Creating Your Seat at the Table for Chronic Disease Management

A Teleconference
September 25
3:00pm to 4:00pm

About the presenter:
Kathie Smith, RN
Ms. Smith has extensive experience in Medicare and Medicaid home health compliance and regulatory requirements. She is certified in integrated chronic disease management.

Enjoy the convenience and cost-efficiency of a teleconference workshop. There is no travel time involved and no limit to the number of attendees from your agency who may participate at your site through one phone line connection. All you need is a speaker phone and a room large enough for your staff.

Registration:
HCA Members - $149
Non-members - $249
Registration Deadline: September 18

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With an emphasis in inpatient care on care transitions, ACOs, value based purchasing and other quality cost saving measures being implemented at the federal and state level, are you aware of how to be a part of the care continuum for care transitions and chronic disease management? Do you have the resources ready to go beyond providing a task oriented service to a service model that is part of a larger team for meeting mutual goals for patient centered care and chronic disease management? In order to create your seat at the table with post-acute referral sources you need to understand the concepts in care transitions and identify the top chronic diseases and explore how your Home Care agency can be a partner in care transitions and chronic disease management. This workshop is designed to help agencies understand concepts associated with care transitions, state and national efforts around care transitions and hospital penalties for readmissions. Come explore the home care agency role in falls prevention, medication management, and nutrition as well as the in-home aides’ role in observing, recording and reporting observations related to chronic disease management.

Looking at the case study examples below, which agency do you think a referral source who is interested in chronic disease management would want to consider?

In this teleconference, we will explore some tools to help you with your In-home education related to chronic disease management and how to explain to referral sources how you are positioned to assist in chronic disease management.

Example 1:
Mrs. Sanders is an 82 year old client who is widowed and lives alone. She has CHF and COPD. Mrs. Sanders’ conditions cause shortness of breath and she needs to monitor her vital signs due to her irregular heart rate and fluctuations in her blood pressure. Mrs. Sanders’ medications can cause side effects such as dizziness. Mrs. Sanders is at risk of falls due to a fall history along with her medical conditions that cause weakness and at times dizziness. The In-home aide working with Mrs. Sanders has been instructed to assist her with her bath, getting dressed, and preparing a meal.

Example 2:
Mrs. Sanders is an 82 year old client who is widowed and lives alone. She has CHF and COPD. Mrs. Sanders’ conditions cause shortness of breath and she needs to monitor her vital signs due to her irregular heart rate and fluctuations in her blood pressure. Mrs. Sanders is at risk of falls due to a fall history along with her medical conditions that cause weakness and at times dizziness. The In-home aide working with Mrs. Sanders has been instructed to assist her with her bath, getting dressed and preparing a meal. The In-home aide has been further instructed regarding the chronic diseases of CHF and COPD and what could signs to be alerted to that Mrs. Sanders could be having a decline in her chronic disease. Knowing that Mrs. Sanders is weak and dizzy at times due to her condition and medications, the In-home aide is aware of falls risk and understands the need to be aware of falls prevention measures. The In-home aide has been instructed in preparing therapeutic diets such as a low sodium diet in order to provide appropriate nutritional services with meal preparation.

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Please register by September 18.

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Agency: __________________________________________________________________________________

Address: __________________________________________________________________________________

City/State/Zip: _____________________________________________________________________________

Phone: ____________________________________ Ext. ________ Fax: _____________________________

Email: ______________________________________ (Required for receiving Webinar access information)

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