

PROGRAM SUMMARY

Maintaining quality of care is the most important component to having a successful hospice program. Although there are various ways to evaluate the quality of care, we all know that surveys are among the top three. With new hospice COPs in place, many providers struggle to understand the true impact of these changes. That's why this new workshop will give providers the support they need to gain a better understanding of the top changes in the COPs, how it impacts the survey process from start to finish, and learn best practices. Attend this new program and listen to State and federal representatives from the California Department of Public Health (CDPH) and the Centers for Medicare and Medicaid Services (CMS) and expert consultants who will identify key areas to focus on in order to excel in the hospice industry.

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**Hospice Quality of Care:
Shining during Surveys
and Excelling under the
new COPs**

December 7, 2009
Radisson Hotel Sacramento
Sacramento, CA

December 8, 2009
Marriott Ontario Airport
Ontario, CA

HOTEL INFORMATION

December 7, 2009
Radisson Hotel Sacramento
500 Leisure Lane
Sacramento, CA 95815
(916) 922-2020

December 8, 2009
Marriott Ontario Airport
2200 E. Hold Blvd
Ontario, CA 91761
(909) 975-5000

CEUs

Provider approved by the California Board of Registered Nursing (Provider #CEP2463 and by the California Board of Behavioral Sciences (Provider #PCE588) for six (6) contact hours of continuing education. You must be present for the entire workshop to earn Continuing Education Units. No partial credits can be given.

California Association for Health Services at Home
3780 Rosin Court, Suite 190
Sacramento, CA 95834
www.cahsah.org



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California Association for
Health Services at Home



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AGENDA

8:00 - 9:00 am Registration

**9:00 - 10:00 am CDPH Update
(Lisa Hall – Sacramento, Mary Jolls – Ontario)**

Review types of surveys, state and federal regulations, state surveyor process in preparing for a survey, and what surveyors look for during surveys. Identify key areas to developing an acceptable Plan of Correction. Review present and future trends for survey process and identify most written deficiencies on a survey.

10:10 - 11:10 am CMS Update (Pat Frey)

Review top deficiencies and frequently cited hospice regulations. Review new regulations and how that impacts the survey process from CMS standpoint.

**11:20 - 12:15 pm How to prepare for a Survey
(Claire Tehan)**

- Before the Survey: Learn steps to be survey ready at all times. Learn how to use your QAPI data to your agency's advantage. Understand the implications of your adverse event reports.
- During the Survey: Learn useful tips for a successful surveyor's on-site visit. Plan how to have your management and field staff prepared for the survey experience, including patient visits and how to avoid an Immediate Jeopardy finding.
- After the Survey: Learn about preparing and implementing a Plan of Correction that not only ensures regulatory compliance, but is a blueprint for agency performance improvement.

12:15 - 1:15 pm Lunch (provided)

**1:15 - 2:15 pm Global Environmental Scan
(Brenda Klutz)**

Regulatory overview of changes that impacts hospice agencies. Learn the implications for providers as a result of the following changes; OIG report on hospice care & SNIFF, current State legislation and State budget effects, newly revised Surveyor manuals for hospice in residential care facilities (Community Care Licensing), and new Surveyor guidelines for hospice

**2:30 - 4:00 pm Top Four Changes in the COPs,
Best Practices (Claire Tehan)**

Plan of Care; initial and comprehensive assessment, program management and QAPI

4:00 - 4:15 pm Q&A

4:15 pm Adjourn

FACULTY

Mary Jolls, Chief

(Sacramento, CA presentation)
Field Operations Branch, Region I
Licensing & Certification Program
California Department of Public Health

Lisa Hall, RN

(Ontario, CA presentation)
Licensing and Certification
District Administrator Sacramento District Office
California Department of Public Health

Pat Frey, Nurse Consultant

Lead for Home Health and Hospice
Centers for Medicare and Medicaid Services

Brenda G. Klutz

Senior Consultant
Health Management Associates

Claire Tehan, MA

Associate
The Corridor Group, Inc.

HOW TO REGISTER

- **ON-LINE** with your credit card at: www.cahsah.org
- **FAX** your registration to: (916) 641-5881
- **MAIL** your registration to:
CAHSAH
3780 Rosin Court, Suite 190
Sacramento, CA 95834
- **PHONE** in your registration with credit card payment to: (916) 641-5795 ext. 113
- **QUESTIONS?**
Contact CAHSAH at (916) 641-5795 ext. 113

CANCELLATIONS: Received 10 days prior to the program date are subject to a 20% handling fee. Cancellations must be in writing. **NO REFUNDS** will be issued for cancellations received within 10 days of the program. Refunds will NOT be made for no-shows. However, substitutions will be allowed. Should CAHSAH cancel the program, a full registration fee refund will be issued.

REGISTRATION FORM

December 7, 2009 - Sacramento, CA

December 8, 2009 - Ontario, CA

| RATE SCHEDULE | Member | Non-member | Sub-total |
|------------------------------------------------------------------------------------------------------------------------------|--------|------------|-----------------------|
| <input type="checkbox"/> Early Bird Registration Must be received by November 20, 2009 | \$175 | \$350 | _____ |
| <input type="checkbox"/> Advance Registration Must be received by November 27, 2009 | \$195 | \$390 | _____ |
| <input type="checkbox"/> On-Site Registration Day of program - space permitting | \$235 | \$470 | _____ |
| Save \$10 off each registration when registering two or more people from the same agency. ONLINE REGISTRATION ONLY | | | Total \$ _____ |

Not a CAHSAH member? Contact CAHSAH at (916) 641-5795 ext. 114 to find out how you can join and receive member benefit discounted registration rates for this important training program!

Company Name

Attendee Name & Title

RN Number

Attendee Name & Title

RN Number

Company Mailing Address

City

State

Zip Code

Phone #

Fax #

Email Address (Confirmations will be sent to this address)

Pre-payment is required

| | | |
|--------------------------------|------------------------------------------|----------------------------------------------------|
| Method of Payment | | <input type="checkbox"/> Check (payable to CAHSAH) |
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |
| Credit Card # | Exp. date | |
| Credit Card Billing Address | City, State, Billing Zip Code (required) | |
| Cardholder Name (please print) | | |
| Signature (required) | | |