

# Fostering A Collaborative Nursing Home-Hospice Relationship

## Program Description:

More than 40 percent of nursing home residents receive hospice care and nearly 15 percent of hospice patients reside in a nursing home. The nursing home-hospice relationship is the foundation for ensuring that residents receive the highest quality end-of-life care. Coordination of care is sometimes challenging because of perceived conflicts in the regulatory requirements that govern nursing homes and hospices. Please join CMS and NJ DOH representatives, along with two panels of hospice and nursing home partners as they address communication issues, hurdles they had to overcome and the successes achieved through their collaborative partnership. Important issues covered in this session will include the assessment and collaborative care planning process, communication, obtaining and paying for supplies and medications, skin care, use of POLST and creating a cooperative culture. This workshop will address how to build a successful collaborative working relationship between nursing homes and hospices and how, together, they can ensure the best quality outcomes for hospice patients.

## Target Audience:

Hospices and Skilled Nursing Facility: clinical directors, registered nurses, IDT staff, quality and financial managers, administrators

## Faculty:

**Sharon Roberson**, Northeast Division Technical Lead, Survey & Certification, Division of Quality Improvement, Centers for Medicare & Medicaid Services.

Ms. Roberson will provide a review of the CMS requirements governing the hospice and nursing home contractual relationship.

**Stephanie Mozgai**, Director, NJ Department of Health-Health Facility Survey & Field Operations

Ms. Mozgai will review the licensing requirements of each provider type and discuss the expectations and common pitfalls.

**Hospice and Nursing Home Agency Best Practice Discussion:**

VNA of Englewood & Jewish Home at Rockleigh  
Haven Hospice and JFK Hartwyck

## Objectives:

- Define the federal and state regulatory requirements for hospice care and nursing homes
- Illustrate common compliance pitfalls to avoid
- Explain how to overcome barriers to collaboration in the following areas:
  - Assessment and planning of hospice care
  - Ordering & coverage of medications and supplies
  - Wound care/pressure ulcers
  - POLST and goals of care in hospice
- Share experiences of creating a partnership between hospice and nursing home providers.

**DATE: MAY 5, 2016**

9:00AM – 2:00PM

**REGISTRATION:**

Begins at 8:30am

**WORKSHOP LOCATION:**

LifeStation  
2 Stahuber Avenue  
Union, NJ 07083

**SPONSORED BY:**



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May 5, 2016 \* 9:00AM – 2:00PM

Registration Fee: \$75.00

Registration confirmation will be sent to those providing a valid email address.

For prospective members, registration must be accompanied by payment.

Registration fees will be refunded only if written cancellation is received by April 21, 2016.

Cancellation requests should be emailed to [susan@homecarenj.org](mailto:susan@homecarenj.org).

Registrants unable to attend may send an alternate if Home Care Association of NJ is notified in advance. In the event of a written cancellation, Home Care Association of NJ will retain 25% of the initial fee for administrative costs. There is a \$30 service charge on all returned checks. For more information or if you require special accommodations please call (732) 877-1100 or email [karen@homecarenj.org](mailto:karen@homecarenj.org)

The sponsor reserves the right to cancel or modify any workshop listed herein for any reason without advanced notice. Registrations must be received in writing.

## Registration Information:

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

E-mail (please print legibly): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Payment Information:

Check # \_\_\_\_\_ (make checks payable to: Home Care Association of NJ)

Visa       MasterCard       American Express

**Total Amount Due: \$** \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV# \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Address (of cardholder): \_\_\_\_\_

Signature (required): \_\_\_\_\_

**Fax Completed Registration to: (732) 877-1101**

**Questions?** Contact Karen McCoy @ (732)877-1100 or email @ [karen@homecarenj.org](mailto:karen@homecarenj.org)

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