



Hospice Aide Teleconference S E R I E S

The Home Care Association of New Jersey, with the support of Poyner Spruill, LLP, is proud to present new teleconferences for your valuable hospice team members. Each teleconference is an hour in length and will cover diverse topics. **Hospice Volunteers may also find the teleconferences useful.**

Enjoy the convenience and cost-efficiency of a telephone workshop. **For one fee, unlimited participation is allowed for each dial-in number that you register for.**

The presenter of this series is **Cindy R. Morgan, RN, MSN, COS-C**. Cindy is a certified trainer in coaching supervision and has worked in various director level positions in Home Care and Hospice. Her background is in education and staff development. She has been a past Board member of the NC Center for Nursing and currently she serves on the NC Board of Nursing. Cindy is AHHC's Associate Vice President of Innovations & Professional Development.



♥ *Pain and Symptom Management*

October 12, 2010

This presentation will discuss the issue of pain and symptom management of the hospice patient. Pain management is an essential part of hospice care. We will discuss the role of the Hospice Aide in this management. We will also discuss some of the other more common symptoms that the Aide may be confronted with when caring for the hospice patient. Interventions that may prevent symptoms will be discussed.

♥ *Documentation*

November 9, 2010

We all know the age old saying, "If it's not documented it is not done." This presentation will focus on the answers to How, What, When, Why and Where of documentation. We will discuss how your documentation affects the entire organization's performance.

♥ *Non-Cancer Diagnoses*

December 14, 2010

As you probably already know, the number of patients we see in hospice who have a diagnosis other than cancer continues to grow. In 2008, almost 62% of hospice patients had non-cancer diagnoses. We will discuss some of the more common of those diagnoses such as heart disease, dementia, neuromuscular disease as well as tips for caring for these patients.



Questions? Contact Karen Noll at karen@homecarenj.org

HOSPICE AIDES HAVE HEART!



Hospice Aide Teleconference Series

All Teleconferences are Presented at 3:00 p.m. – 4:00 p.m. EST

<u>Registration:</u>	Home Care Association of NJ Members:	\$99 per line/ per program- <i>Live Program</i>
	Home Care Association of NJ Members:	\$125 for the Presentation <i>on CD</i>
	Non-Members:	\$195 per line/ per program- <i>Live Program</i>
	Non-Members:	\$250 for the Presentation <i>on CD</i>

I would like to register for the following teleconferences:

Pain and Symptom Management- October 12, 2010	<input type="checkbox"/> Participate Live	<input type="checkbox"/> Purchase CD
Documentation- November 9, 2010	<input type="checkbox"/> Participate Live	<input type="checkbox"/> Purchase CD
Non-Cancer Diagnoses- December 14, 2010	<input type="checkbox"/> Participate Live	<input type="checkbox"/> Purchase CD

Your email confirmation will include: Details of how to dial into the teleconference on a toll-free telephone line, the handouts, evaluation and certificate. **An email address must be provided below in order to receive a confirmation and dial-in information.**

YES! We wish to participate in the telephone conference. I understand we will be emailed the information after the paid registration is processed. Fees will be refunded only if written cancellation is received by Home Care Association of NJ two weeks prior to the workshop. **There will be no refunds after the dial-in number is sent to your agency.** In the event of a written cancellation, Home Care Association of NJ will retain \$30 of the initial fee for administrative overhead. **Registrations must be received in writing and will not be accepted without payment. Please print this page, complete the form and send with payment to: Home Care Association of NJ or fax to (732) 877-1101. ONE REGISTRATION FORM PER DIAL-IN LINE IS REQUIRED**

Agency Name: _____ Est. # of aides participating _____

Contact Name: _____

E-mail Address (please print): _____

Back-up email address: _____

Phone: _____ Fax: _____

Are you able to open a power point presentation? Yes _____ No _____

Payment Information:

Enclosed is my check in the amount of _____ (payable to Home Care Association of NJ)

Credit Card: Visa MasterCard American Express

Credit Card Number: _____ Exp. Date _____

Name (on card): _____ Signature _____

Address (of cardholder): _____

REGISTRATION FEE INCLUDES 1 (ONE) DIAL-IN LINE ONLY.
FOR ADDITIONAL DIAL-IN LINES PLEASE COMPLETE A SEPARATE REGISTRATION FORM.
AGENCIES ACCESSING ADDITIONAL LINES WILL BE RESPONSIBLE FOR THE FULL REGISTRATION FEE.