Fifth National Palliative Care Congress

Leading Practices - Transforming Care

JUNE 2 – 4, 2013 | MARRIOTT ANAHEIM CALIFORNIA

Presented by the Supportive Care Coalition
Why you should attend

Nationally recognized experts create a vision for the next generation of palliative care

Eight plenary presentations weave a rich tapestry of whole person centered care

Concurrent sessions illustrate leading palliative care practices in diverse settings

Clinicians demonstrate emerging models for expanding palliative care across the continuum

Congress offerings integrate spiritual and ethical wisdom — helping individuals and teams reclaim vocational vitality, deepen their professional practice and create sustainable palliative care services.
This program is designed for
- Interdisciplinary palliative care team members
- Nurses and nurse practitioners
- Physicians
- Chaplains
- Administrators, mission and ethics leaders
- Social workers and counselors
- Home health, hospice and long-term care professionals

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**Congress Highlights**

This year’s Congress will be co-located with the Catholic Health Assembly providing an excellent opportunity to network and connect with your organizational leaders during Sunday poster session, Monday am plenary presentation, social events, meal functions and shared liturgies.

**Awards**
The Supportive Care Coalition is proud to recognize recipients of the Spirituality in Palliative Care Award and Quality Awards. A special ceremony honoring their achievements will be held Sunday, June 2.

**Evening Reception**
Join CHA colleagues Sunday evening, June 2 and enjoy a lovely buffet of gourmet foods and a full hosted bar.

**Poster Exhibit**
During the evening reception a poster session illustrating palliative care innovations, quality initiatives and outcomes will be hosted by representatives from Coalition member organizations.

**Round Table Discussions**
Join your colleagues Tuesday morning for breakfast round table discussions facilitated by palliative care program leaders.

**Holding Mystery—Without Seeing We Believe: A Retreat Experience**
“If service is the work of the soul and meaning the language of the soul, then mystery is the presence of the soul.” — Rachel Naomi Remen

This unique Congress retreat offering on Sunday, June 2 is an optional choice during the same timeframe as the two afternoon concurrent sessions. Through thoughtful reflection, simple sharing and attentive listening to one self and others, participants will be invited to hold the mystery of their own life and calling.

**Eucharistic Liturgies**
Congress attendees are invited to share in the Eucharistic Liturgies with the Catholic Health Association throughout our Congress.
The Supportive Care Coalition’s 2013 National Palliative Care Congress is made possible in part by generous support from:

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CALIFORNIA HEALTHCARE FOUNDATION

**Gold Sponsor**

CAMBIA health foundation

**Beacon of Hope Sponsor**

SISTERS of CHARITY HEALTH SYSTEM

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**Bronze Sponsors**

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Catholic Health Partners

CHRISTUS Health
8:15–9:30 am
P110 Palliative Care’s Role in Addressing the Health Care Crisis

Diane Meier, MD, FACP

Diane Meier, MD, FACP, is director of the Center to Advance Palliative Care (CAPC), a national organization devoted to increasing the number and quality of palliative care programs in the United States. She is also a professor of Geriatrics and Internal Medicine and Catherine Gaisman Professor of Medical Ethics at Mount Sinai School of Medicine in New York City. Dr. Meier is the recipient of numerous awards, including the National Institute on Aging Academic Career Leadership Award, the Open Society Institute Faculty Scholar’s Award of the Project on Death in America and the Alexander Richman Commemorative Award for Humanism in Medicine. She is the recipient of a five-year NIA Academic Career Leadership Award and is principal investigator of an NCI-funded five-year multisite study on the outcomes of hospital palliative care services in cancer patients. She was honored with a MacArthur Fellowship in 2008. As a 2009–10 Health and Aging Policy Fellow, Dr. Meier worked with the Senate HELP committee and the Department of Health and Human Services.

9:45–11:00 am
P120 Transforming Moral Distress into Healing

Cynda Hylton Rushton, PhD, RN, FAAN

Dr. Cynda Hylton Rushton, PhD, RN, FAAN is a professor at the Johns Hopkins School of Nursing and a clinical nurse specialist in Ethics. As Program Director of the Harriet Lane Compassionate Care Program (the pediatric palliative care program of the Johns Hopkins Children’s Center) she is engaged in quality improvement initiatives, research involving issues of trust and betrayal, caregiver suffering, end of life communication and educational models. A clinician, educator, researcher and advocate for compassionate care with nearly 30 years of nursing experience, Dr. Rushton has focused on bioethics, palliative and end-of-life care, particularly for children, as well as integrated organizational change and leadership. She received her nursing degrees from the University of Kentucky and Medical University of South Carolina, and her doctorate in nursing from the Catholic University of America with a concentration in bioethics. She is a Robert Wood Johnson Executive Nurse Fellow.

4:00–5:00 pm
P130 Palliative Care: A Hallmark of Catholic Health Care

Dan O’Brien, PhD

Dan O’Brien, PhD, is senior vice president, Ethics, Discernment and Church Relations at Ascension Health. He is responsible for providing ethics and theological leadership, analysis and guidance for executive leadership throughout Ascension Health Alliance and Ascension Health in support of strategic decisions that promote the fulfillment of Ascension Health’s mission, vision, values and Catholic identity. Dr. O’Brien has accountability for facilitation and for educating ministry leaders engaging in the Organizational Ethics Discernment Process. He also fosters positive working relationships between leaders of the Roman Catholic Church and the Ascension Health Alliance, Ascension Health’s Executive Leadership Community, and CEOs of the health ministries within Ascension Health by promoting trusted dialogue, increased understanding and collaboration with the United States Conference of Catholic Bishops (USCCB) and with local diocesan Ordinaries. He has served in the field of Catholic healthcare ethics for more than 23 years in leadership, research, instruction and consultation roles.
Ira Byock, MD, is director of Palliative Medicine at Dartmouth-Hitchcock Medical Center in Lebanon, NH, and a professor at the Geisel School of Medicine at Dartmouth. He has been involved in hospice and palliative care since 1978, and has been a consistent advocate for the voice and rights of dying patients and their families. Dr. Byock is past president (1997) of the American Academy of Hospice and Palliative Medicine, and co-founder and principal investigator for the Missoula Demonstration Project, a community-based organization dedicated to the research and transformation of end-of-life experience locally, as a demonstration of what is possible nationally. Dr. Byock has authored numerous articles on the ethics and practice of hospice, palliative and end-of-life care. His first book, Dying Well, (1997) has become a standard in the field. The Four Things That Matter Most, (2004) is widely used as a counseling tool by palliative care and hospice programs, as well as within pastoral care. His most recent book, The Best Care Possible (March 2012) tackles the crisis that surrounds serious illness and dying in America and his quest to transform care through the end of life.

Mary Ersek, PhD, RN, FAAN, is the director of the National PROMISE (Performance Reporting and Outcomes Measurement to Improve the Standard of care at End-of-life), associate director of the John A. Hartford Center of Geriatric Nursing Excellence, and an associate professor at the University of Pennsylvania School of Nursing. Her area of research and expertise are pain and end-of-life care, with a focus on older adults. Her projects include development and evaluation of curriculum to enhance the palliative care practice of nursing home staff. Her research led to the development of CD-ROM based end-of-life educational program for nursing assistants. She also the lead author of the original ELNEC-Geriatric curriculum. Dr. Ersek’s is an active member in the Hospice and Palliative Nurses Association, Gerontological Society of America, American Pain Society, and the American Geriatrics Society. Dr. Ersek was recently awarded (2009) the HPNA Distinguished Researcher award.

She has been an independent consultant in clinical bioethics, organizational ethics, external communications and media relations. Prior, she was the executive vice president and chief operating officer for the Center for Practical Bioethics in Kansas City, MO. She also served as executive vice president at Gemini Genomics, associate dean at the University of Southern Europe in Monaco, and clinical ethicist at Beth Israel Hospital in Boston.

Christina Puchalski, MD, MS, FACP, is the director of the George Washington Institute for Spirituality and Health (GWish), in Washington, DC, and a professor of Medicine and Health Sciences at The George Washington University School of Medicine, where she has pioneered novel and effective educational and clinical strategies to address the spiritual concerns common in patients facing illness. Dr. Puchalski is an active clinician, board-certified in Internal Medicine and Palliative Care and has demonstrated leadership in research and education in the integration of spiritual care across disciplines. She is a Fellow of the American College of Physicians, serves on the editorial board of several palliative care journals and has received numerous awards. Dr. Puchalski has been principal or co-principal investigator in several research projects in spirituality. Her work in the field of spirituality and medicine encompasses the clinical, academic, and pastoral application of her research and insights.
8:15–9:30 am
P30 The Current Status and Future of Outpatient Palliative Care Services

Michael W. Rabow, MD

Michael W. Rabow, MD, is a professor of Clinical Medicine in the Division of General Internal Medicine at the University of California, San Francisco, and serves as director of the Center for the Study of the Healer’s Art at the Institute for the Study of Health and Illness at Commonwealth in California. Board-certified in internal medicine and hospice and palliative care, he founded and directs the Symptom Management Service at the UCSF Helen Diller Family Comprehensive Cancer Center. He is also associate director of the UCSF Palliative Care “Leadership Center (PCLC) and a member of the curriculum development committee for the PCLC initiative nationally. In addition to his clinical palliative care work, Dr. Rabow has an active outpatient primary care medicine practice. He was assistant editor for the bimonthly section in the Journal of the American Medical Association titled “Perspectives on Care at the Close of Life.”

9:45–11:00 am
P320 The Global Imperative of Palliative Care

Betty Ferrell, RN, PhD, MA, FAAN, FPCN, CHPN

Betty Ferrell, RN, PhD, MA, FAAN, FPCN, CHPN, has been in oncology nursing for 35 years and has focused her clinical expertise and research in pain management, quality of life and palliative care.

Dr. Ferrell is a professor and research scientist at the City of Hope Medical Center in Los Angeles. She is a Fellow of the American Academy of Nursing and she has over 300 publications in peer-reviewed journals and texts. Dr. Ferrell is principal investigator of a program project funded by the National Cancer Institute on Palliative Care for Quality of Life and Symptom Concerns in Lung Cancer, and principal investigator of the End-of-Life Nursing Education Consortium (ELNEC) project. She directs several other funded projects related to palliative care and quality of life issues and has authored nine books including the Oxford Textbook of Palliative Nursing Care (2010, 3rd edition). In 2010, Dr. Ferrell was appointed to the Board of Scientific Advisors of the National Cancer Institute.
### Sunday, June 2

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<td>8:15–9:30am</td>
<td><strong>Plenary Session</strong>&lt;br&gt;P110 Palliative Care’s Role in Addressing the Health Care Crisis&lt;br&gt;<em>Diane Meier, MD, FACP</em></td>
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<td>9:45–11:00am</td>
<td><strong>Plenary Session</strong>&lt;br&gt;P120 Transforming Moral Distress into Healing&lt;br&gt;<em>Cynda Hylton Rushton, PhD, RN, FAAN</em></td>
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<td>12:15–1:30pm</td>
<td><strong>Concurrent Sessions</strong>&lt;br&gt;A111-B121 Mini Retreat—Holding Mystery: Without Seeing We Believe (Continued from A111)&lt;br&gt;A112 Getting to the Heart of the Matter: A Systematic Approach to Finding Heart Failure Patients in Need of Palliative Care&lt;br&gt;A113 Advancing Health Care Literacy in Persons with Serious Illness: A New Paradigm for Goals of Care, or Just Common Sense?&lt;br&gt;A114 Pediatric Palliative Care&lt;br&gt;A115 The Notre Dame Namaste Program—Bringing Optimal Quality of Life at End of Life to Every Nursing Home Resident</td>
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<td><strong>Concurrent Sessions</strong>&lt;br&gt;B121 Mini Retreat—Holding Mystery: Without Seeing We Believe (Continued from A111)&lt;br&gt;B122 Bringing it Home: Integrating Supportive Care within the Medical Home&lt;br&gt;B123 Achieving Advanced Certification in Palliative Care by the Joint Commission&lt;br&gt;B124 In the Shadows of Family-Centered Care: Parents of Ill Adult Children&lt;br&gt;B125 Apoyo y Ayuda Familiar: Innovations in Serving Latino Immigrants</td>
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<td>3:00–3:30pm</td>
<td>Break</td>
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<td>3:30–4:00pm</td>
<td><strong>Spirituality/Quality Awards Ceremony</strong></td>
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<td>4:00–5:00pm</td>
<td><strong>Plenary Session</strong>&lt;br&gt;P130 Palliative Care: A Hallmark of Catholic Health Care&lt;br&gt;<em>Dan O’Brien, PhD</em></td>
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<td>5:00–5:15pm</td>
<td>Break</td>
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<td>6:30–7:30pm</td>
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<td><strong>Welcome Reception</strong></td>
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Monday, June 3

6:30–8:00 am
Breakfast

7:45–8:45 am
Eucharistic Liturgy

9:00–10:15 am
Plenary Session with CHA
P210 The Best Care Possible
Ira Byock, MD

10:15–11:00 am
Break
Book Signing by Ira Byock, MD

11:00 am–12:15 pm
Concurrent Sessions
C211 Designing and Implementing a Palliative Care Program in the Nursing Home Setting
C212 Starting an Ambulatory Palliative Care Program in Home Care
C213 Spiritual Narrative in Palliative Care Practice and Team Care
C214 Palliative Care throughout the Care Continuum: Reducing Readmissions through Person Centered Care
C215 Palliative Care of the Seriously Ill—A Moral Imperative

12:15–1:00 pm
Box Lunch Provided

1:00–2:15 pm
Concurrent Sessions
D221 Integrating Palliative Care across Health Care Systems: The Providence Experience
D222 Defending Your Thesis: Markers of Palliative Medicine Program’s Success
D223 Avera’s Rural Health System Model for Developing Local Palliative Care Programs
D224 Integrated Whole-Person Screening
D225 Palliative Care and Organ Donation: Not Mutually Exclusive

2:15–2:30 pm
Break

2:30–3:45 pm
Plenary Panel Presentation
P220 Palliative Care in Nursing Homes: Challenges and Opportunities
Mary Ersek, PhD, RN, FAAN
Moderator: MC Sullivan, JD, MTS, RN
Panelists: Deborah A. Mayer, MAPM, MBA, BS; Deborah Scionti, BS, MAPT

3:45–4:00 pm
Break

4:00–5:15 pm
Plenary Session
P230 Bringing Spiritual Wisdom to the Care of the Seriously Ill
Christina Puchalski, MD, MS, FACP

5:30–9:30 pm
Evening Schedule Free; Optional CHA Reception/Banquet

Tuesday, June 4

7:00–8:00 am
Roundtable Discussions with Breakfast

8:15–9:30 am
Plenary Session
P310 The Current Status and Future of Outpatient Palliative Care Services
Michael W. Rabow, MD

9:30–9:45 am
Break

9:45–11:00 am
Plenary Session
P320 The Global Imperative of Palliative Care
Betty Ferrell, RN, PhD, MA, FAAN, FPCN, CHPN

11:00–11:30 am
Closing Blessing
A111 Mini Retreat—Holding Mystery: Without Seeing We Believe (Continues with B121)

**Thomas J. Butler, ThM, MDiv,**
Director of Mission Services, Bon Secours Health System, Marriottsville, MD

**Anne Butler, MSN, ANP-BC, CHPN,**
Consultant, Ellicott City, MD

Through thoughtful reflection, simple sharing and attentive listening to one self and others, participants will be invited to hold the mystery of their own life and calling during this “mini-retreat” offering.

Participants will learn to:
- Explore the notion of ‘mystery’ as it relates to one’s own personal calling and professional work/ministry
- Identify practical ways as individuals and practitioners to make room for mystery in their lives and articulate indicators for measuring the unmeasurable
- Integrate the ‘arts’ into their work/ministry thereby renewing and sustaining a viable connection between soul and role

A112 Getting to the Heart of the Matter: A Systematic Approach to Finding Heart Failure Patients in Need of Palliative Care

**Elizabeth DiStefano, RN, BSN,**
Palliative Care Coordinator

**Mary Hicks, RN, MSN, APN, ACHPN,**
Nurse Practitioner
St. John Providence Health System, Warren, MI

**Valerie Baksik, RN,** Clinical Manager,
St. John Hospital and Medical Center, Detroit, MI

Learn from one hospital’s innovative story of screening cardiac patients for palliative care, their educational strategies and use of the electronic medical record to improve patient access and spread the practice to other system hospitals.

Participants will be able to:
- Discuss the objectives of the palliative care screening project
- Describe screening criteria used to identify patients for palliative care consultation
- Identify and address potential barriers to implementing a successful palliative screening program

A113 Advancing Health Care Literacy in Persons with Serious Illness: A New Paradigm for Goals of Care, or Just Common Sense?

**Woodruff English II, MD, MMM,**
Medical Director of Palliative Care, Providence Health & Services, Oregon Region

**Jennifer Levi, LCSW,**
Connections Palliative Care Consultation Service, Providence Home Services, Portland, OR

Presenters will discuss how to improve the health care literacy of seriously ill patients through the use of a standardized portfolio of videos with a trained facilitator. This approach promotes better goals of care conversations and increases understanding about medical treatment options.

Participants will be able to:
- Assess the value of addressing health care literacy through the use of a facilitator and portfolio of videos with a standardized message about options for medical treatment
- Apply useful tools and scripting for introducing and conducting goals of care discussions
- Evaluate the use of a standardized approach to goals of care

A114 Pediatric Palliative Care

**Cynda Hylton Rushton, PhD, RN, FAAN,**
Professor at the Johns Hopkins School of Nursing, Clinical Nurse Specialist in Ethics, Program Director of the Harriet Lane Compassionate Care Program at the Johns Hopkins Children’s Center, Baltimore, MD

**Glen Komatsu, MD,**
Medical Director Doak Center for Palliative Care; Chief Medical Officer Providence TrinityCare Hospice; Medical Director Providence TrinityKids Care Hospice, Providence Little Company of Mary Medical Center, Torrance, CA

These two presenters will engage the audience in a dialogue about pediatric palliative care, discussing difficult to manage pain, the challenges of caring for patients with advanced neurological diseases and a focused discussion on communicating with children.

A115 The Notre Dame Namaste Program—Bringing Optimal Quality of Life at End of Life to Every Nursing Home Resident

**Karyn Rizzo RN, CHPN, GCNS,**
Executive Director of Notre Dame Hospice, Worcester, MA

The Namaste Program, an innovative and evidence-based program for long term care residents with advanced dementia, uses highly personalized care, focusing on all the residents’ senses. This results in increased communication, decrease in need for medications and greater family/caregiver satisfaction.

Participants will be able to:
- Describe three or more new ways to engage cognitively impaired patients
- Identify three clinical benefits for patients involved in the Namaste program
- Implement one change in practice that would be easily adopted in their home facility
B121 Mini Retreat—Holding Mystery: Without Seeing We Believe (Continued from A111)

B122 Bringing it Home: Integrating Supportive Care within the Medical Home

Gregg VandeKieft, MD, MA, Medical Director for Palliative Care and Hospice, Providence St. Peter Hospital, Olympia, WA

Kevin Haughton, MD, Primary Care Section Chief, Providence Medical Group, Olympia, WA

Kathleen Rensel, RN, Program Manager, Providence Supportive Care, Olympia, WA

Presenters will describe an innovative model for chronic disease management that embeds quality, coordinated supportive care within the primary care medical home and the process used to assess need, identify stakeholders, form a leadership collaborative and implement the operational plan.

Participants will be able to:
- Articulate core elements of the patient-centered medical home
- Describe primary supportive care, specialized supportive care, and interdisciplinary care coordination in complex chronic illness
- Propose a care model across the care continuum and over the trajectory of a serious illness coordinated by the patient’s primary care provider and medical home team

B123 Achieving Advanced Certification in Palliative Care by the Joint Commission

Peg Nelson, NP, ACHPN, Director Palliative and Pain Services

Barbara Stephen, Supportive Care Services Coordinator

Rita Stockman, MS, BSN, RN, ASQ-CSSBB, Chief Accreditation Officer, St. Joseph Mercy Oakland, Pontiac, MI

Learn from one of the first five hospital programs that received Joint Commission Advanced Certification for Palliative Care. Certification not only highlights palliative care services aligned with the National Consensus Project Guidelines but drives these programs to significant quality and service.

Participants will be able to:
- Describe the process for preparing and successfully achieving Joint Commission Advanced Certification for Palliative Care
- Critique ideas, materials, and processes to assist in their own quest for palliative care advanced certification
- Apprise their organizations of key questions and answers related to the certification process

B124 In the Shadows of Family-Centered Care: Parents of Ill Adult Children

Patricia Ringos Beach, MSN, RN, AOCN, ACHPN, Patient Navigator, Clinical Nurse Specialist, Mercy Cancer Centers, Toledo, OH

Beth E. White, MSN, CNS, Pediatric Clinical Nurse Specialist, Quality Improvement Coordinator, Mercy Children’s Hospital, Toledo, OH

Often health care providers are reluctant to include parents in a family-centered approach to the care of adult children.

Through stories and taped interviews, presenters will illustrate the principles of growth, development and parenting theory as they apply to support family-centered palliative care of ill adults with living parents.

Participants will be able to:
- Apply the principles of family-centered health care to examine helpful care giving strategies for ill adult children and their parents
- Discuss the effect of health care advances on family structure
- Describe the growth and development of the adult child-parent relationship

B125 Apoyo y Ayuda Familiar: Innovations in Serving Latino Immigrants

Lorena Sprager, BA, Hispanic/Latino Outreach Coordinator;
Evaristo Romero and Gerardo Lugo, Community Health Workers (Promotores de Salud), Providence Hospice of the Gorge, Hood River, OR

This rural community-based hospice launched an innovative Hispanic/Latino program using bilingual staff, including Promotores de Salud (Community Health Workers) for palliative care and end-of-life care outreach and education to increase accessibility to services.

Participants will be able to:
- Describe a unique attribute of Community Health Workers and how this emerging workforce can enhance and deepen palliative and end-of-life care to targeted, underserved populations
- Integrate new understanding about Hispanic/Latino immigrants with respect to palliative and end-of-life care
- Replicate at least one innovative approach to educational outreach, needs assessment and care coordination of underserved populations
Concurrent Sessions | Monday, June 3 | 11:00-12:15pm

C211 Designing and Implementing a Palliative Care Program in the Nursing Home Setting

Mary Ersek, PhD, RN, FAAN, Director National PROMISE Center, Associate Director and Associate Professor, University of Pennsylvania School of Nursing, Philadelphia, PA

This presentation will describe the Program to Promote Comfort and Choice in Nursing Homes model of comprehensive palliative care for nursing home residents.

Participants will be able to:

- Describe the seven integrated components of the Program to Promote Comfort and Choice in Nursing Homes (PPCC-NH)
- Discuss strategies for evaluating the effectiveness of a palliative care program in nursing homes
- Discuss strategies to overcome barriers to adoption of palliative care programs in nursing homes

C212 Starting an Ambulatory Palliative Care Program in Home Care

Donna M. Medina, RN, MS, CHA, Vice President OSF Hospices and Home Care Foundation, Peoria, IL

Learn details of how OSF HealthCare identified the need for palliative care in home care, and built, piloted and implemented a successful program using Six Sigma methodology.

Participants will be able to:

- Implement three methods for supporting the need for ambulatory palliative care in their home care division
- List steps for implementing a pilot program and implementing the plan across different home care locations
- Identify a minimum of five outcomes which will track the success of an ambulatory palliative care program in home care

C213 Spiritual Narrative in Palliative Care Practice and Team Care

Denise Hess MDiv, BCC, Palliative Care Chaplain, Providence Little Company of Mary Medical Center, Torrance, CA

Glen Komatsu, MD, Medical Director Doak Center for Palliative Care; Chief Medical Officer Providence TrinityCare Hospice; Medical Director Providence TrinityKids Care Hospice, Providence Little Company of Mary Medical Center, Torrance, CA

Use of a spiritual narrative can be an effective paradigm for enhancing palliative care team identity, development and function, as well as long-term sustainability and resistance to compassion fatigue.

Participants will be able to:

- Understand the theoretical background and application of spiritual narratives and palliative care team development
- Articulate the similarities and differences between multi, inter and transdisciplinary palliative care team models
- Explore the implications of this program’s research outcomes for other palliative care and team settings

C214 Palliative Care throughout the Care Continuum: Reducing Readmissions through Person-Centered Care

Mary Alfano-Torres, MD, Medical Director, Palliative Care Department, Sacred Heart Health System Pensacola, FL

This session will examine the evidenced-based benefits of palliative care and compare them to the known drivers of preventable readmissions, exploring ways palliative care can be provided across the care continuum.

Participants will be able to:

- Identify drivers of preventable hospital readmissions compared to the evidence-based outcomes of palliative care services
- Describe specific palliative care interventions that can reduce preventable hospital readmissions in the multiple settings of the care continuum
- Discuss the barriers to the successful integration of palliative care into the care continuum at those points that can most impact the readmission rate

C215 Palliative Care of the Seriously Ill—A Moral Imperative

Lois Lane, FNP-BC, JD, Vice President of Mission Integration, Catholic Health Initiatives, Denver, CO

Carl Middleton, DMin, MDiv, MA, MRE, Vice President of Theology and Ethics, Catholic Health Initiatives, Denver, CO

This session will emphasize palliative care as a moral imperative which can be delivered concurrently with life-prolonging care in accordance with ethical principles. A case study with ethical dilemmas from the viewpoint of the clinical, organizational and social perspectives will be presented.

Participants will be able to:

- Discuss the implications of palliative care for the healthcare continuum
- Articulate ethical principles and implications for palliative care
- Apply the Catholic Health Initiatives Discernment Process as a means of resolving our case study that is simultaneously a clinical, organizational and social ethics dilemma.
Concurrent Sessions | Monday, June 3 | 1:00-2:15pm

**D221 Integrating Palliative Care across Health Care Systems: The Providence Experience**

Rebecca Hawkins, MSN, ARNP, ACHPN, Nurse Practitioner and System Coordinator for Palliative Care Services

Sandy Gregg, RN, MN, MHA, System Director, Nursing and Clinical Strategy

Deborah Burton, PhD, RN, Vice President and Chief Nursing Officer, Providence Health & Services, Renton, WA

Providence Health & Services developed a structure and processes that spans five states, multiple institutions and providers with a unified approach to palliative care. This session will describe both the successes and challenges of providing connectivity, alignment and synergy throughout the system. Participants will be able to:
- Discuss the creation of an organization-wide vision and governance structure for the delivery of palliative care
- Describe the development of a highly skilled Palliative Care workforce by delineating essential competencies and the educational structures to achieve them
- Illustrate the business model utilized in to support and grow palliative care services across the system

**D222 Defending Your Thesis: Markers of a Palliative Medicine Program’s Success**

Beth Ann Magnifico, DO, MS, FAAP, FACP, Medical Director of Palliative Medicine, Humility of Mary Health Partners, Ellwood City, PA

This session will assist early-stage programs identify dashboard measures, including operational metrics, processes of care, financial indicators, and quality initiatives and how to present this information to hospital leadership, highlighting program accomplishments.

**D223 Avera’s Rural Health System Model for Developing Local Palliative Care Programs**

Joann Bennett, DO, FACOI, Medical Director of Palliative Medicine, Avera McKennan Hospital, Sioux Falls, SD

Rhonda Wiering, MSN, RN, BC, LNHA, Director of Quality Initiatives, Avera Health, Sioux Falls, SD

Avera Health launched an innovative learning collaborative for rural facilities and will discuss their community assessment process, curriculum and training, implementation of standardized core palliative care program elements and use of telemedicine to support teams in their smallest facilities.

Participants will be able to:
- Choose data to collect that supports their palliative care program’s success
- Discuss internal and external operational outcome measures and clinical measures that showcase the program’s contribution to the institution
- Create a mission statement that can be shared with leadership supporting the team’s productivity

**D224 Integrated Whole-Person Screening**

Mark Thomas, MDiv, BCC, Director of Mission Integration and Spiritual Care, Providence Hood River Memorial Hospital, Hood River, OR

William Miller, DMin, CT, BCC, Chaplain

Providence Sacred Heart Medical Center, Spokane, WA

In this interactive session, the presenters will demonstrate the value of implementing an integrated whole-person screening tool for interdisciplinary health care professionals to inquire about the biopsychosocial-spiritual needs of the patient.

Participants will be able to:
- Describe how a bio-psycho-social-spiritual screening tool can be consistently integrated into clinical care
- Discuss quality measures including referrals to specialists, clinician comfort and engagement, interdisciplinary collaboration and patient satisfaction
- Use scripting, curricula and evaluation tools for implementing this whole-person screening tool

**D225 Palliative Care and Organ Donation: Not Mutually Exclusive**

Annette M. Hallett, BSN, RN, Palliative Care Coordinator, Mercy St. Vincent Medical Center, Toledo, OH

Kimberly A. Zaruca, BSN, RN, Transplant Coordinator, Texas Children’s Hospital, Houston, TX

This presentation will highlight the clinical and ethical considerations of organ donation after circulatory death and will illustrate through case studies the vital partnerships that must be forged between the palliative care, ICU and organ procurement teams.

Participants will be able to:
- Summarize ethical and legal issues surrounding organ donation after circulatory death
- Discuss the relationship of palliative care and organ donation
Continuing Education

**Physicians**
This activity will be submitted to Providence Regional Medical Center Everett for AACME Category I CME approval.

**Nurses**
This activity will be submitted to Providence Regional Medical Center Everett for approval of nursing contact hours.

**Nursing Home Administrators**
This educational offering will be submitted to the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrator Boards (NAB) for continuing education approval.

**Chaplains**
This program will be submitted to the National Association of Catholic Chaplains (NACC) for continuing education approval.

**Social Workers and Counselors**
This activity will be submitted to the National Association of Social Workers (NASW) and California Board of Behavioral Sciences for approval of contact hours.

**Conflict of Interest Disclosure**
The Supportive Care Coalition endorses the standards of the Accreditation Council for Continuing Medical Education (AACME) National Accreditation and similar standards held by the agencies providing continuing education credits/unit, which require that anyone in a position to influence or control the content of an educational activity must disclose relevant financial relationships, commercial interests or other potential conflicts of interest.
Your registration includes all Congress plenary and concurrent sessions. Registration for the CHA Assembly program is separate. Both Congress and CHA Assembly registrants will share the Sunday evening reception and poster session, Monday am plenary presentation, exhibit hall, liturgies, breakfasts, breaks and lunch as identified on the agenda. Only registered Congress attendees with a name badge may attend Congress sessions. Congress registrants are welcome to purchase a ticket in advance for the CHA Awards Banquet on Monday Evening, June 3 for an additional fee of $60.

**Members One-Week Only Discounted Rate**
Employees, medical staff and other representatives of Supportive Care Coalition member organizations may take advantage of a one-week only special discounted rate of $645 by registering for Congress December 6 - 13, 2012 with credit card or check. After this date, Coalition members may register at the discounted member early bird and regular registration rates.

**Early Bird Registration**
Early bird registration is December 14, 2012 through April 19, 2013.

**Regular Registration**
Regular registration is April 20, 2013 through May 17, 2013.

**On-site registration will be available.**

### Registration Fees

<table>
<thead>
<tr>
<th>One-Week Only Discounted Rate: December 6 - December 13, 2012</th>
<th>Coalition members: $645</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Bird:</strong> December 14, 2012 - April 19, 2013</td>
<td>Coalition members: $745</td>
<td>Non-Coalition members: $795</td>
</tr>
<tr>
<td><strong>Regular:</strong> April 20, 2013 - May 17, 2013</td>
<td>Coalition members: $845</td>
<td>Non-Coalition members: $895</td>
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<tr>
<td><strong>On-Site</strong></td>
<td>Coalition members: $895</td>
<td>Non-Coalition members: $945</td>
</tr>
</tbody>
</table>

**Methods of Registration and Payment**

  (Please refer to page 17 for a list of member organizations)

You may also register by calling the CHA Service Center at (800)230-7823 who are providing registration for the SCC Congress.

**Confirmation Notice**
All registrants will receive an electronic confirmation from CHA and subsequent communications pertaining to the Congress will be sent via email.

**Registration Transfers**
Substitutions are allowed but the CHA Service Center must be notified in writing by May 17, 2013. An associated hotel reservation name change is the registrant’s responsibility.
Cancellation Policy
To cancel your registration, contact the CHA Service Center at servicecenter@chausa.org or (800) 230-7823. A $100 administrative fee will be assessed for cancellation requests made on or before May 10, 2013. No refunds will be issued for cancellations requested after this date. All refunds will be processed by July 3, 2013. Cancellation of a hotel reservation is the registrant's responsibility.

Program Changes
The Supportive Care Coalition reserves the right to substitute faculty or to cancel or reschedule sessions due to low enrollment or other unforeseen circumstances. If the Congress must be cancelled, registrants will receive full refunds of paid registration fees. No refunds can be made for lodging, airfare or any other expenses related to attending the Congress.

Special Needs
The Anaheim Marriott is accessible to persons with special needs. Reasonable advance notice of special needs is requested in order to accommodate Congress participation. On the registration form, please check the appropriate box for a CHA staff member to contact you.

Notices
Please note that a photographer will be present during the Congress. Registration as an attendee implies consent to be photographed and consent for photos to be used by the Supportive Care Coalition in printed or electronic materials.

Attendees who are employed or contracted personnel with the following SCC member organizations are eligible for the member discounted rates:

<table>
<thead>
<tr>
<th>Ascension Health</th>
<th>CHRISTUS Health</th>
<th>Presence Health</th>
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<tbody>
<tr>
<td>St. Louis, MO</td>
<td>Houston, TX</td>
<td>Chicago, IL</td>
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<tr>
<td>Avera Health</td>
<td>Covenant Health Systems</td>
<td>Providence Health &amp; Services</td>
</tr>
<tr>
<td>Sioux Falls, SD</td>
<td>Tewksbury, MA</td>
<td>Sisters of Charity Health System</td>
</tr>
<tr>
<td>Benedictine Health System</td>
<td>Franciscan Missionaries of Our Lady Health System</td>
<td>Sisters of Charity of Leavenworth Health System</td>
</tr>
<tr>
<td>Duluth, MN</td>
<td>Baton Rouge, LA</td>
<td>SSM Health Care</td>
</tr>
<tr>
<td>Bon Secours Health System, Inc.</td>
<td>Hospital Sisters Health System</td>
<td>St. Joseph Health</td>
</tr>
<tr>
<td>Marriottsville, MD</td>
<td>Springfield, IL</td>
<td>Peoria, IL</td>
</tr>
<tr>
<td>Carmelite Sisters for the Aged and Infirm</td>
<td>Mercy</td>
<td>PeaceHealth</td>
</tr>
<tr>
<td>Germantown, NY</td>
<td>Chesterfield, MO</td>
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<tr>
<td>Catholic Health Initiatives Denver, CO</td>
<td>OSF HealthCare</td>
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<tr>
<td>Catholic Health Partners Cincinnati, OH</td>
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Travel and Logistics

Anaheim
Anaheim is the second largest city in Orange County and is known for its theme parks, sports teams, convention center and a vibrant cultural arts community. Centrally located with access to many airports, the city offers fast, convenient access to anywhere in Southern California. For those who wish to extend their stay, there are many popular venues, including Disneyland within walking distance. For more information on specific events, restaurants and activities please stop by the hotel’s concierge desk or visit www.anaheim.net

Congress Hotel
Anaheim Marriott Hotel
700 West Convention Way
Anaheim, CA 92802
714.750.8000
www.marriottanaheimhotel.com

Hotel Reservation Methods
Online:
https://resweb.passkey.com/Resweb.do?mode=welcome_ei_new&eventID=10285859

Phone:
- 877.622.3056 (toll-free from the U.S. and Canada)
- Calls will be answered 24 hours a day
- When calling be sure to identify yourself as a Supportive Care Coalition Congress attendee
- The deadline to make hotel reservations is May 9, 2013.

Guest Room Rates
$189 single/double occupancy (additional state and local taxes will apply).
Check-in after 4:00 p.m.; checkout before noon.
Please note: Hotel reservations are the responsibility of Congress attendees. Cancellations must be made 72 hours (three business days) prior to arrival or one night’s room and tax will be incurred. Guests’ departure dates are confirmed upon arrival and one-night’s room and tax is charged if the departure date is changed after check-in is completed. Marriott hotels are smoke-free.

Marriott Parking
Self-park and valet parking is available on-site at the Anaheim Marriott at the following rates.
Self-park $24/daily
Valet $28/daily

Weather
Outside: The Mediterranean-style climate in Anaheim provides mild weather, combined with year-round sunshine. Early summer temperatures in June can reach the upper 70’s with evening temperatures falling into the lower 60’s. Inside: As every seasoned conference-goer knows, conference room temperatures in large facilities can be difficult to control. Think layers!

Green Meeting
The Supportive Care Coalition, in partnership with the Marriott, will make an effort to use green practices wherever possible at the Congress; among them are electronic handouts, on-site recycling, energy-efficient lighting, and recycled note pads and pens. Help us be good stewards of our environmental resources!

Southern California Attractions
For those wishing to extend their stay, there are many popular attractions just steps away from the Anaheim Marriott, including Downtown Disney. The Anaheim Resort Transit (ART) shuttle provides transportation to Marriott guests around the city. ART passes can be purchased in the Marriott gift shop for $5/day. The Disney Desk, located in the lobby next to the concierge desk sells Disney Park Hopper Tickets (both Disneyland and California Adventure) for 1-5 days. They are sold at the current Disney rates which are valid until 12/31/2013.
http://disneyland.disney.go.com/tickets/

Airports
- John Wayne Orange County Airport (SNA)
  Drive time: 20 minutes (13 miles) to Anaheim
  For more information, please visit www.ocair.com
- Long Beach Airport (LGB)
  Drive time: 30 minutes (18 miles) to Anaheim
  For more information, please visit www.lgb.org
- Los Angeles International Airport (LAX)
  Drive time: 50 minutes (35 miles) to Anaheim
  For more information, please visit www.lawa.org/welcomelax.aspx

Each of these airports offer shuttle services, taxis and rental cars.
Our Mission
We are a coalition of Catholic health ministries, informed by our faith and values, advancing excellence in palliative care.

Our Vision
We envision palliative care as a hallmark of Catholic health care through which God’s healing love is revealed. We promote a culture in which all persons living with or affected by a serious illness receive compassionate, holistic, coordinated care.