7th Annual

TOP GUN SCHOOL
for Skilled & Subacute Care Nurses

Leadership, Management and Professional Development Course for Professional Nurses and Nurse Educators

April 23 & 24, 2014

Health Care Association of New Jersey
Executive Headquarters
4 AAA Drive, Suite 203, Hamilton, NJ
——— Wednesday, April 23, 2014 ————

8:30 a.m. - Registration and continental breakfast

9 to 10:30 a.m.
MANAGING CONFLICT  Conflict arises when values, perspectives and opinions are contradictory within an organization. You will discuss the impact of conflict on team morale, types of actions that contribute to conflict, and specific actions that can be taken to reduce or eliminate conflict.
Denise Kish, LNHA, Director, Organizational Development and Service Excellence, Christian Health Care Center

10:30 to 10:45 a.m. - Refreshment break

10:45 a.m. to 12:30 noon
FALLS MANAGEMENT AND PREVENTION STRATEGIES  This session will address resident fall situations that nurses confront and often feel helpless to remedy. Discuss falls best practice management and prevention to reduce the risk of falls in the elderly. Attendees are encouraged to bring their questions and concerns.
Jessica Fulmino, PT, DPT, GCS, MS, Clinical Specialist of Education/Staff Development, Genesis Rehabilitation Services

12:30 to 1 p.m. - Complimentary lunch

1 to 2 p.m.
ANTIMICROBIAL RESISTANCE/STEWARDSHIP  Learn Antimicrobial resistance/stewardship which employs the practice of judicious antimicrobial use with effective infection control to limit the emergence and transmission of antimicrobial-resistant bacteria.
Edward Lifshitz, MD, FACP, Medical Director, Communicable Disease Service, NJ Department of Health

2 to 3:30 p.m.
EMPLOYEEMNT LAW AND CODES OF CONDUCT  This session will help you understand the codes of conduct, hiring and terminating employees, and compliance in employment laws. You will also learn the elements of the New Jersey Workers Compensation Act, identify when a workplace injury is subject to the act, understand what information must be secured during the investigation of a workplace injury, communicate, cooperate and coordinate with the workers compensation claims representative and legal counsel.
Craig S. Provorny, Esq., Herold Law

3:30 to 4:30 p.m.
EMERGENCY PREPAREDNESS PLANNING AND CRISIS MANAGEMENT  Explore how the emergency preparedness planning process can be best developed within your facility. Know the problems and pitfalls that must be addressed to manage a crisis and how your operations can become better involved in the process.
J. David Weidner, MPH, REHS, Director, Emergency Preparedness, HCANJ

——— Thursday, April 24, 2014 ————

8:30 a.m. - Registration and continental breakfast

9 to 10:30 a.m.
POLST AND ADVANCED CARE PLANNING  This session will review the POLST form and how it can help residents make decisions regarding their care as they enter the final stages of life. Methods of using POLST as part of advanced care planning for residents and helping staff understand its purpose will be discussed.
Jennifer Marsalis, Outreach Coordinator, Office of the Ombudsman for the Institutionalized Elderly

10:30 to 10:45 a.m. - Refreshment break

10:45 a.m. to 12:30 noon
PSYCHOTROPIC MEDICATION REDUCTION REGULATION REVIEW & MONITORING PSYCHOTROPIC MEDICATIONS  Know the difference between antipsychotic and anxiolytic medications, define gradual dose reduction and taper, learn what target behaviors are acceptable, learn maximum doses of antipsychotic medications and the proper diagnosis for antipsychotic medication. Understand how to monitor for adverse effects, and learn acceptable use of sedative/hypnotic agents.
Richard E. Corritore, PharmD, CCP, RPh, EPIC Administrator, Pharma-Care, Inc.

12:30 to 1 p.m. - Complimentary lunch

1 to 2:30 p.m.
DOH SURVEY & THE NURSE’S ROLE  Learn the roles of the administrator and resident care staff. Review resident care practices and the development of policies and procedures. Gain knowledge of what is expected of the nurse’s role during a state survey.
Beth Bell, RN, Professionals for Quality LLC

2:30 to 3:30 p.m.
Managed Care Organizations (MCOs) and Long Term Care: Trends and Future Prospects  Learn how the state of New Jersey intends to adopt managed care for long term Medicaid beneficiaries with an emphasis on more closely managing services provided across all institutional and community settings.
TBA

Register Early ~
Maximum seating of 50!
ABOUT THE COURSE: The objective of this course is to provide a fundamental foundation for skilled nursing facility and subacute care nurses in the following areas:

♦ The regulations and laws governing nursing practice in LTC
♦ Business, legal and ethical issues impacting the nurse in LTC
♦ State surveyor perspective & role of the nurse in the survey process
♦ Resident assessment and evaluation
♦ Management of daily health care services
♦ Delegation roles and responsibilities, and effective time management
♦ Medication management
♦ Best practice guidelines
♦ Medicare and Medicaid
♦ Emergency preparedness & crisis management

Course Location and Directions:
Health Care Association of New Jersey
Executive Headquarters
4 AAA Drive, Suite 203, Hamilton, NJ 08691
Tel.: 609.890.8700   Fax: 609.584.1047

♦ Take the New Jersey Turnpike to Exit 7A
♦ After toll, bear LEFT onto the ramp towards I-195 West/Trenton
♦ Take I-195 West for one mile to the next exit ( Exit 5B - Rt. 130 North toward New Brunswick )
♦ At Exit 5B, take the ramp RIGHT onto Rt. 130 N
♦ Stay RIGHT and proceed less than 1/4 of a mile
♦ Make a RIGHT at the “Horizon Center North” sign onto AAA Drive
♦ The HCANJ Building is on the LEFT
♦ The HCANJ Executive Office is located on the second floor

PAYMENT All registrations must be accompanied by payment in full either by check or money order made out to HCANJ, or by credit card. HCANJ accepts Visa, MasterCard and American Express. Registrations received without payment cannot be processed.

PROGRAM MATERIALS Please make certain to print your information clearly on your registration form to avoid attendance certificate errors. Fillable forms are available so that you can type your registration. Each registered individual must pick up their own program materials at the registration desk on site.

CANCELLATIONS HCANJ regrets that we are unable to offer refunds for cancelled registrations. We encourage individuals who cannot avoid cancellation to send a substitute.

REGISTRATION SUBSTITUTIONS If the originally registered individual is unable to attend, we encourage substitution from the same facility. Since program packets are not transferable, individuals wishing to make a substitution should call HCANJ at 609.890.8700 or fax the request to 609.584.1047 with the information for the new attendee so that new materials can be prepared in advance of the program.

Last minute changes can be accommodated provided the replacement attendee notifies HCANJ staff upon arrival onsite to allow preparation of new program materials.

DRESS CODE Attendees are encouraged to employ a business casual dress code. Bring a jacket or sweater to ensure your comfort in the event of temperature changes in the meeting facility.

REGISTRATION INCLUDES
◆ Student materials
◆ Breakfast & Lunch (Kosher available upon request)

LODGING Attendees are responsible for arranging their own hotel accommodations, if necessary. For further assistance please contact Michelle at 609-890-8700 or michelle@hcanj.org.

CONTINUING EDUCATION All attendees will be required to sign a roster giving their license number. Upon request, this attendance roster will be sent to the licensure boards to verify individual hours earned. Evaluation forms will be collected at the end of each day. Nursing education certificates will be provided on site only after attendance rosters are signed and evaluations are collected.

NURSING EDUCATION (NJSNA)
This continuing nursing education activity was approved by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation

Accredited status does not imply endorsement by NJSNA, HCANJ, or ANCC of any commercial products or services. There is no bias or conflict of interest with conference faculty or endorsement of any commercial products or services.
7th Annual Top Gun School for Skilled & Subacute Care Nurses
REGISTRATION FORM
April 23 & 24, 2014

YOU MAY REGISTER IN ONE OF THREE WAYS:

BY FAX: You may fax your completed registration form along with your credit card information to: 609.584.1047.

BY MAIL: You may mail your completed registration form along with your check or credit card information to:

Health Care Association of New Jersey, 4 AAA Drive, Suite 203, Hamilton, NJ 08691

ONLINE: http://www.hcanj.org/topgunsfn14

• If you have questions regarding the program, please call or e-mail Michelle Palko at 609.890.8700 or Michelle@hcanj.org.
• HCANJ regrets that we are unable to offer refunds for cancelled registrations and no-shows. Registrant substitutions from the same facility are acceptable.

Please print all information legibly.

1. NAME__________________________________________TITLE__________________________________________

Credentials: □RN □LPN

Day 1 - April 23, 2014 □$170 - My facility is a member of HCANJ □$270 - My facility is not a member of HCANJ
Day 2 - April 24, 2014 □$170 - My facility is a member of HCANJ □$270 - My facility is not a member of HCANJ

SPECIAL SAVINGS: Registering for the total 2-day program you pay:

□$300 - My facility is a member of HCANJ □$500 - My facility is not a member of HCANJ

2. NAME__________________________________________TITLE__________________________________________

Credentials: □RN □LPN

Day 1 - April 23, 2014 □$170 - My facility is a member of HCANJ □$270 - My facility is not a member of HCANJ
Day 2 - April 24, 2014 □$170 - My facility is a member of HCANJ □$270 - My facility is not a member of HCANJ

SPECIAL SAVINGS: Registering for the total 2-day program you pay:

□$300 - My facility is a member of HCANJ □$500 - My facility is not a member of HCANJ

Facility Name____________________________________Address____________________________________________________

Street address                          City               State/Zip

Payment Method: □Check enclosed for $________ □Charge my card for $________ □MasterCard □Visa □Amex

Credit Card No. __________________________________________CV2 #_______________ Card exp. date______________

*the CV2# is the three or four digit additional black number on the front or back of your credit card. (Example: 4786 411)

Credit Card Information: To whom and where credit card statement is sent:

Cardholder Name:______________________________ Address: _____________________________________________________

Street address                           City               State/Zip

Cardholder: E-mail __________________________________________ Cardholder Signature: ______________________________

Contact information of individual responsible for registration:

Name:__________________________________________ Title:__________________________________________

E-mail: __________________________________________ Phone:_______________________ Fax: ______________________