

CLINICAL - purple		ADMINISTRATIVE/REGULATORY - blue	
PALLIATIVE CARE - green		PSYCHOSOCIAL/SPIRITUAL/SELF CARE - red	
MONDAY SCHEDULE (9/23/19)			
7:30a	Breakfast, Registration, Silent Auction Viewing + Bidding		Juniper 1
8:05a	Welcome - Barbara Hansen, MA, RN, CEO, Oregon Hospice & Palliative Care Association, Portland		A/B
8:15a	OHPCA Annual Business Meeting, Elizabeth Wessinger Award		
9a	KEYNOTE SPEAKER: Hospice and Palliative Care - 2019 and Beyond! , Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina		A/B
	<p>In this session, we will discuss major initiatives that will affect the future of hospice and palliative care delivery. Specifically, we will explain the move to a value-based reimbursement system with a focus on Alternative payment models (APMs). In 2019, organizations from Oregon will be able to partake in the Serious Illness Alternative Payment Model and we will identify strategies to help hospice organizations participate. Developing an effective and efficient palliative care program will be important to sustainability. Dr. Bull will highlight efficient processes, a risk stratification matrix, a telehealth platform, and quality data collection tools that will help programs succeed. Finally, she will touch on the Carve – in demonstration for 2021 and the potential impact that competitors and collaborative ventures may exert in our field.</p> <p>Upon completion of this session, participants will be able to: 1) discuss healthcare transitioning to a value-based reimbursement stream; 2) identify how to participate in the Serious Illness Payment Model; 3) develop an efficient and effective palliative care program; 4) understand the carve in demonstration for Medicare Advantage; and 5) identify the impact of competitors and collaborative ventures in the hospice industry.</p>		
10a	Break with Exhibitors/Silent Auction Viewing + Bidding		Foyer, Juniper 1
10:30a Concurrent	1A	Legislative Advocacy in Oregon: What We Can Achieve by Working Together! , Scott Gallant and Karen Mainzer, Gallant Policy Advisors, Salem, Jenn Hopping-Winn, LCSW, Palliative Care Operations Manager, Kaiser Permanente, Portland, District 37 Representative Rachel Prusak, West Linn and District 8 Senator Sara Gelser, Corvallis (invited)	A/B
		<p>This interactive panel presentation will review the successes achieved during the 2019 Legislative session, the challenges encountered while trying to get three bills passed and lessons learned along the way. The panelists will share insights about how the legislative process “works” and the rationale behind why some strategies are successful and others are not. The session will explore goals for the 2020 Legislative session and discuss activities hospice and palliative-care providers can begin now in order to achieve success in the future.</p> <p>Upon completion of this session, participants will be able to: 1) list steps in the process for how an idea becomes a bill--and how the bill goes through the legislative process on its way to becoming a law; 2) discuss several barriers organizations may encounter when they engage in legislative advocacy; 3) identify several strategies employed by parties who have achieved success in the legislature; and 4) list at least three activities hospice and palliative care providers can begin which may increase the likelihood of future legislative success.</p>	
	1B	Best Practices in End-of-Life Care for Transgender, Non-Binary, and Gender Non-conforming Patients , Stephanie Tolentino, MSW, LSW, LCSW, Social Worker and Jessica Fishman, MSW, LCSW, Social Work Supervisor, Providence Hospice, Portland	Juniper 2
		<p>What fears or concerns do you have with implementing gender affirming care? Transgender and gender non-conforming patients face discrimination and barriers to timely, safe and equitable health care. This disparity is heightened at end of life when individuals are highly vulnerable and may have limited supports or access to safe and respectful medical and caregiving providers. This presentation will demonstrate how inclusive, gender-affirming language and informed organizational policies are critical for minimizing harm and promoting a welcoming hospice environment that honors the end of life experience for all patients.</p> <p>Upon completion of this session, participants will: 1) be able to identify concrete strategies for policy and best practices for gender affirming care; 2) gain an understanding of barriers and inequities transgender and gender non-conforming patients face in health care; and 3) gain knowledge of vocabulary related to gender identity, roles, and pronouns.</p>	
	1C	Cultivating Compassion: Key to Therapeutic Presence and Preventing Burnout , Yousuke Eto, LCSW, Housecall Providers, Portland	C/D
		<p>Why is it important for us to be present with our patients? The Dalai Lama says, “Real care of the sick does not begin with costly procedures, but with the simple gift of affection and love.” This presentation will focus on contemplative approach to end of life care, and, in particular, uncovering and strengthening our innate ability to be present, kind, and compassionate to ourselves and others, as well as its implication on our therapeutic presence and self care. This workshop will explore rationale for and benefits of training in compassion along with recent findings from emerging research on compassion. Participants will have an experiential taste of this training, including meditation on loving kindness.</p> <p>Upon completion of this session, participants will: 1) learn the difference between sympathy, empathy and compassion and how this applies to our therapeutic presence as well as self-care and burnout prevention; 2) have an experiential taste of the training of compassion; and 3) have the knowledge of resources to further their training in compassion if they wish to do so.</p>	

11:45a	<i>Lunch, Networking Session, Silent Auction Viewing + Bidding</i>		<i>Foyer, Juniper 1</i>
1p Concurrent	Beyond 5%: Evaluating Your Volunteer Program , Kristen Van Tuyl, BA, National Volunteer and Bereavement Services Trainer, Volunteer Coordinator, Bristol Hospice, Clackamas	C/D	
	2A	<p>How do you currently illustrate your program's efficacy? What roadblocks do you have to gathering data? Evaluating a volunteer program can be a daunting task; there are so many areas to gather data from that you can easily be overwhelmed and just avoid it altogether. However, a program evaluation is an incredibly valuable tool for program improvement, trouble shooting, and celebrating growth. Learn how to evaluate your volunteer program by utilizing technology and other resources.</p> <p>Upon completion of this session, participants will: 1) be able to identify 3 reasons for performing an annual volunteer program evaluation; 2) be equipped to evaluate their volunteer program; and 3) be able to interpret hard data into actionable items.</p>	
	2B	<p>Responding to Suffering: A Palliative Social Worker's Approach, Jennifer Hopping-Winn, LCSW, Palliative Care Operations Manager, Kaiser Permanente, Portland</p> <p>Inherent in the work of palliative care is the bearing witness to and mitigation of suffering. Many patients with serious illnesses experience profound suffering, but not all. What are some protective factors against it? How might we screen for suffering to determine whether it is present? How does suffering affect the patient's sense of time, and how might this inform our interventions? We will explore each of these, will draw a distinction between our own suffering and the patient's, and discuss ways in which to respond to suffering when in its presence.</p> <p>Upon completion of this session, participants will: 1) identify at least two ways to screen for suffering; 2) define 'moral distress' and how it is distinct from a patient's suffering; and 3) name 2-3 ways to respond to suffering when in its presence.</p>	A/B
	2C	<p>Supporting the Human Animal Bond for Your Patients, Christy Bork, Program Manager, Pet Peace of Mind, Salem</p> <p>This session will review how the Pet Peace of Mind program trains hospices, home health agencies, and hospitals how to help patients with pet care needs through our volunteer-driven model. The primary goal of the program is to elevate the conversation about the importance of patients' pets in their lives and help healthcare organizations understand how to help with pet care. Upon completion of this session, participants will be able to: 1) understand the value of the patient's pets in their lives; 2) identify relevant research relative to the topic; 3) list key components for how a patient pet care program may be structured; and 4) identify the steps necessary to start a pet care program.</p>	Juniper 2
2:15p	<i>Break with Exhibitors/Silent Auction Viewing + Bidding</i>		<i>Foyer, Juniper 1</i>
2:30p Concurrent	Competencies 2.0 , Sasha Holden, Nurse Clinical Educator, RN BSN, WCC, Providence Hospice, Portland	Juniper 2	
	3A	<p>How can hospices make competencies meaningful? In this changing climate of health care nurse competencies matter more than ever before. Hospice's have limited time, limited resources and high regulatory burden but competency teaching can be meaningful with creative strategies to engage staff. Come and learn methods to optimize your competency process.</p> <p>On completion of this session, participants will: 1) leave with a plan for choosing which competencies to check; 2) leave with a template for skills development; and 3) be able to evaluate teaching methods that will work best for themselves and their coworkers.</p>	
	3B	<p>Medication Misadventures: Polypharmacy and a Path to Rational Prescribing, Helen Kao, MD, Medical Director of Clinical Innovations, Lumina Hospice, Corvallis</p> <p>What barriers do you face in deprescribing? The rational use of medications is always important. It is especially true among older, frail, or seriously ill patients who have greater vulnerability to adverse effects. An understanding of the prevalence and causes of polypharmacy enables clinicians to better apply frameworks for deprescribing and rational prescribing. Reducing polypharmacy reduces health care waste and improves patient outcomes.</p> <p>By participating in this session, participants will be able to: 1) define polypharmacy and inappropriate prescribing (IP), and their consequences for patients and society; 2) list causes of polypharmacy and IP; and 3) describe the process of deprescribing (rational prescribing).</p>	A/B
3:30p	<i>Walk Time</i>		
3:35p Concurrent	Improving Billing & Coding in Hospice and Palliative Care , Dr. Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina	A/B	
	4A	<p>In this session, one will learn how to code effectively. We will demonstrate why billing should reflect the highest complexity of codes and what are the requirements needed for history, physical exam, and medical decision making. The new codes, advance care planning and non-face to face extender codes (only relevant for palliative care) will be discussed in detail. Benchmarks will be shared of billing in each care setting by a provider.</p> <p>Upon completion of this session, participants will be able to: 1) identify the key component requirements needed in high complexity billing; 2) discuss time vs intensity level billing; 3) demonstrate competency in advance care planning coding and understand the impact it has per individual provider; and 4) discuss non face to face extender codes and when to use in palliative care billing.</p>	

	4B	Strategies for Working with Combative Patients , Chrystal Akin Bruce, CNA, Hospice Aide, Providence Hospice, Portland	Juniper 2
		<p>How do you get around the barriers to care for the combative patient? This presentation will discuss strategies and techniques for managing combative patients in order to calm and reassure them. This in turn will allow staff to provide safe care while reducing the risk of injury to themselves.</p> <p>Upon completion of this session, participants will: 1) learn safe strategies for providing care to combative patients; and 2) be able to modify the care portions of the care plan to accommodate the needs of the combative patient.</p>	
	4C	Spiritual Resources for Companionship the Dying , Raggs Ragan, MA, MDiv, DMin, Trinity Episcopal Cathedral, Portland	C/D
		<p>How have you used familiar religious content with your patients (or seen it used)? And what has been your sense of its helpfulness?</p> <p>Drawing on her more than 35 years of experience of being with people as they prepare for their own deaths and the deaths of those they love, as they die and companion the dying, in a culture with no common practices and beliefs., as well as her doctoral work with Jewish and Buddhist companions of the dying, the Rev'd Dr. Ragan will share insights about liturgy and ritual, known to be important to humans regardless of their belief systems, in the context of dying, including specific resources and their appropriate uses.</p> <p>Upon completion of this session, participants will: 1) learn about certain religious practices for companionship the dying; 2) gain some resources for use with Buddhist, Jewish, or Christian faithful at their dying, which can be useful with others as well; and 3) share experiences of spiritual companionship of the dying with other people in hospice work.</p>	
4:35p	Adjourn		
5-6p	Welcome Reception and Silent Auction Viewing + Bidding/Dinner on Your Own		

TUESDAY SCHEDULE (9/24/19)

7:30a	Breakfast, Registration, Silent Auction Viewing/Bidding		Juniper 1
8:05a	Welcome - Barbara Hansen, MA, RN, CEO, Oregon Hospice & Palliative Care Association, Portland		A/B
8:15a	PLENARY SPEAKER - The ROI of Kindness , Kindness Catalyst Linda Cohen		A/B
	<p>Encompassing themes of passion and resilience and utilizing her "Economy of Kindness" themes, this session will help to empower you and teach you how kindness can change everything! In this program, Cohen will share her three greatest lessons and how she became a "kindness catalyst": the size of the action doesn't matter, there is often an unexpected ripple effect, and giving and receiving are experienced differently. According to research from the University of California Riverside, 40% of our internal happiness is determined by intentional actions, not by genes (50%) or circumstances (10%). Together with attendees, Cohen will expand the conversation around why kindness can be so crucial in a business setting and what value our individual actions can have on the bottom line of our organizations.</p> <p>Upon completion of this session, participants will be able to: 1) identify how their organization is currently doing with their own kindness strategies; 2) formulate ways to improve company morale and deepen employee loyalty; and 3) discover how kindness in action makes a difference using examples of how kindness can impact individuals and businesses.</p>		
9:15a	Walk Time		
9:30a	Concurrent	We Honor Veterans Panel Presentation , Lynne Denné, Outreach Manager and Volunteer Coordinator, Coastal Home Health & Hospice, Brookings, Kelly Sautel, Business Development, Evergreen Hospice & Supportive Services, Albany and Ernie Tafalla, Veterans Outreach Coordinator, Partners In Care, Bend	Juniper 2
		<p>More than 1,800 Veterans die every day in this country, with only a small percentage of those deaths occurring in VA facilities. Many Veterans may not know about, or have access to, hospice and palliative care. Many hospices may not know which patients are Veterans and what end-of-life issues which are specific to Veterans may arise. This panel presentation will provide information about different hospice agencies around the state have integrated the We Honor Veterans program into their everyday practices. The panelists will discuss how their programs first became affiliated with the WHV program, describe the various activities they do for the Veterans and their families and identify any challenges their programs have encountered during their WHV affiliation. They will also discuss ideas for program activities and outreach activities in the future. The panelists will share insights about how being a WHV partner program has made a difference in their communities as well as among their staff and volunteers.</p> <p>Upon completion of this session, participants will be able to: 1) identify at least three benefits hospice programs can experience as a result of being a We Honor Veterans program partner; 2) list at least four activities Hospices are providing for the Veterans they serve in order to improve end of life care for Veterans in their communities; and 3) discuss resources available to Hospice programs who are considering becoming a We Honor Veterans partner or are seeking to advance their WHV level.</p>	

		Standardizing the Visit: the Hidden Gems , Anne Kister, Clinical & Community Education Coordinator, Providence Hospice, Portland	C/D
	5B	<p>What aspects of a visit do you believe can be standardized across disciplines? This presentation will explore our journey in developing the Caring Reliably Visit and the lasting effects it has had on improving our practice and patient experience. We utilize this standardized approach across all disciplines, introduce it to our new hires and incorporate it as part of our supervisory visit structure. It has given our staff a common language and has provided our patients and caregivers with a sense of what to expect when a staff member visits.</p> <p>Upon completion of this session, participants will: 1) learn the components of a standardized visit from a safety and infection control perspective; 2) learn the resources used to develop this visit structure; and 3) be able to determine what aspects of this standardized approach will translate to their practice.</p>	
		Various Models of Palliative Care , Dr. Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina and Dr. Jenny Blechman, Partners in Care, Bend	A/B
	5C	<p>There are many factors that may influence which model of palliative care an organization chooses. These factors include payors and reimbursement streams, geography, patient demographics, staffing concerns, and services provided. Each model will need to account for patient volume, size and scope of program, growth strategy, and educational needs. We will discuss different compositions of teams along with consultative vs co-management vs primary care driven services. In addition, we'll cover the delivery of care in different care settings and aligned staffing ratios, productivity, and educational needs of team members.</p> <p>Upon completion of this session, participants will be able to: 1) identify factors that influence palliative care team model; 2) discuss roles, compositions, and productivity standards of different interdisciplinary teams; 3) understand delivery of palliative care in home, clinic, and nursing facilities as well as co-located in primary and specialty care; and 4) discuss how regional partnerships and alternative payment models can benefit community palliative care programs.</p>	
10:30a	<i>Break with Exhibitors, Hotel Check Out, Silent Auction Viewing + Bidding</i>		<i>Foyer, Juniper 1</i>
10:55a Concurrent		Issues of Interest to Stakeholders in Oregon , Teri-Ann Stofiel, RN, Patient Safety Surveyor, Oregon Health Authority, Public Health Division, Health Facility Licensing and Certification	C/D
	6A	<p>This session will provide an overview of the Health Care Regulation & 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 from pre-to post survey activities; 2) list the Hospice Integrity Provisions to Improve & Support Patient Care; and 3) describe the most commonly cited Survey "tags" found during hospice surveys over the past year.</p>	
		The Economy of Kindness: How Kindness Transforms Your Bottom Line , Kindness Catalyst Linda Cohen	A/B
	6B	<p>Do you know how your actions within your organization, including simple daily acts of kindness, could change your outlook, productivity and build relationships with your clients or co-workers? In this highly interactive workshop, learn why cultivating a culture of kindness in the workplace is imperative. Cohen helps attendees improve communication, boost teamwork, promote interpersonal interaction and customer service through intentional engagement and focus on cultivating a stronger culture of kindness. Kindness in the workplace, improves employee morale, elevates customer service and creates loyalty from clients. Cohen will engage attendees to discuss and explore kindness practices that will help build stronger strategic alliances. Attendees will leave with actionable kindness ideas to implement immediately.</p> <p>Upon completion of this session, participants will be able to: 1) identify specific ways to improve customer service through intentional engagement in acts of kindness and authenticity; 2) discuss and explore kindness practices that help build stronger strategic alliances; and 3) identify several kindness ideas to implement in the workplace.</p>	
		Palliative Care: Navigating the Nuances of Co-Management Across the Continuum , Jennifer Hopping-Winn, LCSW, Palliative Care Operations Manager and Joelle Osterhaus, Psychosocial Services Manager, LCSW, Kaiser Permanente, Portland	Juniper 2
	6C	<p>Take a moment to think of a case in which the patient's care was disjointed or fragmented, resulting in poor satisfaction on the patient/family's part and a suboptimal care outcome. What happened? What, if anything, might have prevented this? Palliative Care programs and practices are often rooted in a consult-based model with other specialists, care providers, and service agencies managing the patient's care. How might we better collaborate with these partners and stakeholders to promote continuity and better care outcomes? How do we go about creating service agreements between programs about who manages which element of the patient's care? What are ways we can build up and strengthen our teams doing this complex work?</p> <p>Upon completion of this session, participants will be able to: 1) name 2-3 ways ways to promote continuity across complex care settings; 2) name 1-2 ways to build healthy teams up, down and across streams; and 3) define a process for creating agreements between programs regarding ownership of care.</p>	
12:10p	<i>Exhibitors Luncheon, Final Silent Auction Bids in by 12:30</i>		<i>Foyer, Juniper 1</i>
12:50p	Silent Auction Closes – Pick Up & Pay for Items Won!		

1:10p Concurrent		After We Implemented the “Surprise Question” into Everyday Practice: What Happened Next! Laurel Oswalt Jackson, MDiv, Masters Certificate in Clinical Ethics, Senior Director, Compass Care, Yakima	A/B
	7A	<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>	
		ICDs and Pacemakers: How to have an Empowered Conversation at End of Life, Tiffany Lindsay, RN BSN, Providence Hospice, Portland	Juniper 2
	7B	<p>Jim is a patient with a history of cardiac arrest and his ICD has saved his life 4 times. He is now in end stage CHF. He wants to know if his ICD will help him one last time. How would you approach a conversation with Jim regarding his ICD? In this session, Ms. Lindsay will present the difference between a pacemaker and an ICD and how to approach the conversation with patients at the end of life. She will also discuss the common questions regarding these devices and possible ways to approach the conversation with patients and families to help reduce fear, including understanding proper use and placement of a magnet in rare situations of ICD shock and reasons for notifying funeral homes that a patient has a device. Upon completion of this session, participants will be able to: 1) reduce anxiety and fear related to implanted devices; 2) empower open conversations with patients and families; and 3) clarify differences between the two devices.</p>	
		Palliative Care – Designing Your Program (Part 1 of Hohnbaum/Bruner presentation), Kevin Hohnbaum, Home-Based Palliative Care Manager & Business Development Manager, Willamette Valley Hospice, Salem and Erin Bruner, Home Palliative Care Manager, Kaiser Permanente, Portland	C/D
	7C	<p>What does your community need and who are your community partners? How do you meet your agency’s needs and what can you afford to do? Upon completion of Part 1 of this session, participants will: 1) understand the value of a Home-Based Palliative Care program, 2) learn ways to build community support and partnerships and 3) explore methods of paying for your program.</p>	
2:10p	<i>Walk Time</i>		
2:15p Concurrent		Fail Your Way to Success: A Participatory Review of Effective Performance Improvement Focusing on the Plan-Do-Study-Act Cycle as a Tool to Make Meaningful Changes in the Clinical Systems in Your Organizations, Rochelle Webster, FNP, Quality Control Coordinator, Asante Hospice, Medford	A/B
	8A	<p>“Opportunity is missed by most people because it is dressed in overalls and looks like work.” Can “Performance Improvement” actually be fun <i>and</i> engaging for direct-care clinicians? This interactive session will review different ways to do PDCAs so they aren’t so plodding—like a “kaizen” process (which is just a fancy word for a fast Lean project). The “disconnect” between true quality—as perceived by hospice and palliative clinicians—and CMS quality measures will be explored. Strategies will be discussed for ways to get clinical staff more engaged in performance improvement activities. The session will include discussion of ideas for how to incorporate group projects to put it into practice back at each participant’s sites.</p> <p>Upon completion of this session, participants will be able to: 1) list at least two ways to work through the “Plan, Do, Check, Act” process within their programs, using real-life examples of challenges; 2) identify at least three practical methods for increasing the involvement of clinical staff in PI activities; and 3) discuss ideas for ways to increase the connection between CMS quality metrics and “real-life” clinical activities within a hospice program.</p>	
		End of Life Doulas: Bridging Gaps and Supporting Care, Lynne Denné, Outreach Manager and Volunteer Coordinator, Coastal Home Health & Hospice, Brookings and Patty Burgess, Founder and President of Possibility of Teaching Transitions	Juniper 2
	8B	<p>The End-of-Life Doula movement is gaining traction, and end-of-life doula services are being requested by patients and families at an ever-increasing rate. Yet, there is confusion and even sometimes concern within the hospice industry as to the end-of-life doula role, scope of practice, value to hospices, and especially how doulas might be integrated into a hospice/palliative care setting.</p> <p>Upon completion of this session, participants will be able to: 1) define the role and services of an end-of-life doula; 2) identify the pain points/or gaps in care where doulas may support the hospice mission; and 3) <u>understand</u> the impact doulas have on each department within a hospice/palliative care agency to affect better decision-making when considering the inclusion of doulas.</p>	
		Home-Based Palliative Care - Making the Case (Part 2 of Hohnbaum/Bruner presentation), Kevin Hohnbaum, Home-Based Palliative Care Manager & Business Development Manager, Willamette Valley Hospice, Salem and Erin Bruner, Home Palliative Care Manager, Kaiser Permanente, Portland	C/D
	8C	<p>What does your community need and who are your community partners? How do you meet your agency’s needs and what can you afford to do? Upon completion of Part 2 of this session, participants will: 1) create the structure, 2) measure progress and 3) plan for next steps.</p>	
3:15p	<i>Adjourn – Thank you for being part of the PPE. Safe travels home!</i>		

