

## **New Jersey Care Act Implementation**

### Webinar

## **April 24, 2015**

**Program:** 1 - 2:30 p.m. **Fee:** \$35 per facility

**Seminar:** EDU 1536W

The New Jersey State Legislature passed a law in November that requires hospitals to provide patients with the opportunity to designate a caregiver following the patient's entry into a hospital and prior to the patient's discharge to the patient's residence. This law goes into effect in May. Some key points of the legislation include:

- Documenting the caregiver designation in the patient's medical record including the person's address, phone number and relationship to the patient (and, if a patient declines to designate a caregiver, documenting that also)
- Consulting with the caregiver and issuing a discharge plan that describes a patient's aftercare assistance needs at the patient's residence
- Furnishing the caregiver with the contact information for any healthcare, community resources and long-term services and support necessary to carry out the patient's discharge plan
- Providing the caregiver with instructions in all after-care assistance tasks described in the discharge plan; training and instructions in nontechnical language may be conducted in person or through video technology
- Demonstrating the tasks the caregiver must perform and answering the caregiver's questions in a culturally-competent manner; documenting details of the various training events.

This program will focus on educating hospital staff on the new requirements for discharge plans set forth in the New Jersey Care Act.

#### **OBJECTIVES:**

- 1. Discusses new requirements for the Care Act Law
- 2. Identifies two best practices on how to implement new requirements for the Care Act law.

#### TARGET AUDIENCE:

Nurses, physicians, hospital administrators and in-house legal counsel

#### **CONTINUING EDUCATION:**

Health Research and Educational Trust is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number P131-1/15-18.

This activity provides <u>1.25</u> contact hours.

There are no conflicts of interest, sponsorship or financial/commercial support being supplied for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.

# **New Jersey Care Act Implementation**

### Webinar

### **April 24, 2015**

#### **AGENDA**

1 p.m. Welcome and Overview

Neil Eicher

Vice President, Government Relations New Jersey Hospital Association

1:05 p.m. **Quality and Clinical** 

Tania Cutone, RN

Nursing Coordinator, Clinical Information

Chilton Medical Center

1:35 p.m. Compliance and Best Practices

Lisa Stewart Albright, Esq.

Partner

Archer & Greiner, P.C.

2:05 p.m. **Questions and Answers** 

2:30 p.m. *Adjournment* 

## **Registration Guidelines for 2015**

### PAYING BY CREDIT CARD

<u>Credit card payments can be accepted by fax/phone.</u>
Information can be typed directly into form, then printed and faxed to NJHA.

<u>Note</u>: For security purposes, please **DO NOT** mail credit card information with your security code to the P.O. Box.

### **PAYING BY CHECK**

\*\*Please fax your registration prior to mailing with payment. Your registration will not be confirmed until your payment is received by HRET. 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:** HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691

### Payments by mail must be postmarked no later than April 17, 2015

After April 17, checks will no longer be accepted by mail and registration must be completed with a credit card by calling (609) 275-4180.

HRET/NJHA staff reserve the right to refuse participation if payment is not received in full prior to the commencement of the program.

### **CANCELLATION POLICY**

- To cancel your attendance for any reason, HRET Education requests a notice of cancellation at least 48 hours before the beginning of each seminar. Email: <a href="https://hret.education@njha.com">HRETEducation@njha.com</a> or phone: (609) 275-4180.
- Cancellations of payment must be received by April 22 and will receive a refund minus a \$15 administrative fee.
- No refunds will be issued after the deadline.

#### **GENERAL INFORMATION**

- Please fax your registration prior to mailing with payment.
- Names/e-mail addresses for <u>each participant expecting to receive continuing education credits</u> must be included on the registration form.
- For program inquiries, please contact Phil Echevarria at <a href="mailto:pechevarria@njha.com">pechevarria@njha.com</a>
- For registration and payment inquiries, please contact 609-275-4180 or HRETEducation@njha.com
- WebEx is the Webinar provider for HRET/NJHA. Please contact your IT Department prior to the start of the event to assure your organization's network is equipped for you to participate in this webinar series.
- WebEx will send confirmation and reminder emails directly to all participants. Please check inbox and junk mail
   folders frequently for emails from WebEx regarding updated program information and login accessibility.

## **New Jersey Care Act Implementation**

Date:	April 24, 2015
<b>Program Start:</b>	1 p.m.
<b>Location:</b>	Webinar
Fee:	\$35 per facility
Seminar:	EDU 1536W

### REGISTRATION

(Please type or print clearly. Additional registrants may be listed on additional page.)

Note: Your registration will not be complete until payment has been received.

Payment must be postmarked no later than April 17, 2015

## **Important!**

Fax this page to HRET before mailing with payment to (609) 275-4271.

Full Name:	Organization:	
Job Title:	Organization Address:	
Degrees/Credentials (MD, RN, LNHA, etc.):	City, State, Zip:	
Email:	Registration Contact:	
Phone number:	Contact email:	
Payment Information:   Check   Credit Card	Additional Registrant:	
Credit Card #	Job Title:	
Expiration Date: Security Code:	Degrees/Credentials (MD, RN, LNHA, etc.):	
Name on card:	E-mail:	
Billing Address: (street, city, state, zip)	Phone number:	
Additional Registrant:	Additional Registrant:	
Job Title:	Job Title:	
Degrees/Credentials (MD, RN, LNHA, etc.):	Degrees/Credentials (MD, RN, LNHA, etc.):	
E-mail:	E-mail:	
Phone number:	Phone number:	