



New Jersey Hospice and
Palliative Care Organization
www.njhospice.org

Documenting the Experience of Patients/Families in Hospice Care

Presented by
Susan Bruno, MSW, of the Suncoast Institute of
The Hospice of the Florida Suncoast

Thursday, February 25, 2010

9:15 a.m. – 4:00 p.m. (Continental breakfast available at 8:30 a.m.)

At the offices of the New Jersey Hospital Association
760 Alexander Road, Princeton, NJ 08543

Learning Objectives

The learner will be able to:

1. Describe the importance of and benefits of comprehensive documentation that “paints the picture” of the patient and family hospice experience.
2. Explain the staff’s individual responsibility in relation to documentation of the hospice interdisciplinary care process.
3. Utilize the hospice interdisciplinary care process as a framework for documentation.
4. Complete documentation for a case study that reflects patient/family-focused end-of-life care that “paints the picture” of value and excellence to meet and exceed compliance standards.

Contact Hour Information:

Nurses: New Jersey Hospice and Palliative Care Organization is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation. **Provider Number P247-9/09-12.** Provider Approval is valid through September 30, 2012.

Social Workers: “This course, **Documenting the Experience of Patients-Families in Hospice Care, 092411-1146**, provided by New Jersey Hospice and Palliative Care Organization, is approved for continuing education by the National Association of Social Workers – NJ Chapter, 200 Metroplex Drive, Suite 404, Edison, NJ 08817. NASW-NJ CE Approval Program Period: September 1, 2008 – August 31, 2010. Social workers will receive **six (6) non-clinical credits** for participating in this course.”

Course Faculty

Susan Bruno is Director, Institute Outreach of Suncoast Hospice, Clearwater, Florida, a division of The Hospice of the Florida Suncoast, the largest nonprofit hospice in the United States. She has previously worked as Executive Director of the Florida Cancer Education Network; as Vice President of Marketing/Business Development at LifePath Hospice, Tampa; as Corporate Director of Psychosocial Services at VITAS Healthcare Corporation in Miami; and as Program Director, Social Services Coordinator and Social Worker at The Hospice of the Florida Suncoast. She is a member of the Academy of Certified Social Workers of the National Association of Social Workers and is a Licensed Clinical Social Worker in Florida. She holds an M.S.W. and a B.A. in Social Services, both from Syracuse University.

Driving Directions

Go to www.njhospice.org or www.njha.com for driving directions to New Jersey Hospital Association, 760 Alexander Road, Princeton, NJ 08543

Information

Purpose: “Documenting the Experience of Patients/Families in Hospice Care” will help nurses, social workers, chaplains and other members of the hospice interdisciplinary team optimize their documentation of the care given to hospice patients and families and the impact of said care on the recipient(s). Proper documentation is essential for the knowledgeable involvement of the team, for targeted updates of the hospice plan of care and to protect the hospice’s resources in audits by public and private reimbursement sources.

Location: The course will be held at the New Jersey Hospital Association building, 760 Alexander Road, Princeton, NJ 08543. Directions may be downloaded from www.njhospice.org or www.njha.com.

Schedule / Meals: Housekeeping announcements and introduction of the speaker will start at 9:15 a.m. The course content will be presented from 9:20 a.m. to 4:00 p.m., with breaks. A continental breakfast will be available at 8:30 a.m., before the course begins. The buffet lunch includes hot entrée(s), vegetable(s), salads, dessert and hot and cold beverages.

ADA Accommodations: Please call NJHPCO at 908-233-0060.

Contact Hours:

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Target Audience: Hospice executives and managers working in clinical care, compliance and quality assessment and performance improvement.

Completion/Verification: Registrants must complete the entire course to receive a certificate of attendance, which serves as the verification of contact hours and will be granted at the conclusion of the course.

Confirmation / Refund Policy: No confirmation of registration will be sent. NJHPCO will grant refunds of registration, minus a \$25 processing fee, until the close of business on Friday, February 19, 2010. No refunds will be granted thereafter. Substitute registrants may be sent by an agency.

Questions: New Jersey Hospice and Palliative Care Organization, 175 Glenside Avenue, Scotch Plains, NJ 07076. • phone (908) 233-0060 • fax (908) 233-1630 • e-mail: info@njhospice.org

REGISTRATION FORM

**“Documenting the Experience of Patients/Families in Hospice Care”
Thursday, February 25, 2010**

Registration Deadline: Thursday, February 18, 2010

You can register online by credit card at www.njhospice.org

PLEASE PRINT OR TYPE. For more than one registrant, please duplicate this form.

Registrant Name & Degree(s): _____

Agency Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____ Office Fax: _____

Preferred e-mail: _____

Dietary Restrictions

All meals have vegetarian options. If you need kosher meals, contact the NJHPCO Office at 908-233-0060.

Fees

- () \$120 for employees of NJHPCO Members or members of the state hospice association of a contiguous state
If in doubt about whether your agency is an NJHPCO Member, please ask your executive director. Otherwise, please check the NJHPCO website at www.njhospice.org. Click on “Find a Hospice” then click on one of the counties served by your agency. If your agency’s name is listed, then your agency is a member.
- () \$180 for employees of agencies that are not members of NJHPCO or the state hospice association of a contiguous state

TOTAL ENCLOSED: \$_____. Make check payable to: **NJHPCO.**

Mail to NJHPCO, 175 Glenside Avenue, Scotch Plains, NJ 07076

CREDIT CARD PAYMENT

Check the type of credit card:

___ American Express ___ Mastercard ___ Visa ___ Discover

Card Number: _____

Expiration Date: ____/____/____ CVV (see below): _____

Cardholder’s Name: _____

Billing Address for this Card: _____

Cardholder’s Signature: _____

Credit card payments may be faxed to 908-233-1630.

You can also register online by credit card at www.njhospice.org.

The CVV is the security code on most major credit cards. For American Express, the CVV is four digits to the upper-right of the card number. For Visa, Mastercard and Discover, the CVV is located on the back of the credit or debit card and is typically a separate group of three digits to the right of the signature strip.