DETAILED CHELAN SCHEDULE + FACULTY BIOS

Monday, October 19, 2026 (5 CEs)	
7:30-8:15a	*Registration, Breakfast* (Foyer)
8:15a	Welcome & Housekeeping (Centennial)
8:30-9:30a	**Keynote – Judi Lund Person**
9:30-9:45a	Stu Farber Award presentation (Centennial)
9:45-10:15a	*Break, Visit Exhibitors, Silent Auction (Stehekin)*
10:15-11:15a	4 Concurrent1 Hour Sessions
1A	**Clinical, Palliative Care** Track: Mark Beiter, DO, FAAHPM, Virginia Mason Medical Center, Hilary Walker, OT, & Hope Wechkin, MD, Evergreen. **"POLST Conversations in 5 Steps".** Talking to patients and families about code status and the Portable Orders for Life-Sustaining Treatment (POLST) form can be challenging. Furthermore, physicians and practitioners rarely receive training on POLST nor how to approach these discussions with their patients. In this session, speakers Mark Beiter, DO, Hilary Walker, and Hope Wechkin, MD, will provide an overview of the POLST form, discuss ways to identify patients who would most benefit from a POLST conversation, and introduce a five-step framework for having these discussions. **Learning Objectives:** 1) By participating in this workshop, participants will gain understanding of how and when to appropriately use the POLST form; 2) On completion of this session, participants will be able to have a structured 5 step approach to discuss POLST with patients.
1B	**Clinical** Track: Somi Arthur, PharmD, BCGP (Dragonfly): "**A Difficult Pill to Swallow: Understanding Medication Administration Alternatives".** Difficulty swallowing is a common occurrence in hospice and palliative care patients, which can pose problems for medication administration. This presentation will empower hospice nurses and prescribers with an understanding of various alternative routes of medication administration, including subcutaneous, sublingual, rectal, and intranasal. We will discuss the literature to support these routes, and clinical pearls for successful use with patients. **Learning Objectives:** 1) On completion of this session, participants will be able to list conditions associated with dysphagia; 2) 2) On completion of this session, participants will be able to describe pros and cons of non-oral routes of administration; 3) 3) On completion of this session, participants will be able to provide cost effective management of common end of life symptoms.
1C	**Clinical, Palliative Care** Track: PANEL - Adie Goldberg, PhD, MSW, M.Ed., WRPCI, Dawn Meltcher, ARNP, Columbia County Health System, Dayton WA & Robert Leavitt, EMBA, MDiv, MAT, BCC Board Certified Chaplain, Palliative Care Team Sacred Heart Medical Center: **"When Words Are the Medicine: Interdisciplinary Pearls for Navigating the Hardest Conversations in Palliative Care"**. Language is the most powerful tool we have in palliative care. This panel brings together a nurse practitioner, a chaplain, and a licensed clinical social worker to explore the communication challenges that arise most frequently and most painfully at the end of life. Drawing on their distinct professional roles and shared clinical experience, panelists will offer concrete, field-tested pearls for conversations that feel stuck — addressing family discord, unrealistic expectations about the limits of medical intervention, deeply held spiritual beliefs about healing, and the weight of moral distress these conversations generate for clinicians and families alike. **Learning Objectives:** 1) Identify at least three communication strategies for engaging families who are in conflict or holding differing goals of care;

	2) 2) Apply discipline-specific language pearls (clinical, spiritual, psychosocial) to common communication impasses, including miracle belief and moral objections to withdrawing care; 3) 3) Distinguish between hope and expectations in goals of care conversations and use language that honors hope while offering honest prognosis.
1D	**Clinical, Palliative Care, Psychosocial** Track: Debra Puerner, Nurse Practitioner, MS, AGPCNP-BC, FT, Samaritan Evergreen Hospice, Albany, OR. **"Ketamine-Assisted Care at the End of Life: Interdisciplinary Approach to the Relief of Existential Suffering".** Patients facing serious illness at the end of life often experience profound psychological, spiritual, and existential suffering that may not respond adequately to traditional therapies. This presentation explores the emerging role of ketamine-assisted care in addressing anxiety, depression, demoralization, fear of death, and existential distress in hospice and palliative care populations. Participants will review the evidence, safety considerations, clinical appropriateness, and implementation of ketamine-assisted care. Through clinical case studies, attendees will gain practical insights into this interdisciplinary approach and its potential to promote meaning, connection, peace, and quality of life for patients and families. Learning Objectives: 1) Recognize psychological, spiritual, and existential sources of suffering that contribute to total pain in patients with serious illness and at the end of life; 2) Evaluate the evidence, pharmacology, safety considerations, and patient selection criteria for ketamine-assisted interventions in hospice and palliative care; 3) Apply principles of preparation, facilitation, and integration through review of clinical cases demonstrating ketamine-assisted treatment of end-of-life distress.
11:25a-12:25p	4 Concurrent 1 Hour Sessions
2A	**Clinical Track.** Dustin Colegrove, DO, MBA, FACP, HMDC, FACHE, CPE, PeaceHealth Southwest Hospice. **"GIP Level of Care: Identification, Documentation, and Misconceptions"**. This presentation provides a practical overview of General Inpatient Hospice (GIP) level of care, focusing on appropriate patient identification, medical necessity, and effective documentation. It will review common clinical indicators for GIP, including uncontrolled symptoms and the need for intensive skilled interventions. Special attention will be given to the misconceptions that GIP must end once symptoms are controlled or that GIP is only appropriate for patients who are actively dying. Participants will learn how ongoing skilled medication management and symptom-control needs may support continued GIP when care cannot feasibly be provided at a lower level. Learning Objectives: 1) Identify appropriate clinical indications and medical-necessity criteria for General Inpatient Hospice (GIP) level of care; 2) Be able to apply effective documentation practices that clearly demonstrate symptom burden, need for skilled interventions, and medical necessity for GIP level of care; 3) Recognize and address common misconceptions surrounding GIP level of care, including the role of ongoing skilled symptom management when symptoms are controlled but cannot feasibly be managed at a lower level of care.
2B	**Clinical** Track: Zoe Diaz, Chief Operations Officer, MBA, CHC, Tri-Cities Chaplaincy, Marc Berg, Berg Data Solutions & Sarah Cameron, MPH, Berg Data Solutions. **"When Data Becomes a Doorway: Turning Big Data into Productive Conversations"**. This session will be narrative first with data support, focusing on 4 strategic domains for utilizing big data in your hospice operation. The session blends a journey of working with data from a hospice provider perspective, and how it can be made into a doorway to see both your internal operations more clearly, as well as the larger health care continuum in your community. The goal of the session is to provide this insight as well as real world examples of how data can be used to strengthen partnerships, be used in community outreach and education, and improve quality outcomes. **Learning Objectives:** 1) Utilization data - Why does it matter? How does it impact patients and families? Using data and narratives to define the value;

	2) CN process and need methodology - how this program operates, identifying weaknesses, monitoring under-served populations as a strategic initiative, etc.; 3) Operational optimization around the SIA and how it related to HVLDL, average visits per day, time at bedside, etc. We will also close out with tactical strategies for using data to communicate with local partners.
2C	**Clinical, Palliative Care, Psychosocial** Track: Cara Abbott, Founder & CEO, Master of Science (M.S.), Human Development, Betterleave. **"How to Increase Family Satisfaction From Admission Through 13 Months of Bereavement".** Family caregiver communication is one of the most powerful drivers of quality outcomes. Here's the most common family engagement strategy we see today: 1) An ad-hoc phone call is made to a family member; 2) 2/10 phone calls are answered; 3) A coordination note is then added to an open text field. Here are the challenges with this strategy: 1) Lacks consistency and scalability; 2) Only a small % of family members are receiving timely communication; 3) Feedback is documented but not analyzed. In this session we'll share our data and F.A.M framework that elevate CAHPS outcomes, strengthen referrals, boost retention and improve overall care quality. **Learning Objectives:** 1) Describe the relationship between communication, engagement, and caregiver experience, and how these factors influence hospice quality metrics, CAHPS performance, and overall organizational outcomes; 2) Identify common communication and engagement breakdowns across hospice intake, in-care delivery, and after-care interactions that negatively impact family experience and operational performance; 3) Discuss practical strategies for translating caregiver feedback into actionable improvements that enhance care quality, strengthen team engagement, and improve referral and partnership relationships.
2D	**Clinical** Track: Luke Self, Chaplain/Bereavement Coordinator, MDiv, BCC (Walla Walla Community Hospice): **"Beyond Belief: Spiritual/Existential Assessment for the Full Spectrum of Hospice Patients".** Existential distress at the end of life is well-documented but frequently misidentified as depression, anxiety, or treatment resistance, leaving a significant dimension of patient suffering unaddressed. Within the IDT, chaplaincy assessment is the primary mechanism intended to capture this dimension of patient experience. However, existing chaplaincy assessment tools were largely designed for hospital settings and often assume a religious/spiritual worldview, minimizing the existential needs of nonreligious patients. This presentation introduces a new hospice-specific assessment model, CARES (Chaplain Assessment of Resources and Existential Stability), that is designed to assess existential stability across the full spectrum of patients, regardless of worldview. **Learning Objectives:** 1) By participating in this workshop, participants will be able to identify common indicators of existential distress in patients nearing the end of life, as distinct from typical symptoms of depression or anxiety; 2) On completion of this session, participants will be able to identify gaps in standard spiritual assessment tools when applied to nonreligious patients; 3) Through a case-based exercise, participants will practice applying elements of the CARES framework to identify existential needs across patients with differing worldviews.
12:30-1:40p	*Discipline Networking Lunch (Centennial)*
1:50-2:50p	4 Concurrent 1 Hour Sessions
3A	**Clinical** Track: Megan Lowe, PharmD, MBA, Dragonfly Health: **"Improving the Approach to Deprescribing Conversations".** Deprescribing potentially inappropriate medications can improve patient safety and quality of life and decrease hospice medication costs. However, engaging patients, caregivers, and sometimes even other hospice staff in deprescribing conversations can be challenging. This session discusses the evidence base for deprescribing numerous medication classes and provides a framework

	for facilitating discussion. Participants will leave this session feeling more confident in their ability to initiate and support these difficult conversations. **Learning Objectives:** 1) On completion of this session, participants will be able to list at least two deprescribing concepts and the medications that are related to them; 2) 2) On completion of this session, participants will be able to provide examples of at least five classes of medications that may be inappropriate in hospice care; 3) 3) On completion of this session, participants will be able to identify strategies for clear, straightforward communication with patients and caregivers regarding symptoms and their management.
3B	**Clinical, Palliative Care** Track: Lisa Gainey, LMT, Comfort Integrative Therapies Coordinator, CMLDT, Reiki Master & 200 Hour-RYT (MultiCare): **"Integrating CAM in Hospice & Palliative Care: An Overview of Integrative Therapies".** Integrating complementary and alternative medicine (CAM) within a hospice and/or palliative care setting provides access to non-pharmacologic care where we treat the patient's body, mind and spirit. According to the National Institute of Health on Complementary and Alternative Medicine (CAM), the concept of integrative health, "brings conventional and complementary approaches together in a coordinated way." Working within an interdisciplinary team, we will explore integrative modalities, and evidence-based research and improving patient experience in providing CAM to treat the "whole" person model of care. **Learning Objectives:** 1) Distinguish between integrative, alternative and complementary therapies; 2) 2) Review integrative/CAM modalities, evidence-based research and benefits; 3) 3) Working within an interdisciplinary team model to deliver hospice/palliative care hospital-based CAM for adults and pediatric patients.
3C	**Clinical** Track: Casey Byman, Hospice Quality Program Manager, RN, BSN, EvergreenHealth. **"LCD's Documenting Towards Eligibility".** Review of the CMS approved Hospice Determining Terminal Status Local Coverage Determination (LCD) criteria used by all three MACs. The LCDs provide disease specific and non-disease specific indicators of terminal decline. **Learning Objectives:** • What are the disease categories within the LCDs; • Key indicators of terminal decline for each disease category; • Ways to document the key indicators as part or routine charting.
3D	**Clinical, Palliative Care, Psychosocial** Track: Jaelyn Lindsey, MSW, LICSW & December Scribner, BSN, RN, CHPN (Heartlinks). **"The No-Surprise Hospice Admission: Reducing Revocations Through Earlier Goals-of-Care Alignment"**. Hospice revocations and goal-of-care conflicts often stem from unmet expectations, unclear communication, and rushed admissions rather than patient "noncompliance." This session explores how Heartlinks developed a structured "No-Surprise Hospice Admission" framework designed to improve patient understanding, strengthen goals-of-care conversations, and reduce avoidable revocations. Presenters will review practical tools including intake workflows, interdisciplinary escalation triggers, medication and treatment review processes, caregiver readiness assessment, and values-based POLST discussions. Through real-world case examples and operational lessons learned, attendees will gain strategies to improve admission quality, interdisciplinary alignment, and patient-centered decision-making in hospice care. **Learning Objectives:** 1) By participating in this session, participants will be able to identify common causes of hospice revocations and goal-of-care misalignment during the admission process; 2) On completion of this session, participants will be able to apply structured intake and goals-of-care assessment tools to improve patient and caregiver understanding of hospice services 3) 3) By participating in this workshop, participants will be able to recognize interdisciplinary escalation triggers and communication strategies that support safer, more aligned hospice admissions.

2:50-3:20p	*Break, Visit Exhibitors, Silent Auction (Stehekin)*
3:25-4:25p	4 Concurrent 1 Hour Sessions
4A	**Clinical** Track: Alison Keeler, BSN, RN, CHPN (Confluence Health): **"From Referral to Relationship: Mastering the Hospice Admission Visit".** Hospice admissions are more than paperwork - they are often the first and most important conversation a patient/family will have with hospice. This session explores communication tools, boundary setting, efficient workflow strategies, and techniques for building trust while completing a comprehensive admission. **Learning Objectives:** 1) On completion of this session, participants will be able to apply communication frameworks to difficult conversations; 2) On completion of this session, participants will be able to establish professional boundaries while maintaining therapeutic presence; 3) By participating in this session, clinicians will be able to identify 2 ways to improve admission efficiency without sacrificing patient-centered care.
4B	**Clinical, Palliative Care, Psychosocial** Track: Deanna Balint, PharmD (Wise Hospice Options): **"An Overview of Parkinson's and Dementia; Clinical Strategies for Progressive and Life-limiting Conditions".** This presentation offers a comprehensive overview of Parkinson's disease, Alzheimer's disease, and major dementias, beginning with a focused review of their key clinical features. It examines disease prevalence and the overlap among these neurodegenerative conditions, highlighting both shared and distinguishing characteristics, as well as the benefits and risks associated with medication management. The session further explores common progressive complications and their impact across the disease trajectory. Emphasis is placed on applying evidence-based strategies to optimize symptom management at each stage, with the goal of enhancing quality of life. Finally, principles of end-of-life care are integrated to support cohesive, patient-centered clinical management throughout the continuum of care. **Learning Objectives:** 1) Participants will be able to compare and contrast the clinical features of Parkinson's disease, Alzheimer's disease, and other major dementias, including their distinguishing symptoms and characteristics, and analyze common medication management strategies used for each condition; 2) 2) Participants will learn to apply evidence-based symptom management strategies across disease stages and integrate end-of-life principles into clinical practice.
4C	**Clinical, Palliative Care, Psychosocial** Track: Bethany Fowler, MD, HMDC - Medical Director, Virginia Mason Franciscan Hospice & Palliative Care and James Fowler, MDiv, Hospice Chaplain. **"Decoding Total Pain: The Neuro-Psychological and Clinical Evidence for Integrating Spiritual Care in Pain Management".** Unmet spiritual needs directly amplify physical suffering, yet a massive implementation gap remains in daily clinical practice. This session bridges the divide between physical pain and existential distress in hospice and palliative care. We explore the most recent (2024–2026) data demonstrating how spiritual well-being acts as a cognitive buffer, mitigating pain-related catastrophizing and distress. Despite the clear evidence, these interventions remain underutilized; we will explore how providers can move spiritual care from an abstract ideal to an indispensable clinical tool. Attendees will gain evidence-based insights and validated screening tools to enhance holistic pain management. Learning Objectives: 1) Participants will be able to analyze the direct correlation between a patient's spiritual well-being and physical pain intensity; 2) Participants will be able to describe the neuro-psychological mechanism of "pain catastrophizing" and explain how spiritual coping reduces pain-related helplessness and distress; 3) Participants will be able to identify the systemic "implementation gap" in spiritual screenings and utilize validated clinical screening tools to address it.

4D	**Clinical** Track: Rebecca Hudson, MA, Client Services Manager, Cassandra Sutherland, Co-Executive Director of Programs and Services and Dr. Jessica Kaan, DO, MPH, Medical Director, End of Life Washington. **"How Shifting Landscapes Have Changed Access to Medical Aid in Dying"**. The pathway for Washingtonians to access MAiD looks very different now than it did in the early years of the law. Changes to the DWD Act, increasing hospice and healthcare organization participation, and advances in the clinical practice of MAID have all shifted how people access medical aid in dying, how they are supported, and what a day of ingestion looks like. **Learning Objectives:** 1) Participants will be able to identify the different pathways individuals take to accessing MAiD and what access looks like for different demographics; 2) Participants will have a general idea of how shifting landscapes in WA have impacted how clients access MAiD (ie.clinical, social, legal, economic shifts); 3) Participants will have a general idea of how to support individuals who choose MAiD.
5-6p	*Welcome Reception (Stehekin), Dinner on Your Own*

Tuesday, October 20, 2026 (4.25 CEs)	
7:15-8a	*Registration, Breakfast (Centennial)*
8a	Welcome & Housekeeping (Centennial)
8:15-9:15a	**Plenary –Leslie Emerick, MPH, WSHPCO Public Policy Director**
9:15-9:45a	*Break, Auction Closes, Visit Exhibitors, Silent Auction (Foyer, Stehekin)*
9:50-11:05a	4 Concurrent 75 minute Sessions
5A	**Psychosocial** Track: Marie Eaton, Community Champion, PCI, PhD, Palliative Care Institute, WWU and Erica Gaertner, RN, Executive Director of Eden Hospice of Whatcom and Snohomish Counties. **"Being With Dying: Self-care for the Caregiver".** Together we will explore the development of clinical humility as we work with dying patients in order to stay engaged in the mystery of what is actually happening in the dying process. We will examine resources that help us be and stay present with our patient's journey, and explore our own unresolved griefs so that we won't be triggered. We will share tools to stay whole while we serve those are suffering, and to build a care community, not only for our patients, but for each other. **Learning Objectives:** 1) Participants will be able to name their own "grief triggers," and will take away contemplative strategies for managing their own grief while working with dying people; 2) Participants will be able to describe strategies for maintaining attentional and emotional balance while working with dying patients and their families; 3) Participants will have explored tools for developing a care community for themselves and other staff in their facility.
5B	**Clinical** Track: Lauren Smilde, DNP, ARNP, ACHPN and Maura DeOliveira, ARNP, ACHPN, EvergreenHealth Hospice. **"Navigating the MAiD Journey: Lessons Learned from Clinical Practice at EvergreenHealth Hospice"**. Medical aid in dying (MAiD) is rarely a straightforward journey. Drawing from EvergreenHealth Hospice's experience over the last three years, this session will examine the complexities, challenges, and successes encountered while supporting patients pursuing MAiD. Through real-world case studies and interdisciplinary discussion, participants will gain practical insights to help patients, families, and care teams navigate the road ahead. ***Lauren & Maura also offered this insight in their RFP:*** *"We understand that attendees are coming from all over the state, with different values, beliefs, and experiences. We hope to offer a neutral and honest assessment of our experience to be of service to those*

	who might need knowledge or support. Please let us know if you have any additional questions about the tone or content of the proposed presentation as you make your selections." **Learning Objectives:** 1) Summarize EvergreenHealth's clinical experience with Medical Aid in Dying; 2) Recognize barriers to MAiD medication access and administration; 3) Apply lessons learned to improve interdisciplinary coordination and patient-centered MAiD care.
5C	**Clinical, Palliative Care, Psychosocial** Track: Lindsey Topping-Schuetz, Program Manager, Courageous Parents Network Parent Champion Program and Kelsey Stanczyc, RN, Parent Champion for CPN (plus panel of 2 pediatricians and 2 parents). **"Shared Struggles: Stories of Care, Hope, and Love—From Parents and Pediatricians"**. Relationships are at the heart of pediatric palliative care. Through a screening of the acclaimed documentary Shared Struggles, inspired by the book Shared Struggles: Stories from Parents and Pediatricians Caring for Children with Serious Illnesses, participants will experience authentic stories of partnership between families and clinicians. A moderated discussion with pediatric physicians and parent faculty follows, translating the film into practical strategies for communication, trust, shared decision making, and compassionate care. Participants will leave with actionable tools to strengthen relationships with children and families living with serious illness. **Learning Objectives**: 1) Identify communication behaviors that build trust between families and pediatric healthcare professionals; 2) Describe how authentic family-clinician partnerships support compassionate, relationship-centered pediatric palliative care; 3) Apply strategies learned from parent and clinician perspectives to strengthen collaboration and shared decision-making within their own practice.
5D	**Clinical, Palliative Care** Track: Andrea Denke, LICSW, Medical SW Team Lead and Dierdre Sherman, LSWAIC, Medical SW, WhidbeyHealth Hospice and Dana Sawyers, Coordinator, S. Whidbey Veteran Resource Center. **"Helping Veterans Access VA Services/Benefits at End of Life".** This presentation will focus on removing barriers and assisting patients and their families navigate the VA Health Care/Benefits systems and determine what benefits are needed/available to patients at end of life and after death while acknowledging potential complex feelings related to military and VA experiences. Participants will be invited to ask questions and contribute to the presentation to add to the richness of the content. **Learning Objectives**: 1) Register/Enroll a Patient in the VA Health Care System; 2) Assist the patient in applying for VA disability benefits through the VA Benefits Administration; 3) Access VA services for patient's and their families that will improve quality of life.
11:05a-11:45a	Topical Networking
11:50a-12:20p	***Exhibitor Lunch***
12:25-1:25	4 Concurrent 1 Hour Sessions
6A	**Clinical** Track: Megan Lowe, PharmD, MBA & Somi Arthur, PharmD, BCGP (Dragonfly): **"Symptom Management Jeopardy".** Managing pain and other symptoms at end of life can present unique challenges to the hospice team. Come join this fun, interactive "Jeopardy" game show-style presentation to learn more about basic and advanced strategies for managing symptoms. Categories include: Poo-pourri (constipation/diarrhea), A Breath of Fresh Air (dyspnea), In a World of Hurt (pain), Brought to You By the Letter A (anxiety, agitation, anorexia, etc), Symptom Smorgasbord, and others. Test your knowledge against your peers while learning cost-effective ways to relieve end of life symptoms. **Learning Objectives:**

	1) 1) By participating in this session, participants will be able to describe a process for choosing medications for GI symptoms based on onset of action, duration, and mechanism of action; 2) 2) On completion of this session, participants will be able to list non-oral medication options for managing common symptoms at end of life; 3) 3) On completion of this session, participants will be able to provide strategies for managing symptoms such as anxiety, agitation, dyspnea, cough, itching, hiccups at end of life.
6B	**Clinical** Track: Anne Anderson, BSN RN CHPPN, Retired, WSHPCO Board Member, Erica Gaertner, Eden Hospice, Melanie Neff, Seattle Children's, Kelsey Stanczyk, RN, MSN, Parent Champion - Courageous Parents Network. **"How to Successfully Provide Pediatric Hospice Care With Less Anxiety for Your Team".** Caring for pediatric patients can have it's challenges, especially if your agency hasn't done it for a long time or ever! We will share some clinical pearls to set you up for success and then hear from our panel of experts as they detail their experiences. Our panel includes a clinician who has experience with two different hospice agencies that geared up for caring for kids for the first time and successfully provides this care now, a clinician from Seattle Children's who coordinates with hospices to help ease the transition for pediatric patients to home on hospice, and a parent who will share her perspective of navigating care at home with a medically complex child. **Learning Objectives:** 1) Participants will be familiar with ways to get their agency up to speed with providing pediatric care; 2) Participants understand ways to clinically provide competent and compassionate care to pediatric patients.
6C	**Clinical, Palliative Care, Psychosocial** Track: Cassandra Asmussen, RN, BSN, CHPN & Emily Mobley, RN (Heartlinks): **"Honoring Patient Autonomy in Hospice: Developing a Safe and Structured Approach to Full Code Patients"**. As patient autonomy and individualized goals of care become increasingly central to hospice practice, organizations are navigating complex questions surrounding patients who elect to remain Full Code while receiving hospice services. This presentation explores how Heartlinks developed an interdisciplinary framework to safely and ethically support Full Code hospice patients through informed consent processes, structured post-admission case reviews, staff education, risk mitigation, and ongoing goals-of-care conversations. Presenters will discuss operational workflows, regulatory considerations, ethical tensions, and lessons learned while implementing this evolving practice model. Attendees will leave with practical tools and strategies for interdisciplinary collaboration and patient-centered decision-making. **Learning Objectives:** 1) 1) By participating in this session, participants will be able to describe ethical, clinical, and operational considerations related to caring for hospice patients who elect to remain Full Code; 2) 2) On completion of this session, participants will be able to identify key components of an interdisciplinary framework for supporting Full Code hospice patients, including informed consent, staff education, emergency response planning, and documentation practices; 3) 3) By participating in this workshop, participants will be able to apply structured team communication and post-admission review strategies to support ongoing goals-of-care conversations and reduce organizational risk.
6D	**Clinical, Palliative Care** Track: Casey Byman, Hospice Quality Program Manager, RN, BSN, EvergreenHealth & Barb Hansen, MA, RN, Executive Director, WSHPCO. **"The Intersection of Regulations with Clinical Practice: Shining a Light on Gray Areas in Hospice & Palliative Care"**. This session will explore how "fuzziness" about program policies can lead to confusion about whether a clinician's practice meets state or federal regulations. The session will identify opportunities for improvement in crafting program policy language to improve clarity for clinical staff practicing at the bedside. Topics covered will include: acceptance of referrals, completion of POLST forms, the use of

	verbal orders, how to address QIO appeal decisions for hospice patients, death pronouncements, acceptance of gifts or donations and other topics hiding in plain sight. **Learning Objectives**: 1) Identify at least one practice area in your program that could be improved with clearer policy language; 2) Identify at least two resources for clinicians to use as a reference for their practice; 3) Identify at least one method for improving the knowledge of clinical staff about program policies.
1:35-2:35p	4 Concurrent 1 Hour Sessions
7A	**Judi Lund Person** Session (TBA)
7B	**Clinical, Palliative Care, Psychosocial** Track: Adie Goldberg, PhD, MSW, M.Ed., WRPCI, Dawn Meltcher, ARNP, Columbia County Health System, Dayton WA & Robert Leavitt, EMBA, MDiv, MAT, BCC Board Certified Chaplain, Palliative Care Team Sacred Heart Medical Center: "**Rural and Urban Ethics Vary Based On Zipcode".** Palliative care and ethics consultations are often conflated. Rural palliative clinicians are often expected to provide support more appropriately assigned to a clinical ethicist. Health professionals trained in modalities or approaches to ethics find they are not applicable to rural populations. This session examines challenges that arise when urban ethical reasoning is applied to rural cases - relational structures where surrogates, clinicians, and community members hold overlapping roles; resource limitations outside urban settings; and cultural values such as self-reliance and risk tolerance. Participants will examine where ethical reasoning and rural reality diverge and how we can be more mindful. **Learning Objectives:** 1) Upon completion of this session participants will be able to identify how relational overlap, resource limitations, and community-based risk tolerance in rural settings lead urban-trained ethicists to misapply standard ethical frameworks to rural palliative care cases. 2) By attending this workshop participants will be able to differentiate between a family's risk-tolerant decision-making process versus labeling behaviors as impaired judgment.
7C	**Clinical, Palliative Care** Track: Alison Keeler, BSN, RN, CHPN (Confluence Health): **"Lost Voices, Unequal Care: Reducing Inequities in End-of-Life Dementia Symptom Management".** People living with advanced dementia experience significant symptom burden at the end of life, yet their needs may go unrecognized or undertreated due to communication barriers, challenges in symptom assessment, normalization of distressing behaviors, and reluctance among surrogate decision m-makers to use symptom management medications. This session will explore the unique vulnerabilities associated with symptom management in advanced dementia and examine common disparities that impact quality end-of-life care and symptom management. **Learning Objectives:** 1) On completion of this session, participants will be able to recognize common end-of-life symptoms in people living with advanced dementia and identify factors that contribute to symptom under-recognition and undertreatment; 2) On complication of this session, participants will be able to implement evidence-based assessment and management strategies for pain, agitation, delirium, and other distressing symptoms in individuals with dementia; 3) By participating in this session, participants will be able to apply communication tools and frameworks to navigate challenging conversations with surrogate decision-makers, address concerns about symptom management medications, and align care with the patient's goals and values.
7D	**Clinical, Palliative Care** Track: Melissa Chiu, MD. Assistant Professor, Divisions of Critical Care Medicine & Bioethics and Palliative Care, University of Washington, Paula McPoland, MD, Associate professor of pediatrics at the University of Washington, Palliative care clinician at Seattle Children's Hospital, Program Director UW Palliative Care and Hospice medicine fellowship-Pediatric Track and Dan Kim, MD, MA, Assistant Professor, Divisions of Critical Care Medicine & Bioethics and Palliative Care, University of

	Washington (if he can come). **"When Getting Home is the Final Goal – Facilitating Transfer Home for Compassionate Extubation or Decannulation".** Transitioning patients from the hospital to home hospice for compassionate extubation or decannulation is a complex process which requires the involvement of multiple teams. We will discuss the multi-disciplinary development of a new clinical policy at Seattle Children's Hospital which facilitates this process. We will review the specifics of the policy and highlight changes that were incorporated based on feedback from invested partners including the primary hospital, transport, and hospice teams. We will highlight both the hospital and hospice roles in the collaboration to support patients and families transitioning home for withdrawal of ventilatory support. **Learning Objectives:** 1) Participants will have a better understanding of the logistics required when considering a patient to be transferred home for a compassionate extubation or decannulation; 2) Participants will learn how to collaborate with partner organizations to facilitate discharges from the hospital to home hospice for compassionate extubation or decannulation; 3) Participants will be able to identify and consider the specific challenges in our organization that will need to be addressed if adopting this policy and offering this option to patients and families.
2:35p	Adjourn

FACULTY BIOS

Cara Abbott is the Founder and CEO of Betterleave and a nationally recognized voice in family-centered post-acute care. Inspired by her experience caring for her mother through terminal illness, she brings both lived experience and industry insight to conversations on care delivery transformation. Cara was named one of Becker's 100 Women in Health IT to Know and was featured in EY's Global Consumer Health Study on the Future of Aging. She is a frequent speaker on family engagement, satisfaction, experience, and strategies to improve outcomes across transitional moments from acute discharge through the post-acute continuum and bereavement.

Anne Anderson, RN, BSN, CHPPN, has 20 years of experience in pediatric palliative care and hospice. Since retiring in March of 2025, she has remained on the WSHPCO board, and continues to be involved with the leadership team for the Northwest Pediatric Palliative Care Coalition. In her spare time Anne Is Grammy to her two grandchildren, volunteers at her local food bank, and is doing some fun travel.

Dr. Somi Arthur earned her Doctor of Pharmacy degree from the Temple University School of Pharmacy. She is a BPS Board Certified Geriatric Pharmacist. She has fourteen years of extensive pharmacy practice experience in hospice and palliative care as a Clinical Pharmacist and IPU Pharmacist directly focusing on clinical care, medication management, and medication safety at end-of-life. She has presented at regional hospice conferences and grand rounds. Dr. Arthur is currently serving in the role of Clinical Liaison with Dragonfly Health Rx covering the Central region of the United States.

Cassandra Asmussen serves as the Chief Clinical Services Officer at Heartlinks, overseeing hospice and palliative clinical operations across multiple service lines. With extensive experience in hospice leadership, interdisciplinary team development, regulatory compliance, and quality improvement, Cassandra has led innovative organizational initiatives focused on patient-centered care, ethical decision-making, and operational excellence in end-of-life care delivery.

Deanna Balint, Pharm. D., Vice President of Clinical Services with Wise Hospice Options with over a decade of experience in Pharmacy Benefit Management, Hospice care, Symptom management and Education. She received her Doctorate in Pharmacy from the Medical College of Virginia in 2001, prior to hospice she managed a post-acute national home infusion business, with additional experience in Pediatric and Neonatal acute care services. Deanna is passionate about providing quality care and collaboration for maximizing one's quality of life with end-of-life care.

Dr. Mark Beiter is a palliative care physician and medical director of the palliative care team at Virginia Mason Medical Center in Seattle. He is also an educator and believes in training other physicians and health care professionals to have the tools necessary to make sure all patients with serious illness receive the best care possible.

Marc Berg has more than 40 years of healthcare leadership experience spanning home medical equipment, home health, healthcare operations, and executive leadership. After founding multiple healthcare companies and serving in senior roles with major health systems, he co-founded Berg Data Solutions in 2017 with his son, Alex Berg. Marc helps organizations turn complex healthcare data into practical strategies that improve financial performance, patient experience, and clinical outcomes.

C**asey Byman, RN, BSN, CHPN** graduated from Pacific Lutheran University with a Bachelors in Nursing and went on to start her career in Hospice care. She's worked for EvergreenHealth Hospice in Kirkland WA for over 10 years, starting with 7 years of direct patient care and 3+ now in Quality Compliance. Casey strives to help clinicians achieve their goal of excellent patient care while maintaining documentation compliance.

Sarah Cameron is a strategic healthcare leader with 20 years of experience focused on expanding access to community-based care. Her background includes strategic planning and growth for multi-state home health, hospice, palliative care, PACE, and other home-based services at Providence. Since joining Berg Data Solutions in 2025, Sarah has helped healthcare organizations transform complex data into actionable strategies that improve business performance and patient care.

Melissa Chiu, MD, is an assistant professor of pediatrics in both the critical care and bioethics & palliative care divisions at Seattle Children's Hospital and University of Washington. She completed her pediatric critical care fellowship at the Medical College of Wisconsin and her palliative medicine fellowship at the University of Washington. She is currently practicing at Seattle Children's Hospital and Harborview Medical Center. Dr. Chiu is interested in community-based participatory research and language equity.

Dr. Dustin Colegrove is the Medical Director of PeaceHealth Southwest Hospice in Vancouver, WA and is board-certified in Internal Medicine by the American Board of Internal Medicine (ABIM) and as a Hospice Medical Director through the Hospice Medical Director Certification Board (HMDCB). He is also a Certified Physician Executive through the American Association for Physician Leadership (AAPL) and is a Fellow of the American College of Healthcare Executives. He provides clinical leadership for an organization with an average daily census of more than 400 patients, including two hospice houses. Dr. Colegrove also oversees and facilitates General Inpatient Hospice (GIP) level of care for eligible patients at two affiliated acute-care hospitals in Southwest Washington. With more than a decade of leadership experience spanning hospital medicine, home health, and hospice, he is dedicated to advancing high-quality, patient-centered end-of-life care and improving the delivery of complex symptom management across care settings.

Andrea Denke has worked in healthcare for over 10 years and with vulnerable populations for over 25 years. She has chaired coalitions and participated in community groups with a shared goal to make a positive impact.

Maura deOliveira, ARNP, ACHPN is a family nurse practitioner with over 13 years of experience mostly in palliative and hospice care. She completed post-masters' certificates in palliative care at California State University and University of Washington in 2016 and 2021. These certificates enhanced her passion for providing holistic, patient-centered care to those suffering with life-limiting illnesses. She enjoys partnering with patients and families to provide them relief from the pain, stress, and grief of chronic disease at any stage of illness. She strives daily to improve a patient's quality of life, delineated by their goals, choices, and wishes, as they and their loved ones journey through serious illness. Maura has been working at EvergreenHealth Home Hospice for the past 5 years and really enjoys delivering care to patients in whatever places they call home.

Zoe Diaz is a healthcare operations leader with 15 years of experience across long-term care, skilled nursing, adult family homes, hospice inpatient care, and in-home end-of-life care. As Chief Operations Officer at Tri-Cities Chaplaincy, she brings together non-clinical operations, regulatory compliance, and organizational leadership to support high-quality, mission-driven care. Zoe began her career in direct patient care and has since expanded her focus to clinical compliance, operational strategy, and healthcare advocacy. She holds a bachelor's degree in political science and government studies, a Master of Business Administration, and a certification in healthcare compliance and standards. Passionate about improving end-of-life care, Zoe is serving her second term on the Washington State Hospice and Palliative Care Organization board of directors, where she currently serves as Secretary.

Marie Eaton is the Community Champion for the Palliative Care Institute and has conducted trainings on Being with Dying with ICU and Hospice staff in the PeaceHealth system. She is also a poet whose work often focuses on grief and loss.

Leslie Emerick, MPA, serves as WSHPCO's Public Policy Director and brings more than 27 years of local and state government, public policy, and legislative experience. She founded her government relations firm in 2006 and currently represents eight health care associations. Leslie's public service experience includes serving as an elected Douglas County Commissioner and nearly six years as a legislative liaison for Washington state agencies. Her roles have included Assistant Director for Constituent and Legislative Relations at the Washington State Department of Health and Legislative Affairs Coordinator for the Washington State Department of Agriculture. Leslie holds a Master of Public Administration and bachelor's degrees in Speech Communications and Secondary Education, with a minor in Political Science.

Bringing a unique dual-perspective to the hospice landscape, **Beth and James Fowler** are partners in both life and end-of-life care. Beth Fowler, MD, is a regional hospice and palliative care medical director who has led clinical teams since 2018, following her service as a physician in the U.S. Army. James Fowler, MDiv, has served as a dedicated hospice chaplain since 2016, building on his prior background as a U.S. Army chaplain. Having transitioned their collaborative skills from military service to the hospice bedside, they share a passion for dismantling the silos between medicine and spiritual care.

Lisa Gainey, LMT, Comfort Integrative Therapies Coordinator, CMLDT, Reiki Master & 200 Hour-RYT: In 1997, Lisa began her career at MultiCare at Tacoma General Hospital, where she provided a community education class and hospital-based massage therapy. Since that time, she has developed new programs that offer complementary integrative therapies at MultiCare and Mary Bridge Children's Hospital. In 2023, the Massage Therapy Foundation awarded her a community service grant, which expanded care to Mary Bridge pediatric palliative care patient and in 2026. She has been a Licensed Massage Therapist since 1992 and a 200-Hour Yoga Teacher since 2023. Her volunteer experience reflects her personal and professional interests, by supporting Camp Erin Grief & Loss camp and being an active Point Defiance Park Watch volunteer. She is grateful to work within an interdisciplinary team that supports integrative care within MultiCare.

Erica Gaertner, Executive Director, Eden Hospice has been working in hospice as an RN for 16 years, both at bedside and in various leadership roles. She found her calling to hospice as an LPN and finds meaning in sharing the love of hospice to anyone that will listen. Erica serves on the WSHPCO Board of Directors.

Adie Goldberg has spent her entire professional career working in medical settings and teaching. Using her PhD and LICSW she has worked to elevate the roles spiritual psychological and social factors play when an individual interfaces with the health care system. She has presented nationally and regionally as well as teaching at EWU and PSU. She loves sharing her experiences and learning from the future palliative professionals. She plays well in a sand box filled with physicians, advanced practice clinicians, nurses, chaplains and other members of palliative teams. On her off time, you can find her in her garden, on a ski slope or a trail with her granddaughters and dog Otis.

Barb Hansen MA, RN, is the CEO of the Oregon Hospice and Palliative Care Association and Executive Director of the Washington State Hospice & Palliative Care Organization. Barbara Hansen received her BS in Nursing from the Oregon Health and Sciences University and received a Master of Arts in Interdisciplinary Studies at Oregon State University with a focus on Gerontology and Community Health. Barb has an extensive background in end-of-life care. She has served in many roles, including Home Health and Hospice Nurse Case Manager, Clinical Coordinator, Home Care Surveyor for the Joint Commission; Wound, Ostomy, Continence RN, and Director of a Hospice, a Hospice Inpatient Unit and a Home Health program.

Rebecca Hudson (she/they) is the Client Services Manager at End of Life WA. She joined the staff in 2021 after many years as an End of Life Washington Volunteer. Rebecca has a Master's degree in Health Advocacy from Sarah Lawrence College and previously worked in Food Justice and as a hospital-based patient advocate. She has been a long-time believer in patient rights and autonomy and is passionate about empowering people in their end-of-life choices. Outside of work Rebecca spends most of her time exploring the circus arts and playing with her cats.

Jess Kaan (she) has been the Medical Director at End of Life WA since 2022. She is also a hospice physician in WA and a MAID physician in OR. Jess supports patient-centered care and bodily autonomy. She feels strongly that comprehensive end-of-life, which incorporates rather than silos MAID care for those who want that option, is best for patients. Outside of work, Jess enjoys bicycle rides, reading a book in the sunshine, and learning more about architecture and urban design.

Alison Keeler, BSN, RN, CHPN, is a hospice nurse at Confluence Health with over a decade of experience in hospice care and has additional specialized training in palliative care. She has extensive experience supporting patients and families as they navigate serious illness and the transition to hospice services. Alison currently provides direct patient care in the community and previously served as a hospice clinical educator.

Dan Kim, MD, MA is an assistant professor of pediatrics in both the critical care and bioethics & palliative care divisions at Seattle Children's Hospital and University of Washington. He completed both his pediatric critical care and palliative medicine fellowships at the University of Washington and is currently practicing at Seattle Children's Hospital and Harborview Medical Center. Dr. Kim is interested in bioethics, end of life care, and communication practices in the ICU.

Robert Leavitt is a Board Certified Chaplain with the Palliative Care Team and a Health Equity Fellow at Providence Sacred Heart Medical Center in Spokane, Washington. He has spoken at WSHPCO and AAHPM and is a strong advocate for health equity, encouraging interdisciplinary collaboration and exploring innovative, inclusive methods for whole-person care. As a Humanist Chaplain, Robert is committed to offering interfaith and secular spiritual support to diverse patients, families, and staff, emphasizing their worth and dignity while advocating for their needs. Outside of work, he spends his time learning new, often trivial facts, perpetually remodeling his basement, and discovering new music.

Jaelyn Lindsey is a Licensed Independent Clinical Social Worker and Clinical Liaison at Heartlinks specializing in goals-of-care conversations, psychosocial assessment, caregiver support, and complex care transitions. Her work focuses on helping patients and families navigate emotionally difficult decisions while improving communication, expectation setting, and alignment between patient values and hospice philosophy.

Megan Lowe, PharmD, MBA, Dragonfly Health: Dr. Megan Lowe earned her Doctor of Pharmacy degree from the University of Tennessee Health Science Center. She received a post-doctoral teaching certification from the University of Tennessee College of Pharmacy, where she is a Guest Pharmacy Lecturer educating on pain management. She has almost a decade of pharmacy practice experience working in the hospice and palliative care sectors as a Clinical Pharmacist. She has also enjoyed working as a Clinical Pharmacist Mentor, Medication Therapy Management Pharmacist, Pharmacy Technician Course Instructor, COVID-19 Vaccinator, and Medical Missionary. She has given presentations across the country at national and regional hospice conferences. Dr. Lowe is currently serving in the role of Clinical Liaison with Dragonfly Health Rx covering Ohio and the Northeastern region of the United States.

Paula McPoland, MD is an Associate Professor of Pediatrics in the Division of Bioethics and Palliative Care at Seattle Children's Hospital and University of Washington. She completed fellowships in Hospice and Palliative Medicine and Pediatric Chronic Pain Management and currently practices Palliative Care at Seattle Children's Hospital. She has previously worked with Providence Pediatric Hospice and is currently on the WSHPCHO Board. Dr. McPoland is interested in medical education and supporting access to pediatric hospice.

Dawn Meicher

Emily Mobley serves as the Chief Care Experience Officer at Heartlinks, where she leads patient experience initiatives and interdisciplinary care integration across hospice and supportive care programs. Emily brings extensive experience in hospice nursing, care coordination, staff mentorship, and complex goals-of-care facilitation. Her work has focused on improving communication systems, interdisciplinary collaboration, and compassionate approaches to high-acuity and ethically complex patient situations.

Melanie Neff

For more than 20 years, **Judi Lund Person** served as Vice President of Regulatory and Compliance for the National Hospice and Palliative Care Organization (NHPCO), where she was a leading voice on hospice payment policy, regulatory compliance, survey and certification, and program integrity. Judi's involvement in hospice policy spans more than four decades. She was among the early hospice advocates who helped secure passage of the Medicare Hospice Benefit in 1982 and contributed to the development and later revision of the Medicare Hospice Conditions of Participation. More recently, she has worked with CMS on implementation of the HOSPICE Act and represented hospice and palliative care providers in addressing Medicare policy and payment issues. Judi holds a Master of Public Health from the University of North Carolina at Chapel Hill and is Certified in Healthcare Compliance.

Debra Puerner, MS, AGPCNP-BC, FT is a Hospice Nurse Practitioner with Samaritan Evergreen Hospice in Oregon and has more than 20 years of experience in hospice and palliative care. Debra is a Fellow of Thanatology with specialized training in ketamine-assisted care, end-of-life psychedelic therapies, and conscious dying. Her professional interests focus on addressing existential distress, demoralization, and other forms of emotional and spiritual suffering in patients facing serious illness. She is passionate about advancing compassionate, person-centered care that promotes meaning, connection, and quality of life for patients and families at the end of life.

Dana Sawyers is retired US Air Force and has worked over 14 years providing care coordination and working with Veteran Services.

December Scribner serves as Lead RN for Intake and Referral at Heartlinks, where she oversees hospice admissions, referral coordination, and clinical intake processes. With expertise in hospice eligibility, symptom management, interdisciplinary communication, and patient-centered admission practices, December has helped lead the development of structured intake tools focused on improving goals-of-care alignment, patient understanding, and hospice admission.

Luke Self is currently a board-certified chaplain and bereavement coordinator at Walla Walla Community Hospice in southeast Washington. Previously, he has served as a certified educator, ordained minister, and hospital chaplain. He earned his Master of Divinity degree from Andrews University in Berrien Springs, MI, and completed his clinical pastoral education through the College of Pastoral Supervision and Psychotherapy and the Association for Clinical Pastoral Education.

Lauren Smilde is a nurse practitioner board certified in adult-gerontology as well as hospice and palliative care. She received her BSN from the University of Pennsylvania and worked as a nurse on an inpatient geriatric unit as well as in the home hospice setting. She then received her DNP from the University of Washington, where she also completed the Graduate Certificate in Palliative Care. She worked on an inpatient Palliative Care team during the pandemic and then transitioned back to the home hospice setting at EvergreenHealth. She is passionate about helping patients and families navigate the complexities of serious illness. Outside of professional work, Lauren enjoys playing ultimate frisbee, attending book club, and spending time with her husband and two little ones.

Dierdre Sherman is a medical social worker for Alpha Home Health and Hospice. She has military experience with a unique expertise in the VA system and has diverse experience in home care, education and the arts.

Kelsey Stanczyk lives in Tacoma, Washington with her husband Eric, daughter Zoey, and dog Lincoln. Kelsey is a mother to two, an RN, and Nursing Professor at Pacific Lutheran University. She enjoys cooking, being outdoors with her family, and volunteering with the PTA at Zoey's school. Her younger daughter, Stella, was born with two rare chromosomal abnormalities: Ring 9 Syndrome and a microduplication on chromosome 17. Stella lived with a variety of complex medical conditions and died right before her second birthday. With fourteen years of experience as a nurse, many of that working with palliative care, Kelsey is committed to bridging her experiences as Stella's mom and caregiver and as a healthcare provider through her work as a Parent Champion for Courageous Parents Network. Through this role, Kelsey aims to support and empower other families who have or are currently providing care for medically complex children and to advocate for palliative minded care in honor and memory of Stella.

Cassandra Sutherland (she/they) is Co-Executive Director of Programs & Services at End of Life Washington. She is passionate about autonomy, informed choice, and equitable access to end-of-life care. Drawing on her background in global public health and her personal experience supporting a loved one through dementia, she works to empower individuals and families to make end-of-life decisions that reflect their values. Outside of work, Cassa enjoys roller skating with her dog and spending time with family and friends.

Lindsey Topping-Schuetz is the Parent Champion Program Manager at Courageous Parents Network. She brings a background in healthcare advocacy, rare disease policy, and family-centered systems change to Courageous Parents Network. She is passionate about lifting parent voices and helping advocates turn lived experience into meaningful impact. Alongside her professional and advocacy work, she is also a caregiver to her son with medical complexity, grounding her work in personal experience. Panel will include two pediatric physicians and two parent faculty.

Hilary Walker

Hope Wechkin