

Oregon Association for Home Care

The New World of Hospice Surveys in 2021 Be Prepared!

Thursday, April 15, 2021 11:00- 12:00 pm PST

Member Pricing: \$157 per line

Webinar Overview:

With the hospice industry under increased regulatory scrutiny, there has been a significant increase in survey deficiencies, even for providers with no prior issues. This program will provide an overview of most problematic survey issues impacting hospice providers, including the focus on pandemic preparedness, response and infection control, and Identify strategies and resources providers can use to establish an ongoing survey readiness culture and process within their organizations.

Objectives:

- 1. Identify the top survey issues impacting hospice agencies and the current federal regulatory/survey environment.
- 2. Discuss strategies for establishing an ongoing, agency-wide survey readiness program that is integrated into daily operations for optimal compliance and demonstrate the provision of quality of care to patients and families.

Presenter:

Kimberly Skehan, RN, MSN, HCS-D, COS-C

Director, Compliance, Regulatory & Quality at Simione Healthcare Consultants with more than 30 years of clinical, management and consulting experience in home health and hospice.

The New World of Hospice Surveys in 2021 Be Prepared!

Thursday, April 15, 2021 11:00- 12:00 pm PST

Registration Fees

Attendee Registration

Member Rate Potential Member Rate \$157 \$262

Payment/Cancellation Policy:

Payment must be made in advance of the program. Due to the expense of using the telephone/web hook-up, Webinar registrations may not be shared between agencies. Your registration covers the access of only **one log in** to the webinar. Handouts and related materials will be sent to you shortly before the program to the email address you provide. Refunds will be issued for those that cancel up to three (3) days prior to the program. Cancellations made less than 3 business days, or 'no shows' will forfeit the registration fee. Cancellations must be received in writing via e-mail.

Amount Enclosed: \$	
AgencyAddress:	Phone:
Attendee Name: Email	
[_] Check (payable to OAHC)	PAYMENT METHOD
[] VISA [] MasterCard	
Cardholder's name (print)	
Card Number/ Code:	_//Exp. Date CVV/Security
Cardholder's Address:	
Telephone	_ Email:
Signature:	

Oregon Association for Home Care 1249 Commercial St. SE, Salem, OR 97302 Ph. 503.364.2733 | Fax 877.458.8348 | email <u>admin@oahc.org</u>