



Practitioner Orders for Life-Sustaining Treatment

New Jersey Hospital Association, 760 Alexander Road, Princeton

June 26, 2014

Registration and Continental Breakfast: 7:30 a.m.

Fee: \$ 40 ea.

Program: 8 a.m. – 10 a.m.

This program will examine how Practitioner Orders for Life-Sustaining Treatment (POLST) was implemented in the state of New Jersey by identifying and discussing best practices as well as barriers to successful implementation. POLST helps clarify patient wishes and ensure that they are known and honored.

This workshop will introduce health professionals to the New Jersey POLST document and how it fits in the continuum of advance care planning. Attendees will enhance their skills in facilitating meaningful conversations with patients and their families about POLST and goals of care. In addition, palliative care and the evidence supporting it through quality, patient satisfaction and cost will be discussed.

At the conclusion of this activity, the participant should be able to:

- Discuss the need for POLST and improved advance care planning
- Review the essential elements and details of POLST in New Jersey
- Advise patients and their families on the importance of advanced care planning (ACP)
- Define palliative care, review its benefits, and identify key differences between palliative care and hospice care.

FACULTY

Amy Frieman, MD

Medical Director, Palliative Care

Meridian Health System

TARGET AUDIENCE

Physicians. Other healthcare professionals also are welcome to attend.

CONTINUING EDUCATION CREDITS

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

HRET designates this live activity for 2.0 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NEW Registration Guidelines for 2014

PAYING BY CREDIT CARD

Guarantee your seat now by registering and paying on line with a credit card.
It's secure and easy.

Click on the following link:

<http://www.njha.com/education/brochure/?id=520>

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box. Save time and register online through our secure Web site.

PAYING BY CHECK

Please fax your registration prior to mailing with payment. Your registration will be incomplete until your payment is received. A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HRET of NJ

Mail to: Educational Services, HRET of NJ, P.O. Box 828691, Philadelphia PA 19182-8691

Note: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box.
Save time and register online through our secure Web site.

CANCELLATION POLICY

- Registrants unable to attend may send an alternate.
- Cancellations received by June 25, 2014 will be eligible for a refund minus a \$10 per person service fee.

GENERAL INFORMATION

- **On-site registration:** We will do our best to accommodate walk-ins, but cannot guarantee seating. If a conference does have availability, payment is due at that time.
- For program inquiries, please email: SGanguli@njha.com
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**
- For directions visit NJHA at: <http://www.njha.com/directions.aspx> (parking is behind the conference center building).
- If you have a disability and need special accommodation, please call 609-275-4180.

Date:	June 26, 2014
Registration Start:	7:30 a.m.
Program Start:	8 a.m.
Location:	New Jersey Hospital Association - 760 Alexander Road, Princeton NJ 08543
Fee:	\$ 40 ea.
Seminar:	EDU 1446

REGISTRATION

(Please type or print clearly. Please copy form for additional registrants.)

Credit Card Registration: <http://www.njha.com/education/brochure/?id=520>

Attendee #1

Full Name:		(EDU 1446)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	

Attendee #2

Full Name:		(EDU 1446)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	

Attendee #3

Full Name:		(EDU 1446)
Job Title:	Check Amount: \$ _____	Check #
Degrees/Credentials (MD, RN, LNHA, etc.):	Organization:	
E-mail:	Organization Address:	
Phone Number:	City, State, Zip:	