

Workplace Environment In-Person Session

June 1, 2017

NJHA Conference and Event Center, 760 Alexander Rd., Princeton, N.J. 08540

Registration | 8:30 a.m.

Fee | Free

Program | 9 a.m. – 3:45 p.m.

Optional Lunch: \$30/person

Seminar | EDU 1734

OVERVIEW:

A Healthy Work Environment is one that is safe, empowering and satisfying. Parallel to the World Health Organization definition of health, it is not merely the absence of real and perceived threats to health, but a place of “physical, mental, and social well-being,” supporting optimal health and safety. According to the American Nurses Association. A culture of safety is paramount, in which all leaders, managers, healthcare workers and ancillary staff have a responsibility as part of the patient-centered team to perform with a sense of professionalism, accountability, transparency, involvement, efficiency and effectiveness. All must be mindful of the health and safety for both the patient and the healthcare worker in any setting providing healthcare, providing a sense of safety, respect and empowerment to and for all persons.

This full-day conference will provide education on workplace environment issues in the healthcare setting and strategies to enhance the culture of safety of all organizations.

Topics:

- Workplace aggression
- The Second Victim phenomenon
- Behavioral health
- Physician burnout
- Moral distress and resilience

Objective:

- Participants will have a comprehensive understanding of what a healthy work environment is and how to mitigate workplace aggression, second victim phenomenon, healthcare burnout and moral distress.

TARGET AUDIENCE:

Nurses, quality managers, risk managers, human resource managers, post-acute facilities, public health professionals and other healthcare professionals

CONTINUING EDUCATION CREDITS:

New Jersey State Nurses Association Accreditation Statement

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 **5.5** 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.

Nursing Home Administrators Licensing Board Statement:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) education credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for **5.0** LNHA/CALA credits.

New Jersey Department of Health Statement

Participants who successfully complete this educational program will be awarded **5.0** New Jersey Public Health Continuing Education Contact Hours (CEs). HRET has been approved by the New Jersey Department of Health as a provider of New Jersey Public Health Continuing Education Contact Hours (CEs).

American College of Healthcare Executives:

As an independent chartered Chapter of the American College of Healthcare Executives, the ACHE - NJ is authorized to award **5.0** hours of ACHE Qualified Education credit toward advancement or recertification in the American College of Healthcare Executives.

Participants in this program who wish to have it considered for ACHE Qualified Education credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.

DISCLOSURE INFORMATION:

Full disclosure will be provided at the educational activity.

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AGENDA

- 8:30 a.m. *Registration and Continental Breakfast*
- 9 a.m. **Welcome and Introduction**
- 9:15 a.m. **Workplace Aggression**
- Monica Cooke, BSN, MA RNC, CPHQ, CPHRM, FASHRM*
CEO
Quality Plus Solutions
- 10:15 a.m. **Free from harm: Protecting Healthcare's Second Victims**
- Susan D. Scott, PhD, RN, CPPS, FAAN*
Manager, Patient Safety & Risk Management
University of Missouri Health Care System
- 11:15 a.m. Break
- 11:30 a.m. **Physician Burnout**
- William M. Spinelli, MD, MPA*
Allina Health
- 12:30 p.m. *Lunch*
- 1:30 p.m. **Behavioral Health Throughout the Enterprise**
- Monica Cooke, BSN, MA, RNC, CPHQ, CPHRM, FASHRM*
CEO
Quality Plus Solutions
- 2:30 p.m. **Moral Distress/Resilience**
- Cynda Rushton, PhD., RN, FAAN*
Anne & George L. Bunting Professor of Clinical Ethics
John Hopkins Berman Institute of Bioethics and the School of Nursing
- 3:30 p.m. Questions, Evaluations
- 3:45 p.m. *Adjournment*

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Optional Lunch: \$30

Location: NJHA Conference and Event Center

760 Alexander Road, Princeton, NJ 08540

Directions: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. **It's secure and easy.**

Click on the following link:

<http://hret-registration.njha.com>

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HBS

Mail to: HBS – P.O. Box 828709 – Philadelphia, PA 19182-8709

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**

Check All that Apply: Member

Non-member

Optional Lunch

REGISTRATION

Name: _____

Designation/Credentials: _____ Job Title: _____

Phone: _____ E-mail: _____

Organization: _____

Organization Address: _____

City, State, Zip: _____

Method of Payment: Check _____ Credit Card _____

Payment Amount: \$ _____ Check# _____ Card#: _____

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