

# OHPCA Professional Practices Exchange

## “Continuing the Cultural Mosaic”

September 24-25, 2018 • Eagle Crest Resort • Redmond



### HE'S BACK! Miguel Valenciano, Consultant

Recognized in the US and internationally for his extensive work in the field of cultural competency, Miguel has been a featured speaker at many local, state, national and international conferences. He has conducted approximately 2,000 training programs for more than 115,000 persons. He is a dynamic and energetic facilitator, trainer, consultant; his vision, energy, and creativity contribute to his success in leading diverse teams, facilitating and implementing strategic plans for organizations, and providing outstanding training and consultation. Miguel has developed and facilitated modules on several content areas in the health care industry, including; cultural competency, managing inclusively, cross-cultural communications, addressing "ouches" in the workplace, strategic planning, engagement, cultural audits, micro-aggressions, teambuilding, conflict resolution, supervisory skills, change process, and inclusive leadership. He also conducts Diversity Training of Trainers programs at the national and international levels.

**5 SESSION TRACKS IN 2018** The PPE agenda is filled with content-rich clinical sessions, a broad spectrum of interdisciplinary topics that include the IDG as well as regulatory compliance information, leadership topics and palliative care. Conference participants will have the opportunity to:

- Discuss challenges faced by palliative care and hospice programs around the state.
- Identify opportunities for innovation and share solutions.
- Strengthen collaboration and networking among palliative care and hospice professionals and programs statewide.
- Practice evidence-based, ethical, effective and efficient hospice and palliative care.
- Enhance attendees' abilities to identify internal biases, increase cultural competency and improve cross-cultural communication techniques.
- Identify, discuss and share innovative approaches for psychosocial, spiritual and bereavement care.

Choose the sessions that best fit your and your program's needs from the 2 keynote/plenary speakers and 23 concurrent sessions. Based on your feedback, we will again be in beautiful central Oregon. With 300 days of annual sunshine and breathtaking mountain landscapes, the high desert country of Central Oregon is an idyllic playground for sports lovers and adventure seekers. Eagle Crest Resort offers a stunningly beautiful location and so much for you to do. Our goal is to send you home energized with new knowledge and skills and ready to share your experience and reinvigorate those around you.

**HIGHLIGHTS** OHPCA Board of Directors Meeting (9/23) • Silent Auction • Welcome Reception  
Annual Membership Meeting • Exhibitors Luncheon • Wessinger Award Presentation

#### CME

**NEW!** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the National Hospice and Palliative Care Organization (NHPCO) and the Oregon Hospice and Palliative Care Association (OHPCA). The NHPCO is accredited by the ACCME to provide continuing medical education for physicians. NHPCO designates this live activity for a maximum of **11** AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in this activity. **Sessions eligible for CME credit are highlighted in yellow.**



#### CE/CEU

A maximum of **11** Education Contact Hours approved by California Board of Registered Nursing, Provider CEP14488. CEU through NASW Oregon State Chapter has been applied for.

#### LODGING

Eagle Crest Resort rooms are available at a rate of \$119 per night. **Registration fee does not include lodging; make your reservation directly, 877.790.6271 and mention Oregon Hospice.** Eagle Crest Resort is at 1522 Cline Falls Rd, Redmond, OR.

#### GREEN

**No handouts will be provided;** please download session notes and handouts after 9/15/18 at <https://oregonhospice.org/>.

**WHO SHOULD ATTEND?** Administrator, Executive Director • Medical Director, MD, NP • RN, Nurse Manager, Patient Care Coordinator • Social Worker, LCSW, Bereavement Coordinator • Volunteer, Volunteer Coordinator • Hospice Aide • Marketing, Development, Education & Quality Staff • Board Member • Chaplain, Spiritual Counselor

Please complete and return one registration per person. **You may also register online at <https://oregonhospice.org/2018-professional-practices-registration/>.**

Name: \_\_\_\_\_ Job Title/Credentials: \_\_\_\_\_

Organization: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ **Special Needs (dietary/physical):** \_\_\_\_\_

Payment Method:  Check Credit Card #: \_\_\_\_\_ Vcode: \_\_\_\_\_ Exp.: \_\_\_\_\_

Billing Address for Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

<b>FEES</b>			
<input type="checkbox"/>	<b>OREGON HOSPICE &amp; PALLIATIVE CARE ASSOCIATION/WSHPCO MEMBER</b>	<u>Before 9/4</u>	<u>After 9/4</u>
<input type="checkbox"/>	1 individual - One Day (please circle Monday or Tuesday)	\$250 pp	\$275 pp
<input type="checkbox"/>	1 individual - Two Days	\$400 pp	\$425 pp
*DISCOUNT RATE (Available to OHPCA & WSHPCO Members) <b>Special rate applies if 2 or more individuals from the same organization attend the conference. Individuals must attend both days and <u>please send registrations together.</u></b>			
<input type="checkbox"/>	*2 or more individuals from the same organization	\$350 pp	\$375 pp
<input type="checkbox"/>	*5 or more individuals from the same organization	\$325 pp	\$350 pp
<b>FACULTY</b> Primary presenters receive a 25% discount off regular registration rate (not earlybird); co-presenters will pay full registration fees. All presenters may attend a single session free of charge.			
<input type="checkbox"/>	1 Presenter - One Day (please circle Monday or Tuesday)		\$206.25 pp
<input type="checkbox"/>	1 Presenter - Two Days		\$318.75 pp
<input type="checkbox"/>	<b>STUDENT/VOLUNTEER</b>		
<input type="checkbox"/>	1 individual - One Day (please circle Monday or Tuesday)		\$150 pp
<input type="checkbox"/>	1 individual - Two Days		\$200 pp
<input type="checkbox"/>	<b>NON-MEMBER</b>		
<input type="checkbox"/>	One Day (please circle Monday or Tuesday)		\$325 pp
<input type="checkbox"/>	Two Days		\$575 pp
TOTAL ENCLOSED: _____			

Mail registration/payment to: OHPCA • P. O. Box 592 • Marylhurst, OR 97036. Questions? Call Meg direct 503.890.7027 or Email: [mccauley@oregonhospice.org](mailto:mccauley@oregonhospice.org). **CANCELLATIONS:** Full refund less \$20 processing fee if notice is made by 9/14/18; no refunds thereafter but substitutes welcome. **WALK-INS:** Welcome if space is available and payment is made in full.

## SUNDAY SCHEDULE (9/23/18 – no “discipline-specific” meetings this year)

6-8p	<b>Registration/Silent Auction Item Drop-Off (tentative)</b>	Foyer
6p	<b>OHPCA Board of Directors Meeting &amp; Dinner</b>	TBA

### SESSION TRACK COLOR CODES FOR EASY REFERENCE

<b>CLINICAL</b>	<b>ADMINISTRATIVE/REGULATORY</b>
<b>PALLIATIVE CARE</b>	<b>PEDIATRIC</b>
<b>ETHICS/PSYCHOSOCIAL/SPIRITUAL/SELF CARE/OTHER</b>	

## MONDAY SCHEDULE (9/24/18)

7:30a	<i>Breakfast, Registration, Silent Auction Viewing + Bidding</i>	<i>Juniper 1</i>
8a	<b>Welcome</b> - Barbara Hansen, MA, RN, CWON, CEO, Oregon Hospice & Palliative Care Association, Portland	Golden Eagle A/B
8:15a	<b>OHPCA Annual Business Meeting &amp; Elizabeth Wessinger Award Presentation</b>	
8:45a	<p><b>KEYNOTE SPEAKER – Build and Renew Your Energy in Developing Cultural Agility</b>, Miguel Valenciano, Portland (1.25 CME)</p> <p>Miguel will build upon the foundation he presented at last year’s PPE. He presented empirical evidence which took participants on a journey of realization and increased awareness of individual unconscious bias. His presentation is designed to raise awareness of bias from the unconscious to the conscious level. This session will facilitate the assessment of each person’s personal energy as we continue our journey toward the goal of achieving cultural agility.</p> <p>By the end of Miguel’s session, participants will be able to: 1) explain the concepts of unconscious versus conscious bias and cultural agility; 2) identify contributing factors toward the creation of unconscious biases; and 3) identify strategies to use to mitigate unconscious bias in their everyday lives and in their work.</p>	Golden Eagle A/B
10a	<i>Break with Exhibitors/Silent Auction Viewing + Bidding</i>	<i>Foyer</i>
10:30a Concurrent	<div style="background-color: #0066b3; color: white; padding: 5px; display: inline-block; width: 20px; text-align: center;">1A</div> <p><b>How to Use Research to Improve Your Hospice Performance Improvement Projects</b>, Jon P. Furuno, PhD - Associate Professor, OSU/OHSU College of Pharmacy, Portland (1.25 CME)</p> <p>Every Hospice is supposed to have at least one “Performance Improvement Project” as part of their ongoing Quality Improvement activities. Many hospices have several “PIPS” going at once. Some hospice and palliative care programs struggle with the how to interpret results or may ask “What do I do with this information?”. This session will review how to <i>create</i> performance improvement projects, how to collect the data, to make it useful for comparisons with research data. The session will assist programs in determining how to ask the right questions when collecting data about present performance, to facilitate the ability</p>	Juniper 2

		<p>to use results for comparative/benchmarking purposes.</p> <p>By the end of this session, attendees will 1) review what hospices are required to do to meet the CMS Hospice Conditions of Participation for Performance Improvement projects; 2) be able to identify how to design data collection tools to facilitate the use of their data in benchmarking and how to assess for “measurable progress” as required by the COPs; and 3) be able to identify how to employ research methods to strengthen the conclusions from quality improvement projects.</p>	
		<p><b>The Art and Science of Prognostication (Part 1)</b>, Maggie O’Connor, MD, Minnesota (1.25 CME)</p>	Golden Eagle A/B
	1B	<p>Physicians are often criticized for not speaking with patients about their prognosis, and for being overly optimistic when they do. This workshop will explore why prognostication is "softened," the consequences for patients and families, and the stresses that play a role in prognosticating. Why prognostication is so difficult? What are the challenges of both determining prognosis and communicating this to patients and families? What are the perils of prognostication, and do they affect the practice of medicine. Together we will explore how to improve prognostication both in personal practice and the larger medical system.</p> <p>By participating in this workshop, attendees will be able to: 1) discuss how to improve prognostication in personal practice and the larger medical system; 2) identify 2 or 3 individual goals for improving the practice of prognostication; and 3) identify new ways to communicate prognosis information to patients and families.</p>	
		<p><b>Providing Palliative Care to Children: What’s the Same and What’s Different?</b> Dr. Bob Macauley, M.D., F.A.A.P., Medical Director, Bridges Pediatric Palliative Care Program, Cambia Health Foundation Endowed Chair, Pediatric Palliative Care, OHSU Doernbecher Hospital, Portland (1.25 CME)</p>	Golden Eagle C
	1C	<p>This session will provide an overview of the commonalities and the differences between adult and pediatric palliative care services. The trajectory and nature of illnesses among children will be reviewed, as well as the unique aspects of care for children.</p> <p>At the end of this session, participants will 1) identify several reasons why it is important to provide palliative care to children; 2) identify areas of contrast and overlap between adult and pediatric palliative care; 3) be empowered to take better care of children with life-limiting illness.</p>	
11:45a		Lunch, Silent Auction Viewing + Bidding	Juniper 1
12:45p Concurrent		<p><b>We Honor Veterans: Vietnam War Related Clinical Issues</b>, Ryan Weller, LCSW, National Program Manager, Hospice and Palliative Care, Director, Interprofessional Fellowship in Palliative Care, Department of Veterans Affairs, Portland (1.25 CME)</p>	Juniper 2
	2A	<p>This session will discuss the changing demographics of the current and future population of veterans as well as service related diseases, illnesses, and conditions unique to the Vietnam-era veteran population.</p> <p>At the end of this session, attendees will be able to 1) list demographic factors impacting the population of veterans who will be served by palliative care and hospice programs in the next decade; 2) identify the requirements for a service-connected disability to be</p>	

		granted; and 3) identify several environmental and social factors which have contributed to physical and mental health care issues specific to Vietnam-era Veterans.	
		<b>Emerging Therapeutic Topics in Hospice Care</b> , Mary Mihalyo, RPh, Delta Care RX, Steubenville (1.25 CME)	Golden Eagle A/B
	2B	<p>Is your Hospice program prepared to deal with the changes coming our way? This session will cover a wide range of topics, including: OIG pharmacy audits, CMS' views about medication coverage and the role hospices should play in managing patients' medications, the opioid shortages and the opioid crisis, medical marijuana, formulary management and incorporating new generic drugs coming on the market and use of technology in managing hospice patients' medication needs.</p> <p>By participating in this session, participants will be able to: 1) identify key focus areas for the OIG and CMS regarding coverage of hospice patients' medications; 2) identify factors contributing to the shortage of opioids as well as factors contributing to the opioid crisis; 3) list several new generic drugs coming on to the market this year which may be incorporated into hospice formularies; and 4) identify how technology such as e-prescribing and telemedicine may be used by hospices to improve the efficiency of medication management.</p>	
		<b>Yes, You Can Accept a Peds Patient!</b> Kathy Perko, M.S., C.P.N.P., Program Director, Bridges Pediatric Palliative Care Program, OHSU, Portland (1.25 CME)	Golden Eagle C
	2C	<p>For nearly 15 years, Bridges, the first pediatric palliative care program in Oregon, has been caring for children and their families from before birth through young adulthood. It is not considered normal for anyone, let alone a child, to acquire a life-threatening illness such as cardiovascular disease, renal failure or cancer. There are often many challenges when dealing with uncertain situations, but one thing is certain: families know their child best. Difficult, yet important decisions take place at all ages and at all stages of an illness. This session will discuss the practical aspects of educating/supporting pediatric palliative and hospice care, discuss resources available to hospice programs, as well as provide an overview of common symptom management strategies.</p> <p>By the end of this session participants will be able to 1) identify, discuss and share resources available to palliative care and hospice programs who serve seriously-ill pediatric patients and families; 2) identify approaches for providing symptom management for conditions commonly encountered in pediatric patients facing a life-threatening illness; and 3) facilitate collaboration among palliative care and hospice professionals and programs statewide to encourage greater acceptance of pediatric referrals in communities.</p>	
2p		<i>Break with Exhibitors/Silent Auction Viewing + Bidding</i>	<i>Foyer</i>
2:15p Concurrent		<b>Issues of Interest to Hospice Stakeholders in Oregon</b> , Teri-Ann Stofiel, RN, Patient Safety Surveyor, Oregon Health Authority, Public Health Division, Health Facility Licensing and Certification (1 CME)	Golden Eagle C
	3A	<p>This session will provide an overview of the Health Care Regulation &amp; Quality Improvement (HCRQI) Section within the Oregon Health Authority and discuss its make-up, activities and mission.</p> <p>At the conclusions of this session, participants will be able to 1) discuss the survey process</p>	

		<p>from pre-to post survey activities; 2) list the Hospice Integrity Provisions to Improve &amp; Support Patient Care; and 3) describe the most commonly cited Survey “tags” found during hospice surveys over the past year.</p>				
	3B	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <p><b>Polypharmacy in Older Adults – When Less is More</b>, Harry Krulewitch, MD, MPH; Assistant Professor, Dept. Family Practice, Oregon Health Sciences University, Northwest Geriatrics, PC, Portland, OR <b>(1 CME)</b></p> </td> <td style="width: 20%; padding: 5px; text-align: center;"> <p>Golden Eagle A/B</p> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <p>The concepts of polypharmacy and de-prescribing that address the use of medication use in the older adult have gained traction in recent years. This program will present evidence-based studies that identify the costs, risks and scope of medication use in older adults and outcomes of de-prescribing. Dr. Krulewitch will provide resources to identify potentially inappropriate prescriptions and adverse drug events with medication use in the older adult. The program will explore barriers that can interfere with this effort and promote care planning skills that integrate de-prescribing with palliative care guidelines and goals of care strategies.</p> <p>At the end of this session, participants will 1) understand the concept of polypharmacy in older adults and tools and resources to identify risks of specific drugs in the older adult and assess evidence for de-prescribing these medications in different settings; 2) apply principles of de-prescribing for older adults in community based, acute, and long term care settings and how these principles can be integrated into chronic disease and palliative care management; and 3) recognize professional and patient barriers when applying de-prescribing principles in care planning and review communication strategies to use that can be effective when linked to palliative care and person-centered care planning that address these barriers.</p> </td> </tr> </table>	<p><b>Polypharmacy in Older Adults – When Less is More</b>, Harry Krulewitch, MD, MPH; Assistant Professor, Dept. Family Practice, Oregon Health Sciences University, Northwest Geriatrics, PC, Portland, OR <b>(1 CME)</b></p>	<p>Golden Eagle A/B</p>	<p>The concepts of polypharmacy and de-prescribing that address the use of medication use in the older adult have gained traction in recent years. This program will present evidence-based studies that identify the costs, risks and scope of medication use in older adults and outcomes of de-prescribing. Dr. Krulewitch will provide resources to identify potentially inappropriate prescriptions and adverse drug events with medication use in the older adult. The program will explore barriers that can interfere with this effort and promote care planning skills that integrate de-prescribing with palliative care guidelines and goals of care strategies.</p> <p>At the end of this session, participants will 1) understand the concept of polypharmacy in older adults and tools and resources to identify risks of specific drugs in the older adult and assess evidence for de-prescribing these medications in different settings; 2) apply principles of de-prescribing for older adults in community based, acute, and long term care settings and how these principles can be integrated into chronic disease and palliative care management; and 3) recognize professional and patient barriers when applying de-prescribing principles in care planning and review communication strategies to use that can be effective when linked to palliative care and person-centered care planning that address these barriers.</p>	
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		participants will be able to identify clients and patients who might benefit from the therapeutic method [Within & Without].	
3:15p		<i>Break with Exhibitors/Silent Auction Viewing + Bidding</i>	<i>Foyer</i>
3:30p Concurrent	4A	<p><b>After We Implemented the “Surprise Question” into Everyday Practice: What Happened Next!</b> Laurel Oswalt Jackson, MDiv, Masters Certificate in Clinical Ethics, Senior Director, Compass Care, Yakima (1 CME)</p> <p>This session will explore the results of a change in hospital clinical practice which now requires every physician to ask of every patient: “Would I be surprised if this patient died in the next six months?”</p> <p>At the end of this session, participants will be able to 1) identify what the “Surprise Question” means in end-of-life care; 2) list methods for instituting the use of the “Surprise Question” in their programs; and 3) list results for how one program’s incorporation of the “Surprise Question” in their hospital’s practice impacted their hospice and palliative care programs.</p>	Golden Eagle C
	4B	<p><b>Keeping Your Volunteers Engaged</b>, Jason Medina, M.Div., Volunteer Coordinator, Partners in Care in Bend</p> <p>This session will provide an overview for specific elements and strategies that can create a rewarding experience for your volunteers. The presentation utilizes a mind map and sticky notes, exploring four different ways volunteers can feel engaged and connected to your organization and their roles. As I draw out the mind map in real time, attendees are encouraged to write something on a sticky note and post it next to the mind map item for further discussion or comment, encouraging ongoing participation and reflection.</p> <p>Upon completion of this session, participants will be able to 1) identify multiple strategies to keep volunteers engaged; b) have an improved understanding of personal incentives; and 3) learn how this plays a role in retaining volunteers.</p>	Golden Eagle D
	4C	<p><b>Midwives to Reorientation: A Narrative Approach to Spiritual Care</b>, Fred Grewe, Chaplain, DMin, BCC, Providence Medford</p> <p>In the past 12 years, I have companioned with more than 1,500 folks who have died. They, and years of research into the existential issues related to the dying process, have taught me several important lessons. Chief among them is our insatiable need to create meaning for our lives. We do this by crafting stories. This workshop will explore techniques care providers can employ to help patients reframe meaning in light of a terminal or debilitating illness.</p> <p>Upon completion of this session, participants will 1) explore the need of patients to be authors of their own life narrative; 2) identify how this activity can facilitate patients achieving a sense of spiritual peace in the midst of their disease process; and 3) learn practical tools for care providers to utilize in aiding patients stuck in this life scripting project.</p>	Golden Eagle A/B
4:30p		<i>Adjourn</i>	
4:30-6p		<i>Welcome Reception and Silent Auction Viewing + Bidding/Dinner on Your Own</i>	

## TUESDAY SCHEDULE (9/25/18)

7:30a	<i>Breakfast, Registration, Silent Auction Viewing/Bidding</i>	<i>Juniper 1</i>
8a	<b>Welcome - Barbara Hansen, MA, RN, CWON, CEO, Oregon Hospice &amp; Palliative Care Association, Portland</b>	Golden Eagle A/B
8:15a	<p><b>PLENARY SPEAKER – How Oregon is Addressing the Opioid Crisis and How Hospice and Palliative Care Can Help</b>, Katrina Hedberg, MD, MPH, Health Officer &amp; State Epidemiologist, Public Health Division, Oregon Health Authority <b>(1 CME)</b></p> <p>Oregon is experiencing an opioid overdose epidemic, similar to the United States as a whole. The primary driver has been the prescribing of opioids to treat persistent non-cancer pain. To address this crisis, the Oregon Health Authority (OHA) implemented a strategic Opioid Initiative, focused on increasing access to non-opioid pain treatment; supporting medication-assisted treatment and naloxone access for people taking opioids; decreasing opioid prescribing; and using data to inform policies and interventions. Adequate control of pain and other symptoms, including through the use of opioids and anxiolytics, is a cornerstone of palliative care management. Dr. Hedberg will provide an overview of the Oregon Opioid Initiative and discuss how thoughtful prescribing, storage and disposal of medications can support the goals of the Initiative.</p> <p>Session objectives include 1) understanding the current data on the opioid overdose epidemic in Oregon; 2) understanding the various strategies being implemented to address this crisis; and 3) understanding the role that palliative care medicine can have helping Oregon to address the opioid overdose epidemic.</p>	Golden Eagle A/B
9:15a Concurrent	<p><b>POLST: Doing it Better in Hospice</b>, Pam Hiransomboon-Vogel, DNP, FNP-BC, ACHPN, Chair, Quality Improvement Committee, the Oregon POLST Program, Portland <b>(1 CME)</b></p> <p><b>5A</b></p> <p>This session will review changes in the POLST form and regulations in the past year. A review of how hospice agencies are doing at submitting POLST forms to the Oregon POLST Registry will be provided. Strategies for improving POLST form submissions will be discussed. The session will also review quality improvement potentials and interventions as described in “How to Avoid the 7 Deadly Sins” regarding the appropriate use of the POLST form.</p> <p>At the end of this session, participants will be able to: 1) identify recent changes to the POLST form and to the statute regarding the acceptance by the state registry of POLST forms signed with a verbal order; 2) discuss the process used in their palliative care or hospice program for completing the POLST form and for submitting it to the Oregon POLST Registry; and 3) identify several strategies for avoiding the “7 Deadly Sins” in the use of the POLST form.</p>	
	<p><b>Voluntary Stopping Eating and Drinking (VSED)</b>, Linda Ganzini, MD, MPH, Professor of Psychiatry and Medicine, OHSU, Portland <b>(1 CME)</b></p> <p><b>5B</b></p> <p>Among death-hastening options, the spotlight has often been on physician-assisted death. However, voluntarily stopping eating and drinking (VSED) is also a course that patients may choose. This session will examine the clinical issues in assessing patients who are considering VSED and the clinical challenges that may emerge during VSED. The session will also explore some of the underlying legal and ethical considerations for clinicians who care</p>	

		<p>for or decline to care for these patients.</p> <p>By the end of this session, participants will be able to: 1) identify current options to hasten death in the US; 2) identify legal and ethical issues for patients who are considering the use of VSED; 3) identify clinical issues and clinical challenges of working with patients who pursue VSED; and 4) discuss the role of physicians and other hospice and palliative-care staff who work with patients who considering VSED.</p>	
		<p><b>Incorporating Palliative Care into your Hospice Organization? Now Learn about the Other Side of the Conversation; Billing and Operations for Palliative Care from the Payer’s Perspective,</b> Leslie Foren &amp; Leanne Spears, Regence BlueShield Washington <b>(1 CME)</b></p>	
	5C	<p>Our healthcare system is complex and is undergoing significant changes that could have impact on end-of-life care. Many hospices are working to incorporate palliative care into their organization in order to meet the community need. This session will address how providers can work with payers on partnership opportunities around quality incentives, value-based care and innovative pilot projects. We will also share information and answer questions on the “incident to” billing and show how to integrate these billing procedures. We will address key components of ACP conversations, including initiating the conversation, and how and what is important in documentation of these conversations.</p> <p>Upon completion of this presentation, participants will 1) have working knowledge of the key components of Advance Care Planning conversations and will know how to initiate, follow up and document goals of care conversations in a respectful, culturally sensitive manner; 2) learn the 5 key essentials to establishing effective palliative care provider – payer partnerships; and 3) have a clear understanding and clarification on when and how to bill for palliative care services using the “incident to” professional services.</p>	
10:15a		<i>Break with Exhibitors, Hotel Check Out, Silent Auction Viewing + Bidding</i>	<i>Foyer</i>
10:45a Concurrent		<p><b>How “Big Data” Can be Used to Improve Performance for a Hospice Program,</b> Marc Berg &amp; Alex Berg, BDS Healthcare, Vancouver <b>(1.25 CME)</b></p>	Juniper 2
	6A	<p>Virtually all industries now use big data to drive their strategies on financial performance, quality improvement and customer satisfaction. A significant exception to this is the healthcare industry. While there are segments of healthcare that are using big data, they are the exception.</p> <p>At the end of this presentation, attendees will be able to: 1) identify how “non-data-driven decision making” can result in enormous costs being placed on society, including expensive and inefficient care, inconsistent clinical outcomes and poor patient satisfaction; 2) identify how big data can be used in local markets to improve performance in all domains for a hospice program; and 3) explore opportunities to better partner with hospitals to improve their financial and quality outcomes.</p>	
		<p><b>A Conversation About Prognostication (Part 2),</b> Maggie O’Connor, MD, Minnesota <b>(1.25 CME)</b></p>	Golden Eagle A/B
	6B	<p>Recommended to have attended The Art and Science of Prognostication (Part 1/Monday). Participants will be presented with a case study, drawn from Paul Kalinithi’s book, <u>When Breath Becomes Air</u>. Dr. Kalinithi learned he had stage IV lung cancer as he was finishing his fellowship in neurosurgery at age 36. Using the extracted quotations of each conversation</p>	

		<p>the author has with his oncologist, prognostication is addressed from first diagnosis to final visit. Together we will talk about the good, the bad, and the difficult in the conversations about prognosis.</p> <p>By participating in this workshop, participants will be able to: 1) articulate their own values and beliefs about the practice of prognostication; 2) reflect on the value and challenges that arise in both providing and receiving a prognosis; and 3) reflect on the meaning of “existential authenticity” in the medical context.</p>	
		<p><b>Communicating Under Stress: Reflecting On Our Non-Verbal Message</b>, Kris Gould, MSW, LCSW and Sarah Neudeck, Senior Social Worker, MSSW, LCSW, Providence Portland Hospice <b>(1.25 CME)</b></p>	Golden Eagle C
	6C	<p>The non-verbal communication we use with patients, families, colleagues, and care providers can help build relationships or harm them. When under stress, our non-verbal communication speaks volumes about our inner thoughts, positive and negative, as well as biases we may not realize we have. With Hospice Compare, it is increasingly essential to reflect on how we are coming across to our “customers.” In this session, we will focus on components of non-verbal communication with an emphasis on body language and tone of voice. We will practice conversations and have the chance to reflect on our own non-verbal styles.</p> <p>On completion of this session, participants will 1) have a greater awareness of their own non-verbal communication style under stress; 2) be able to identify how their own non-verbal communication style impacts patients, families, colleagues, and care providers; and 3) gain greater understanding of how important our non-verbal communication is in building or harming relationships that are essential to our work.</p>	
12p		<i>Exhibitors Luncheon, Final Silent Auction Bids in by 12:30</i>	<i>Juniper 1</i>
<b>12:50p</b>		<b><i>Silent Auction Closes – Pick Up &amp; Pay for Items Won!</i></b>	
1p Concurrent		<p><b>Building a More ‘Dementia-Capable’ Organization</b>, Joelle Osterhaus, MSW, LCSW, LICSW, ACHP-SW, Hospice, Palliative Care and Continuing Care Psychosocial Services Manager and Jennifer Black, Chief, Palliative Care, Medical Director, Hospice, Kaiser Permanente Northwest Continuing Care Services, Portland <b>(1 CME)</b></p>	Juniper 2
	7A	<p>Dementia is rapidly rising to epidemic proportions as the population ages. At some point, these persons with dementia will be clients of your palliative care or hospice program. Is your program ready? The dawn of hospice was born out of a cancer model. That model today does not necessarily fit the needs of people with dementia or their caregivers. Most palliative and hospice staff have little to no dementia-specific training and yet are asked to care for individuals with dementia in their most vulnerable stage of the disease. If we truly want to provide excellent person-centered care, interdisciplinary training in best practices for dementia is imperative. Come participate in this session to learn ways to increase the knowledge and skill base of your staff, identify the value of and need for special programmatic development for program leaders, as well as to dig deep to better understand the terminal phases of the disease for certification and recertification.</p> <p>By participating in this workshop participants will: 1) have an understanding of the prevalence and impact of dementia on hospice programs; 2) be able to implement new strategies for working with patients with dementia that are discipline specific to each of the</p>	

		core IDG team members; and 3) glean helpful insights on dementia specific signs and symptoms of decline and disease progression.	
		<b>An Evidence-Based Approach to Terminal Secretions</b> , Elizabeth Fitzgerald, Nurse Case Manager, RN, BA, CHPN, Providence Portland Hospice (1 CME)	Golden Eagle A/B
	7B	<p>There is no evidence that antimuscarinics are more effective than placebos in the treatment of terminal secretions. Terminal secretions are not associated with pain, suffering, or respiratory distress so why are we treating it? Research suggests the primary aim of treatment is to decrease caregiver distress and nurses and doctors feel pressured to ‘do something’. The current practice of treating terminal secretions with antimuscarinics is not evidence-based. However, there are evidence-based nonpharmacological interventions that are more effective than a placebo in addressing caregiver distress. The session will review this information using a pretest, power point presentation, and explore caregiver feelings about the content through discussion.</p> <p>By participating in this session: 1) participants will learn there is insufficient evidence to support the continued use of antimuscarinics in the treatment of terminal secretions; 2) pharmacological intervention is geared toward palliating caregiver and staff distress; and 3) participants will be able to list nonpharmacological, evidence-based interventions to decrease caregiver distress related to terminal secretions.</p>	
		<b>Understanding the Relationship Between Palliative Care and Hospice Performance</b> , Jay D. Cushman, Health Planning & Development (dba HealthPivots), Portland (1 CME)	Golden Eagle C
	7C	<p>The presentation will include both publicly available data and some reports and maps produced from HealthPivots’ data and proprietary software.</p> <p>By participating in this workshop, participants will: 1) be able to benchmark their organizations’ performance against industry leaders and local averages and set targets for realistic performance goals; 2) learn about the benefits and pitfalls of palliative care when it comes to the delivery of hospice services; and 3) have tools to utilize publicly available data to measure performance and access to care.</p>	
	2p	Break	
2:15p Concurrent		<b>Who Wants to be a Millionaire? (Hospice Regulatory Edition featuring Barb Hansen as your Game Show Host)</b> Barb Hansen, MA, RN, CWON, CEO, Oregon Hospice & Palliative Care Association (1 CME)	Golden Eagle A/B
	8A	<p>This session will explore and test attendee’s knowledge about current Hospice and Palliative Care regulatory, compliance and reimbursement requirements in a fun and entertaining “game-show” atmosphere.</p> <p>By the end of this session, attendees will be able to: 1) name 3 Hospice eligibility requirements; 2) identify at least 4 ways Palliative Care may be reimbursed under current insurance coverages; and 3) identify at least three current Hospice Quality Reporting Program requirements.</p>	
		<b>Introduction to Mind Mapping; a Simple and Effective Clinical Tool</b> , Reverend Randall R. Ross, Senior Chaplain, Partners in Care, Bend (1 CME)	Juniper 2
	8B	Join Chaplain Ross for an introduction to <i>Mind Mapping</i> , a simple and effective clinical tool	

		<p>to enhance cognitive function and memory retention. The foundations of this ancient tool can be traced back to the 3rd century where Porphyry of Tyros graphically visualized the concept categories of Aristotle. Mind Mapping was later popularized and further developed in 1974 by British author and personality Tony Buzan. This easy to learn tool can be used individually, with groups or with patients to develop insights, promote creativity and foster healing.</p> <p>Upon completion of this session, participants will: 1) learn how to create a Mind Map, 2) how to use Mind Maps for self and others; and 3) understand the benefits of using Mind Maps.</p>
	8C	<p><b>Left To Our Own Devices</b>, Katrina Hoffman, NP-C, Samaritan Evergreen Hospice, Albany and Laura Mavity, MD, St. Charles Healthcare, Bend (1 CME)</p> <p>This session will explore some of the unique challenges faced when patients with implanted devices or recurrent seizures are served by Palliative Care and Hospice programs. The session will review legal and ethical considerations as well as the care needs of patients on hospice who have LVADs, implanted defibrillators, pacemakers, and/or recurrent seizures.</p> <p>At the end of this session, participants will be able to 1) identify legal and ethical considerations in removing implanted devices at the end of life; 2) list the basic steps and documentation required after a decision to deactivate an implanted device; 3) identify methods used for both planned and urgent implanted device deactivation; and 4) identify measures to control recurrent seizures to promote patient comfort and ease caregiver/family distress.</p>
3:15p		<p><i>Adjourn – Thank you for being part of the PPE. Safe travels home!</i></p>

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