

# Unique Aspects of Advance Care Planning with Assisted Living Residents and Families

April 5, 2018 | NJHA Conference and Event Center, 760 Alexander Rd., Princeton, N.J. 08540

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<b>Registration</b>	9 a.m.	<b>Fee:</b> NJHA/LANJ/HCANJ Member: \$79/person
<b>Program</b>	9:30 a.m. – 12:30 p.m.	Non-Member: \$99/person
<b>Seminar</b>	EDU 1848	

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## OVERVIEW:

New Jersey's annual assisted living resident profile survey has demonstrated that residents are aging in place and new residents are older and have more complex healthcare needs when they come to live in assisted living communities. As these trends continue, communities will continue to grapple with advance care planning and the challenging conversations surrounding the clinical capabilities of assisted living communities as well as the expectations of families, residents and staff. This half day program will help communities' administrators, nurses, social workers and others involved in the advance care planning understand the issues from different perspectives and provide practical strategies for more effective advance care planning.

## OBJECTIVES:

1. To clearly understand the advance care planning tools and resources appropriate for different assisted living residents.
2. To enhance participants' knowledge about the palliative care journey.
3. To learn the clinical capacity of your assisted living community to address advance care needs of residents.
4. To learn how to effectively work with families and residents in a culturally competent manner that minimizes and manages conflict.

## TARGET AUDIENCE:

Assisted living community administrators, nurses, social workers and others involved in advance care planning.

## CONTINUING EDUCATION CREDITS:

### **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) continuing 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 **3.0** LNHA/CALA credits.

### **Disclosure Information:**

Full disclosure will be provided at the educational activity.



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April 5, 2018

## AGENDA

9 a.m. *Registration and Continental Breakfast*

9:30 a.m. **Welcome and Overview**

***Theresa Edelstein, MPH, LNHA***

Vice President, Post-Acute Care Policy and Special Initiatives  
*New Jersey Hospital Association*

9:35 a.m. **What are the Tools and Resources for Advance Care Planning in Assisted Living?**

***Judith S. Parnes, LCSW, CMC***

*Elder Life Management & Home Care*

10 a.m. **Taking the Palliative Care and Advance Care Planning Journey**

- Building trust and providing education
- The importance of honest conversation
- How to identify the clinical capacity of your organization
- What does aging in place mean? What tools are needed?

***Loretta J. Kaes, RN B-C, C-AL, LNHA, CALA***

Director of Quality Improvement and Clinical Services  
*Health Care Association of New Jersey*

11 a.m. **The Resident and Family Perspective and Expectations**

- The impact of culture, religion and language
- Managing conflict
- Resources

***Judith S. Parnes, LCSW, CMC***

*Elder Life Management & Home Care*

11:30 a.m. **Interactive Facilitated Case Studies**

12:30 p.m. *Adjournment*



**EDU 1848 – LANJ Advance Care Planning  
FEES | Member: \$79**

**(April 5, 2018)  
Non-member: \$99**

**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>

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- For registration inquiries, please contact:HRETEducation@njha.com or 609-275-4181
- If you have a disability and need special accommodation, please call 609-275-4181

**Check One:** **NJHA/LANJ/HCANJ Member**  **Non-member**

**REGISTRATION**

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

Designation/Credentials: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Method of Payment: Check # \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_ Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

