mass Turnpike West to Exit B1. "I-90 Albany West". Remain on I-90 West for 15-20 miles; you will see downtown Albany to your left about midway through the trek. Stay on I-90 until you see signs for "Montreal North". Exit I-90 and enter the Adirondack Northway heading NORTH toward Montreal. Exit at Exit 4 (Albany Airport exit). At bottom of ramp go left onto Wolf Road. At next traffic light, go left onto Albany-Shaker Road. You will pass under the highway; do not get back on I-87 south. Rather, proceed straight through the intersection, and prepare to make a left-hand turn. The Desmond is the first building on your left, set back from the road. It resembles a Colonial village

From the North: Take the Adirondack Northway (I-87) to Exit 4, "Albany Airport/Wolf Road". On ramp, bear to the right. At end of ramp, there is a traffic light. Go left onto Old Wolf Road. At the next traffic light go right onto Albany-Shaker Road and take an immediate left into our parking lot.

Registration Fee Includes:

- Admission to all plenary speakers and workshops, including materials for day(s) registered
- Hors d'oeuvres reception with Exhibitors
- Meals (breakfast and lunch) and refreshment breaks for the day(s) registered

Hotel Reservations

The Desmond Albany Hotel is offering \$135 single or double occupancy for rooms reserved before April 22, 2011 for all HPCANYS registrants and exhibitors. Make sure to indicate that you are with HPCANYS when making reservations. Call 800-443-8952 for your reservations today!

Dress Recommendations

Attire for the meeting is business casual. It is recommended that you bring a sweater or light jacket to wear due to variables in the temperature of the meeting rooms.

Cancellations and Refund Policy

Conference registration cancellations received in writing by 5:00 pm Friday, May 6, 2011 will be entitled to a refund minus a \$40 administrative fee. Registrations are non-refundable after 5:00 pm on May 6, 2011. Substitutions are welcome and must be submitted in writing no later than May 16. Telephone cancellations cannot be accepted. Please fax or e-mail any cancellations and substitutions to HPCANYS at 518-446-1484 or info@hpcanys.org.

Continuing Education Physicians

The activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Albany Medical College and Hospice & Palliative Care Association of New York State. Albany Medical College is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Albany Medical College designates this educational activity for a maximum of [insert hours] AMA PRA Category 1 Credits[®]. Physicians should only claim credit commensurate with the extent of their participation.

Nurses

This continuing nursing education activity has been submitted to the New York State Nurses Association's Council on Continuing Education, an accredited approver of nursing continuing education by the American Nurses Credentialing Center's Commission on Accreditation.

Social Workers

This program has been submitted to the National Association of Social Workers (NASW) New York State Chapter for continuing education contact hours.

Chaplains

Credit for this program may be obtained by submitting a certificate of attendance to the National Association of Professional Chaplains.

Registration Form

Please type or print a separate registration form for each registrant.
This form may be photocopied.

Name _____
Nickname for Badge _____
Credentials _____
Title _____
Institution _____
Discipline _____
Address _____
City/State/Zip _____
Telephone _____
Fax _____
E-Mail _____

(necessary for confirmation purposes)

Type of CEU you will require: Nurses Physicians Social Workers Chaplains
 Check here if you do not wish your name/address to be published in the attendance list
Please check if appropriate: Kosher Lunch Vegetarian Lunch

Conference Fees	Both Days	Thursday or
Early Reply (Postmarked before April 8, 2011)	(Thurs & Fri)	Friday only
Provider, Allied or Individual Member	\$360	\$210
Non-Member	\$460	\$310
Standard Registration (Postmarked on/after April 8, 2011)		
Provider, Allied or Individual Member	\$395	\$240
Non-Member	\$495	\$340

LATE FEE: add \$20 to all registrations postmarked after May 1, 2011

Group discount:

3-5 registrations from the same organization – SAVE 5%
6-9 registrations from the same organization – SAVE 10%
10 + registrations from the same organization – SAVE 15%

Payment must accompany all registrations.

Registration Fee _____
Late Fee (if applicable) _____
Less Group Discount _____

Total Due = _____

Check Enclosed payable to HPCANYS

MasterCard Visa AMEX

Card # _____ Exp. Date _____

Signature of cardholder _____

Billing Address (if different than address shown): _____

Circle one Choice for each day's workshop session:

Thursday, May 19

Session A

Choose one 1 2 3 4 5 6

Thursday, May 19

Session B

Choose one 7 8 9 10 11 12

Thursday, May 19

Session C

Choose one 13 14 15 16 17 18

Friday, May 20

Session D

Choose one 19 20 21 22 23 24

Friday, May 20

Session E

Choose one 25 26 27 28 29 30

Registration Information: We cannot accept registration over the phone. All registrations must be received in writing by submitting the registration form via USPS, fax (518-446-1484) or online (www.hpcanys.org).

For those registrations using USPS, please mail your form to the following address:

**HPCANYS Annual Conference
2 Computer Drive West, Ste. 105
Albany, NY 12205**





Hospice and Palliative Care
 Association of New York State, Inc.
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 Albany, NY 12205-1622

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Who should attend:

- Administrators/Executive Directors
- Medical Directors/Physicians
- Social Workers
- Long-Term Care Providers
- Nurses
- Spiritual and Bereavement Coordinators
- Volunteer Coordinators
- Patient Care Coordinators
- Home Health Aides
- Clinicians
- Chief Financial Officers
- Volunteers
- Hospice and Palliative Care Board Members
- Development Staff
- Child Life Specialists

Important Dated Information Enclosed

Not a Member of HPCANYS?

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