

SESSION TRACK COLOR CODES FOR EASY REFERENCE

CLINICAL		ADMINISTRATIVE/REGULATORY	
PALLIATIVE CARE		PSYCHOSOCIAL/SPIRITUAL/SELF CARE	
Monday, October 28, 2019			
7:45am	<i>Continental Breakfast/Registration - Exhibits, Silent Auction and Reflection Room open</i>		Foyer Stehekin Edmunds
8:45am	Welcome & Introductions – Chris McFaul, WSHPCO Board President		Centennial
9:05am	<p>KEYNOTE - Hospice and Palliative Care - 2019 and Beyond! Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina</p> <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>		Centennial
10:15am	<i>Break - Silent Auction, Exhibits and Reflection Room open</i>		
10:45am Concurrent	1A	<p>Improving the Visits in the Last 3 and 7 Days Quality Measure, Penny Smith, BSN, RN, CHPN and Stephanie Crow, BSN, RN, CPHQ, Providence Home and Community Care</p> <p>What challenges are you currently encountering in providing increased support by all disciplines in the last week of life? This presentation is to demonstrate a performance improvement project to increase the HQRP visit measure pair score. Interventions include a guideline to identify patients in the last 2 weeks of life; a protocol to increase visits and strategies to provide additional patient/family support.</p> <p>Upon completion of this session, participants will be able to: 1) identify signs and symptoms of patients who are transitioning or imminent; 2) understand the impact of providing additional support at end of life on quality of care; and 3) design a process for increasing visits by all disciplines to patients who are nearing end of life.</p>	

	1B The Touch of Grace Project: Creating a Palliative Culture by Training and Supporting Unlicensed Staff in Nursing Homes , Presenters: Marie Eaton, PhD, Community Champion, Palliative Care Institute, Devyani Chandran, PhD, Associate Professor, Human Services, Western Washington University, Bellingham	
	<p>Who do you consider as part of your team for palliative end of life care? What roles do they play? What supports are available in your own settings for addressing staff grief and bereavement, and how can you enhance these supports? This presentation describes a training program offered to 180 non-licensed staff in nursing homes that work in the areas of palliative and end of life care (an underrepresented population in palliative care education efforts). We will describe the development and implementation of five video modules offered as part of the program, the implementation of the project and feedback received through post-tests and focus groups. Implications discussed include the promotion of team-based and interprofessional training approaches, supporting non-licensed staff in their care efforts and the development of specific skills that enhance the care environment for dying patients and their families.</p> <p>By the end of this session, participants will: 1) be able to identify appropriate palliative care roles for non-licensed professionals in nursing home settings; 2) discuss the roles of non-licensed support staff in the larger palliative care team and best practices that support the development of a palliative culture in organizations.; and 3) be able to describe staff support and care behaviors that create a safe and secure environment for dying patients and their families.</p>	
	1C Hospice Medical Directors Forum , led by Mimi Pattison, MD, CHI Franciscan, Tacoma. <i>This session is for Hospice Medical Directors only and continues through the lunch hour.</i>	
	<p>The session will provide a networking forum for discussing the unique challenges encountered by physicians performing the role of Hospice Medical Director. Medicare and state Hospice regulations and documentation guidelines will be reviewed. The attendees will discuss how the Hospice Medical Director plays a pivotal role as a member of the hospice team as well as how a well-functioning team supports providing quality hospice care. The session participants will be encouraged to share strategies for how they meet the requirements within their respective programs.</p> <p>Upon completion of this session, participants will be able to: 1) identify the Medicare Hospice Conditions of Participation that pertain specifically to the role of the Hospice Medical Director; 2) list at least two strategies for workload management employed by colleagues from around the state; and 3) identify at least one challenge of their role as Hospice Medical Director that is unique to their program or area of practice..</p>	
	1D CANCELED	
12 pm	Networking Lunch + Exhibits, Silent Auction and Reflection Room open	

1pm Concurrent	2A	Is it Time to Reimagine Your IDG? Leanna Anderson, MSW, LICSW, Clinical Manager, Hospice of the Northwest, Mt. Vernon	
		<p>Is your team experiencing moral distress? Does the cost of IDG meetings alarm you? Do expectations held by patients and their families far exceed reality? When we set out to reimagine our IDG meetings we hoped to improve our processes and create an alignment between patient and team goals while reducing financial burden. Hear the story of our organization's success through a three month IDG reformatting. Learn ideas on how to increase team cohesion, reduce the gap between expectations and reality, reduce staff time overall in IDG meetings, and create an improved atmosphere of person centered care within these meetings.</p> <p>Upon completion of this session, participants will: 1) identify regulations related to the IDG and the importance of having the meeting transcend these basic requirements; 2) develop an IDG format that focuses on the patient experience for improved patient outcomes; 3) apply group facilitation methods that improve communication and foster the interdisciplinary process; and 4) learn how you can have your cake and eat it too!</p>	
	2B	Can We Provide Hospice Care for Patients Who Are Also Utilizing Life-Prolonging Therapies? YES! Anne Rogerson, Hospice Manager of Operations, Kline Galland Hospice, Seattle	
		<p>We will discuss the evolution of hospice away from the belief that hospice is only for people who want to "allow a natural death." We will present three case studies to illuminate issues of disease process, eligibility, psycho-social needs and what support staff needs to work effectively with these patients.</p> <p>Upon completion of this session, participants will have: 1) a clearer understanding of the how hospice can serve patients who are unable or unwilling to give up life-prolonging therapies; 2) a clearer understanding the psycho-social dynamics that come with these patients' decisions; 3) a clearer understanding of issues of fairness, access, and eligibility; and 4) greater knowledge of the resources that are required to work effectively with these patients.</p>	
	2C	Hand in Hand; Serious Illness Conversations and the POLST, Sharmon Figenshaw, ARNP, ACHPN, POLST/Serious Illness, Program Manager, Honoring Choices Pacific Northwest	
		<p>What changes in your organization would better ensure that every person with complex or serious illness has adequate information and supportive interactions to make informed advance care planning decisions? This presentation will introduce the framework for expanding statewide resources and education in the realm of Serious Illness/Complex Care and POLST as part of the Honoring Choices PNW efforts to encourage advance care planning across the state. You will learn how to access and use a new toolkit of resources, including trainings and other exciting opportunities to have support in your work to educate and encourage better conversations between health care team members and individuals. You will see the changes to the Washington POLST form being proposed for 2020 and have a chance to give YOUR input.</p> <p>Upon completion of this session, participants will: 1) learn how to use a newly developed toolkit of resources for POLST and Serious Illness Clinical Skills offered by Honoring Choices PNW; 2) be invited to actively review and give input into the proposed changes to the 2020 POLST form; and 3) envision how they can ensure that people with complex or serious illness have quality conversations during their health care encounters.</p>	

	2D	<p>Trauma-Informed End of Life Care: Tools for Soul Retrieval, Natasha White Marsh, Hospice Chaplain, MTS, PMCCPC, BCC, Franciscan Hospice & Palliative Care, University Place</p>	
<p>The healing work Native American Shamans do with those suffering the effects of trauma is called Soul-Retrieval. In the course of life review, patients often entrust chaplains, social workers, and other HPC clinicians with painful stories – traumatic wounds reflecting profound impacts on their emotional, physical, and spiritual well-being. How do we help those in our care shift away from the debilitating effects of post-traumatic stress, toward soul retrieval? HPC clinicians must develop: 1- A trauma-informed perspective to better understand our patients’ suffering. 2- Evidence-based interventions to promote freedom from the trauma response, and a peaceful end of life. This workshop will guide participants to an understanding of the neurobiology and attachment psychology of trauma. Case studies will illustrate practical interventions for addressing post-traumatic stress through a variety of approaches: Mindfulness, Self-Regulation Techniques, Guided Imagery, Neuro-Linguistic Programming, Parts Work, and Narrative Exposure Therapy.</p> <p>By participating in this workshop, participants will: 1) understand the psychological, spiritual, social, and basic neurobiological aspects of trauma as it relates to end of life care; 2) learn techniques to help patients reduce anxiety and improve self-regulation; and 3) develop strategies to address trauma and help patients prepare for death with greater peace and comfort.</p>			
2:15pm	<i>Break - Exhibits, Silent Auction and Reflection Room open</i>		
2:25pm Concurrent	3A	<p>Advanced Heart Failure Modalities and Hospice Care: Bridging the High Tech, High Touch Divide, Lee Burnside, MD, MBA, Clinical Assistant Professor, University of Washington, Division of Gerontology and Geriatric Medicine, Memory Brain and Wellness Center and Sharon Whyte, RN Nurse Coordinator, Palliative Care, University of Washington, Seattle</p>	
<p>What do you see as the biggest challenge in caring for advanced heart failure patients at the end of life? Advanced cardiac modalities (ventricular support and home inotropes) are not only becoming more common in use but are an increasing challenge for hospice organizations. Using case discussions this talk will explore common trends in advanced heart failure therapies, current approaches to care for these patients in a hospice setting, and the importance of care coordination between hospice organizations palliative care and cardiology when patients are reaching end of life. We will discuss practical factors in managing such patients through home hospice services.</p> <p>Upon completion of this session, participants will be able to understand: 1) current trends in advanced heart failure modalities; 2) current hospice services for advanced heart failure patients; and 3) coordination opportunities between hospice/hospital/clinic for heart failure patients.</p>			

	3B Organizational & Clinical Benefits of Real-Time Listening, Kurtis Williams	
	<p>How does real-time feedback benefit the hospice organization? CMS requires all hospice organizations to offer quality surveys to family members of deceased patients based on specific CMS questions. However, “other activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible.” Because of restrictions and requirements of the CMS required surveys, many hospices are concerned that they cannot have, and therefore do not have, other formal processes in place to obtain feedback. This session focuses on how new technology allows hospices to have a formal “real-time” feedback process that complies with CMS requirements.</p> <p>By participating in this workshop participants will be able to: 1) identify strengths and weaknesses of the CMS-required CAHPs survey; 2) list at least 3 clinical & operational benefits of real-time feedback; and 3) discuss strategies to facilitate performance improvement and ensure compliance with CMS Hospice quality-reporting program requirements.</p>	
	3C Saying the Right Thing: Tools for Hospice and Palliative Care Experts in Coping with Self-Loss and Working with Teams and Patients in Their Loss, Laurel Oswalt Jackson, MDiv, Masters Certificate in Clinical Ethics, Senior Director, Compass Care, Virginia Mason Memorial Hospital, Yakima	
<p>This session will explore the stages of grief, the impact of unresolved grief in society and review how society does and does not “deal” well with grief. The session will provide insights into what to say and what <i>not</i> to say to someone who is experiencing grief. The session will also explore how to recover from grief both individually and within a team or group construct.</p> <p>Upon completion of this session, participants will be able to: 1) identify authentic phrases to say and not say to the griever in front of them; 2) retain tools for helping those struggling with loss; and 3) increase staff engagement by working through issues of grief and loss before they infect the team.</p>		
3D Supporting the Human Animal Bond for Your Patients, Christy Bork, Program Manager, Founder, Pet Peace of Mind, Salem		
<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.</p> <p>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>		
3:30pm	Walk Time	

3:35pm Concurrent	4A	Oxygen Use at the End of Life: Translating Evidence into Practice , Lauren Smilde, DNP, ARNP, Palliative Care Nurse Practitioner, Valley Medical Center, Renton, WA	
	<p>What barriers have you encountered when trying to use evidence-based practice in hospice? Although best practice guidelines recommend opioids as first line treatment for end of life dyspnea, and only recommend oxygen for symptomatic hypoxemia, oxygen is still commonly used by many hospices. This presentation will review how one model for implementing evidence-based practice guided 1) the assessment of the literature, practice environment and potential adopters, 2) the creation and implementation of a clinical decision flowchart and 3) the evaluation of practice change.</p> <p>Upon completion of this session, participants will be able to: 1) summarize best practice guidelines for dyspnea at the end of life; 2) determine if their current practice of oxygen use aligns with best practice; and 3) Describe how The Ottawa Model for Research Use can be used to implement evidence-based practice.</p>		
	4B	2019 Regulatory Highlights Session: Choose Your Friends Carefully (HB 1175 Ramifications Session) and Review of Drugs Disposal Rules , Leslie Emerick, MPA, Public Policy Director and Barb Hansen, MA, RN, Executive Director, WSHPCO	
	<p>This session will explore the ramifications of the passage of Washington House Bill 1175, “AN ACT Relating to authorization of health care decisions by an individual or designated person”; and amending RCW 7.70.065 and 70.122.030. The impact of this bill upon hospice and palliative care programs will be reviewed, including the changes which may need to be made to consent, election and attestation or “declaration” forms as well as to policies and procedures. The presenters will discuss the education which should be provided to all staff as a result of the implementation of HB 1175. In the second part of this session, current Washington and federal drug disposal laws will be reviewed, including an update about WA HB 1047, which passed during the 2018 legislative session: “AN ACT Relating to protecting the public's health by creating a system for safe and secure collection and disposal of unwanted medications”. The implications for hospices of the federal “SUPPORT Act”, passed in October of 2018, which allows certain hospice staff to dispose of medications after a patient’s death will also be discussed.</p> <p>By participating in this session, attendees will be able to: 1) list at least three new categories of persons authorized to provide informed consent to health care on behalf of a patient who is not competent to consent as a result of the passage of WA HB 1175; 2) identify changes to program or health-care system policies, forms and processes which are needed as a result of the passage of WA HB 1175; and 3) describe at least two methods hospice and palliative care programs can employ when instructing patients and families about how to discard/remove medications from their homes.</p>		

	4C Improving Billing & Coding in Hospice and Palliative Care , Dr. Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina	
	<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>	
	4D Yoga Therapy for Holistic Palliative and Hospice Care , Rev. Sandra Bochonok, DMin, MDiv, BSHSA, RN, CHI Franciscan Hospice Bereavement Counselor, University Place	
	<p>How can grief yoga promote low cost, accessible and practical grief care for hospice staff, bereaved clients and their family members? Grief Yoga offers selective breathing techniques, restorative poses and physical movements to reduce stress, improve breathing, while processing grief in body, mind and spirit. Poses are easily adapted for chair, bed, and floor positions. This workshop is based on a quarterly 2018-2019 bereavement mini-retreat pilot program offered by CHI Franciscan Hospice.</p> <p>Upon completion of of this session, participants will: 1) experience 3-5 selected yoga breathing techniques; 2) be able to list 5 restorative yoga poses common to grief yoga; and 3) be able to identify 3 benefits of grief yoga and how to locate resources online and offline.</p>	
4:35pm	<i>Adjourn</i>	
5-6pm	Welcome Reception	
6pm	<i>Free Evening</i>	

Tuesday, October 29, 2019

7:30am	<i>Continental Breakfast/Registration – Silent Auction, Exhibits and Reflection Room open</i>	
8am	Welcome & WSHPCO Annual Business Meeting <i>Chris McFaul - WSHPCO Board President and CEO, Horizon Hospice, Spokane</i>	Centennial
8:30am	Presentation of the Annual Dr. Stuart Farber Excellence in Hospice & Palliative Care Award, 2018 & 2019 Recipients	Centennial
9am	Opening Reflection – Honoring Hospice & Palliative Care Professionals Sonjia Hauser, RN, Nurse Manager, Ray Hickey Hospice House, PeaceHealth Hospice Southwest and Laurie Oswald, M.Div, Senior Director, COMPASS CARE, Memorial's Care Line for Advancing Illness, Yakima Valley Memorial Hospital	Centennial
9:15a	Plenary – You Can Make A Difference! Leslie Emerick, MPA, Public Policy Director, WSHPCO, Olympia	Centennial
	<p>In these times of intense partisanship, democracy can seem remote and unresponsive to the needs of average citizens. These are challenging times, but you can have an impact on the future of hospice and palliative care in our state by getting involved in the democratic process. Whether you are conservative, liberal or “apolitical”, we can all shape the direction of our states public policy for health care. Good public policy is developed by good feedback and participation in the public process. When you show up, you can become part of the solution, not part of the problem. Get involved!</p> <p>Upon completion of this session, participants will: 1) learn how to identify who your state and local legislators are and what legislative committees they are on; 2) learn how to reach out and connect with your local officials and develop relationships in your community or district; and 3) understand how your voice impacts public policy and how to influence the public process in Washington State.</p>	
10:15am	<i>Break – Hotel Checkout/Silent Auction, Exhibits and Reflection Room open</i>	
10:45am Concurrent	5A Meet Them Where They Are: Bringing Palliative Care to People on Dialysis , Megan Nolan, RN, BSN, CCRN and Claire Nassutti, MSW, LICSW, Northwest Kidney Centers, Seattle	
	<p>In this interactive session, the interdisciplinary Mobile Renal Supportive Care Team from Northwest Kidney Centers will describe best practices and lessons learned as the nation's first palliative care provider in a community dialysis setting. Using a case study, the clinicians will guide the audience through the unique lived experience of people living on dialysis. Presenters will then facilitate discussion around innovative hospice and palliative care delivery models for this patient population.</p> <p>At the end of this session, participants will be able to: 1) describe 3 unique challenges in providing palliative care for dialysis patients; 2) compare 2 opportunities for improving access to hospice care for patients with ESRD; and 3) identify 2 best practices in symptom management for patients with ESRD at end of life.</p>	

	5B	<p>Standardizing The Surprise Question in Your Healthcare System and Changing the Game for Advancing Illness and End-of-Life Care, Laurel Oswalt Jackson, MDiv, Masters of Divinity, Masters Certificate in Clinical Ethics, Senior Director, Compass Care, Virginia Mason Memorial Hospital, Yakima</p>	
		<p>Virginia Mason Memorial is the only hospital to have standardized The Surprise Question, where every physician is required to answer this question for every inpatient admission. Two years into our experience, and coinciding with a current clinical trial, we have produced data helpful in affirming and training physicians and administration alike in the ongoing charge to identify and resource palliative-appropriate inpatients.</p> <p>Upon completion of this session, participants will be able to: 1) create a plan for starting an Advance Care Planning Team for your community; 2) identify what has worked/not worked with The Surprise Question in one community in order to succeed in your community; and 3) choose one area to begin The Surprise Question in.</p>	
	5C	<p>Using Telehealth to Build Expertise in Palliative Care in Rural Communities, panel presentation with Pat Justis, Executive Director, Rural Health, Office of Community Health Systems, Deb Watson, RN, BSN, MBA, NEA-BC, Clinical Project Manager, Pullman Regional Hospital, Kristen Eglington, PharmD, Clinical Pharmacist, Providence Hospice of Seattle, Stephanie Carpenter, RN, BSN, CNO, Aging and Long Term Care, Columbia County Health System, Tammy Arndt, Director, Northwest TeleHealth and Gregg VandeKieft, MD, MA, Palliative Care Physician, Providence St. Joseph Health, Olympia (invited)</p>	
		<p>How has Telehealth been used in your community? The Washington Rural Palliative Care Initiative has piloted telehealth as a way to build skills and confidence to care for patients with serious illnesses in rural communities. In this highly interactive panel discussion, rural participants and expert PC panelists will discuss lessons learned, challenges and the value this approach brings.</p> <p>Upon completion of this session, participants will be able to: 1) describe how to clinically coordinate a telehealth case consultation for palliative care; 2) recall at least one lesson learned from the perspectives of expert panelists and rural participants; and 3) identify at least one desirable outcome from using telehealth to move upstream.</p>	
12pm	<i>Exhibitors Luncheon, Final Silent Auction Bids in by 12:30</i>		
1:05pm	<i>Silent Auction Closes – Pick Up & Pay for Items Won!</i>		
1:15pm Concurrent	6A	<p>Navigating GIP Requirements, Stephanie Beebe, RN, BSN, CHPN, Meredith Brass, MD and Celia Harper, RN, BSN, CHPN, Evergreen Hospice in Kirkland</p>	
		<p>Is your agency prepared for a CMS targeted probe and educate? What strategies have you enacted to meet heightened CMS scrutiny? Lessons learned from an organization's experience with CMS's targeted probe and educate process, and how we have shored up our GIP process and documentation for both our inpatient unit and our partnering facilities. Evergreen Hospice has been under focused CMS review for our GIP since February 2018.</p> <p>On completion of this session, participants will be able to: 1) understand the TPE (targeted probe and educate) process; 2) document to meet GIP requirements; and 3) determine level of care billing.</p>	

	6B	Washington State Department of Health In-Home Services Division – An Update for Hospice Providers in a Roundtable Discussion Format, DOH panelists to be announced	
		<p>Managers and staff from the Washington State Office of Investigation and Inspection will share recent state and federal Hospice survey findings, provide updates about the impact of the 2018 changes in the In-Home Services Rules and review the significant changes in the rules that went into effect in April of 2018. They then will participate in “Q & A” sessions with attendees in a less formal format. Bring your questions!</p> <p>At the end of this session, participants will be able to identify: 1) the most frequent WAC citations issued to hospices and home care agencies in the previous year; 2) the top ten federal citations issued to hospices and home care agencies in the previous year; and 3) examples of how to meet state and federal hospice conditions of participation.</p>	
	6C	Various Models of Palliative Care, Dr. Janet Bull, MD, MBA, HMDC, FAAHPM, Director, Four Seasons Center for Excellence, North Carolina and Dr. Jenny Blechman, MD, Partners in Care, Bend	
		<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>	
2:15pm	<i>Walk Time!</i>		
2:20pm Concurrent	7A	They're Driving Me Crazy! When Personality Disorder and Care Interface, Adie Goldberg, PhD, LICSW	
		<p>What type of patient personality traits do you find most difficult? People with personality disorders exhibit pervasive lifelong patterns which makes delivery of care difficult. These behaviors are the extremes of normal and represent the 10% of your caseload that take up 80% of your time. Learn the "dos" and "don'ts" and specific techniques in providing care for this patient population while maintaining your team's cohesion and your own balance.</p> <p>By participating in the workshop, participants will: 1) be able to name the three personality clusters and provide diagnostic examples from each cluster as defined by the DSM5; 2) be able to name one do and one don't strategy in addressing behaviors for specific personality disorder diagnoses; and 3) leave session with at least one strategy for strengthening their team's response when providing care for a patient who has a personality disorder.</p>	

	<p>7B Promoting a Culture of Awareness and Safety for Hospice Aides, Christine Clement, MSW, LICSW, Central Team Manager, EvergreenHealth Hospice Care, Kirkland</p>	
	<p>We all strive for absolute clinician and patient safety. One injury is one too many. Recognizing safety concerns is the first step to preventing injuries. This session shines light on challenges faced by hospice aides and how to support and empower them in providing the best care possible while remaining ever-mindful of what causes injuries and strategies for prevention.</p> <p>Upon completion of this session, participants will be able to: 1) recognize challenges faced by hospice aides when providing patient care; 2) understand and promote strategies for hospice aide and patient safety including the “Power of Two” and use of hospice-provided medical equipment; and 3) empower all hospice clinicians to pave the way for hospice aide success.</p>	
	<p>7C Providing Palliative Care When Team is Not an Option, Darrell Owens, DNP, Section Head, Supportive Care, UW Medicine Supportive Care Service at Northwest Hospital, Seattle</p>	
	<p>Can you provide effective inpatient or outpatient palliative care? The gold standard for the provision of palliative care is via an interdisciplinary team. Unfortunately, many institutions in Washington, small and large, do not have the budgets to staff an entire disciplinary team. Many nurse practitioners, physicians, RNs, or social workers often find themselves as the only providers of palliative care in hospitals. While this is not the "gold standard," it is possible to provide excellent palliative care even when funding does not allow a full team.</p> <p>At the end of this session, participants will be able to: 1) discuss at least two different non-team models for providing inpatient palliative care; 2) discuss at least two models of providing outpatient palliative care; and 3) list at least two different models of self care.</p>	
3:20pm	<i>Conference Adjourns – Safe Travels!</i>	