DEVELOPING EXCEPTIONAL LEADERSHIP TEAMS IN LTC SERIES

Physicians, Directors of Nursing, Administrators preparing together for the new Medication Management F-Tag 329 and related F-Tags 425, 428, 431, 483 and 501

Building the Puzzle – Working Together: Collaboration and Accountability

Wednesday, April 25, 2007
Kearns Spirituality Center
9000 Babcock Boulevard
Allison Park, Pennsylvania 15101

Course Directors
Shikha Iyengar, MS, MPH, NHA
David A. Nace, MD, MPH

Accredited by
University of Pittsburgh School of Medicine
and
Center for Continuing Education in the Health Sciences

Collaborating Supporters Listed Inside
The Faculty will use a combination of lecture, panel discussion and group exercises to discuss the concepts of Accountability and Responsibility of the leadership team. The attendees will apply this information and lessons learned from previous 3 Peas sessions, as they work together in their teams to put the puzzle pieces together of this very important issue of effective medication management in LTC.

**Who Should Attend**

Medical Directors, Administrators, Directors of Nursing, Physician Extenders, Clinical Pharmacists and others in key leadership positions in clinical care in the nursing facility.

**Objectives**

Following the completion of this program, participants should be able to discuss:

- the scope, definition and purpose of the new guidelines for the F-Tag 329
- the specific drugs that need to be monitored and how it could be effectively done
- the positive impact of new F-Tag on clinical care
- the challenges in implementing the new F-Tag and its relationship to other related F-Tags
- the strategies for improving communication between the clinicians and the pharmacist
- the responsibility and accountability of the leadership team in implementing the F-Tags related to medication management

**Continuing Education Credit**

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 4.25 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Other health care professionals are awarded 0.425 continuing education units (CEU’s) which are equal to 4.25 contact hours.

Application for 4.0 NHA Credits has been made, approval is pending.

An application for contact hours has been submitted to the UPMC Provider Unit of the PA State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation, approval is pending.
SCHEDULE

Noon Registration and Lunch
Welcome and Introduction
David A. Nace, MD, MPH

12:30 PM Presentations by the 2006 3 Peas Collaborative: Transition of Care
POLST Implementation
Thomas Z. Pineo, MD, Judith Black, MD

Nurse to Nurse Communication
Rose Conroy, RN, Margaret E. Reidy, MD

Medication Reconciliation – Group I
Ralph A. Pater, RPh, Steven M. Handler, MD, MS

Medication Reconciliation – Group II
Gerald Radaker, RN, Steven M. Handler, MD, MS

2:10 PM What’s New with Medication Management – F-Tag 329
Steven M. Handler, MD, MS

2:45 PM Break

3:00 PM Point of View – Medication Management – F-Tags
David A. Nace, MD, MPH, Linda Long, BSN, NHA,
Scott Stephens, RPh, Linda Long, BSN, NHA

3:45 PM Building the Puzzle – Working Together: Collaboration and Accountability
Lynn Orosz, BS

4:45 PM Closing Remarks
Shikha Iyengar, MS, MPH, NHA

5:00 PM Conference Adjournment

MEETING LOCATION

Kearns Spirituality Center
9000 Babcock Boulevard • Pittsburgh, Pennsylvania 15101 • (412) 366-1124
For directions go to: http://www.divineprovidenceweb.org/page/ministries/kearns/directions.htm

COURSE DIRECTORS

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Administrative Director, University of Pittsburgh Institute on Aging
Vice President, Geriatric Services
UPMC

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University of Pittsburgh Institute on Aging
Medical Director, Asbury Heights

COURSE FACULTY

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UPMC Cranberry

Margaret E. Reidy, MD
Collaborative Care Management
UPMC Presbyterian Shadyside

Scott Stephens, RPh
Consultant Pharmacist
Rx Partners – LTC

In accordance with Accreditation Council for Continuing Medical
Education requirements on disclosure, information about relationships of
presenters with commercial interests (if any) will be included in materials
distributed at the time of the conference.

* Denotes Member of Planning Committee

PLANNING COMMITTEE

Dan Grant
Regional Director of Operations
UPMC Senior Living

John Hennon, EdD
Co-Director, Geriatric Education Center of Pennsylvania
University of Pittsburgh

Linda Massie, MS
Faith-Based Network

Michelene Neubert, BSN, NHA
Vice President, Nursing Facilities
Presbyterian SeniorCare

All course directors, faculty and planning committee members are located in the Pittsburgh, Pennsylvania area unless noted otherwise.
DEVELOPING EXCEPTIONAL LEADERSHIP TEAMS IN LTC SERIES
3 PEAS HERETOFORE NOT IN A POD

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Building the Puzzle – Working Together: Collaboration and Accountability

Wednesday, April 25, 2007  Course #1245

Please type or print; photocopy pages 7, 8 and 9 of this form for additional registrants.

No registration will be accepted without payment.

Company/Institutional Affiliation __________________________________________________________

Address ____________________________________________________________________________

City _______________________________ State _______ ZIP Code ________________

Work Telephone (_______) ___________________________________________________________________

Fax (_______) __________________________________________________________________________

Team Member #1:

Last FIVE digits of Social Security Number ____________________________________________

Prefix  □ Mr. □ Mrs. □ Dr. □ Ms. □ Other ___________________________ (please indicate)

First Name _____________________

Last Name ________________________

Member’s Team Role ______________________

Specialty _________________________

E-mail Address __________________________

Credentials: □ MD □ DO □ RN □ NHA □ CMD □ Other, please indicate__________

How did you hear about this conference? _______________________________________________

□ I require vegetarian lunch. □ I require kosher lunch. □ I have no special dietary requirements.

The UPMC/Center for Continuing Education reserves the right to cancel this program if sufficient registrations are not received. In the case of cancellation, the department will fully refund registration fees.

Registration Fees

$150 Team of 3 • $25 Additional team registrant

On-site or Day of Course Registration Fees

$175 Team of 3 • $50 Additional team registrant

Registration includes:

▲ Continuing education credit
▲ Course Materials
▲ Lunch & refreshments

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Method of Payment

The following methods of payment are acceptable for the registration fee:

- Checks, personal or employer
- Credit Card
- UPMC Transfers

- Checks. Make payable to UPMC Presbyterian Shadyside.
  - Employer check included
  - Personal check included
  - Employer or personal check to arrive under separate cover. If your employer or personal check is arriving under separate cover, you may send or fax in your completed registration form now, but you must complete the Credit Card Payments section below with valid credit card information in order to hold your reservation. If the check payment is not received by four weeks post course, we will charge the registration fee to the credit card number provided.

  There is a $25.00 returned check fee.

- Credit Card Payments
  - Visa
  - MasterCard
  - American Express
  - Discover

  Credit Card No.  
  Expiration Date (Month/Year)  
  Signature  

- UPMC Journal Entry Transfer. If you are a UPMC employee and your department will be responsible for payment, we can charge your department directly. DO NOT SUBMIT a disbursement to UPMC Accounts Payable. Complete the following:
  - Business unit  
  - Account number  
  - Department ID number  
  - Authorized department signature  
  - Telephone number  

  NO REGISTRATION WILL BE ACCEPTED WITHOUT PAYMENT.

Mail payment, accompanied by the registration form to:
UPMC/Center for Continuing Education in the Health Sciences
Medical Arts Building, Suite 220
200 Lothrop Street
Pittsburgh, PA 15213-2582

For additional information, contact:
Amy Lederer, Conference Manager
Telephone: (412) 647-8216 or (412) 647-8232
Fax: (412) 647-8222
E-mail: CCEHS@upmc.edu

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Team Member #2:

Last Five digits of Social Security Number ____________________________
Prefix □ Mr. □ Mrs. □ Dr. □ Ms. □ Other ____________________________ (please indicate)
First Name ________________________________________________________
Last Name ________________________________________________________
Member’s Team Role ________________________________________________
Specialty __________________________________________________________
E-mail Address ____________________________________________________
Credentials: □ MD □ DO □ RN □ NHA □ CMD □ Other, please indicate________
How did you hear about this conference? ________________________________
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Team Member #3:

Last Five digits of Social Security Number ____________________________
Prefix □ Mr. □ Mrs. □ Dr. □ Ms. □ Other ____________________________ (please indicate)
First Name ________________________________________________________
Last Name ________________________________________________________
Member’s Team Role ________________________________________________
Specialty __________________________________________________________
E-mail Address ____________________________________________________
Credentials: □ MD □ DO □ RN □ NHA □ CMD □ Other, please indicate________
How did you hear about this conference? ________________________________
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Registration Fees

(On-Site or Day of Course registrants will pay an additional $25.00 in each category. Participant of the 2006 Collaborative may bring additional members at no extra cost)

□ $150 Team of 3 □ Each additional team registrant @ $25 = $__________

Registration fee enclosed $_________________________  

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Special Needs

Participation by all individuals is encouraged. Advance notification of any special needs will help us provide better service. Please notify us of your needs at least two weeks in advance of the program by calling (412) 647-8232.

Visit the Center for Continuing Education in the Health Sciences Web Site

Our Internet address is: http://ccehs.upmc.edu

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For additional information, contact:
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Fax: (412) 647-8222
E-mail: CCEHS@upmc.edu