



DEMENTIA CARE SERIES

Dementia and Palliative Care: Applying Palliative Care from Onset to Death

DATE & LOCATION

Tuesday, June 5, 2018

1:00 pm — 4:15 pm

**Handelman Conference Center
7090 Samuel Morse Drive #400
Columbia, Maryland 21046**

Registration and lunch begin at 12:30 pm.
Doors open at 12:15 am.

TARGET AUDIENCE

- Administrators
- Assisted Living Managers
- Nurses
- Social Workers/Services

CEU — 3.0

- Administrator
- Assisted Living Manager
- Social Work

FEES

- Lifespan Members: \$85
- Lifespan Nonmembers: \$185

OBJECTIVES

1. Differentiate between palliative care and hospice care
2. Discuss the stages of progressive dementias
3. Learn the barriers to palliative care
4. Learn how to apply palliative care to dementia care
5. Learn to assess caregiver needs

PROGRAM

Progressive dementias are terminal. From the time of onset patients suffer a slow death starting with cognition and ending in bodily failure. Families, as witnesses to this slow demise, suffer along with them. It is important for professionals to understand the stages of dementia and how to incorporate palliative care throughout the each stage in order to provide optimal care to both patients and families.

AGENDA

12:30 am Scan-in / Registration / Lunch

1:00 pm - 2:30 pm

- What is palliative care? How does it differ from Hospice care?
- Is there a need for palliative care?
- What are the barriers to palliative care?
- Dementia defined
 - * Types of dementias
 - * Stages of dementia
 - * A's of progressive dementias
 - * Functional age equivalences in the 3 stages

2:30 pm - 2:45 pm Break

2:45 pm - 4:15 pm

- Applying palliative care to dementia care
- Supporting the Caregiver
- Assessing needs
- Truthfulness
- Education
- Resources
- Continued assessment of needs

4:15 pm Adjourn

Continuing Education

This program is approved for 3.0 credit hours. This program is sponsored by the Beacon Institute. This program is approved by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators. The program is approved by the Office of Health Care Quality (OHCQ) for continuing education credits for assisted living managers. This program is approved by the Maryland Board of Social Worker Examiners for Category I continuing education for social workers licensed in Maryland.

Registration Policies

1. Please mail or fax your registration early. Space is filled on a first served basis. Policy and deadlines for registration are the same by fax as by mail.
2. Please enclose a check or complete the credit card registration below. Faxed registrations must include credit card or purchase order information.
3. Registrations and payment must be received no later than five days prior to the workshop.
4. We reserve the right to cancel this program due to insufficient registration.

Cancellation Policy

Refunds, minus a \$25 processing fee per registrant, will be honored if requested in writing five (5) business days prior to the date of the seminar. In the event of emergency, attendees may send substitutions in their places without prior notification.

Inclement Weather Policy

If Howard County Public Schools are closed or opening late due to inclement weather, all seminars are **CANCELLED**. Registrants will be contacted regarding rescheduling arrangements.

SEMINAR LOCATION

HANDELMAN CONFERENCE CENTER

7090 SAMUEL MORSE DRIVE

SUITE #400

COLUMBIA, MD 21046

(Located at rear of building)

Registration Form

Dementia and Palliative Care: Applying Palliative Care From Onset to Death Tuesday, June 5, 2018

PLEASE PRINT. Copy this form for multiple registrants. Please register and return by May 31, 2018

Name _____ Title _____

Email (Work) **Required** _____

NH Administrator License # _____ NAB CE Registry ID # _____

Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Fee: LifeSpan Members: **\$85** Non-members: **\$185** Total Amount Due \$ _____

Please mail with check payable to: **THE BEACON INSTITUTE**, 7090 Samuel Morse, Suite #400, Columbia, MD 21046
Or fax with credit card information to **410.381.6061**



Name on Card _____ Account No. _____

CVV2 Security Code _____ Expiration Date _____ Signature _____

CREDIT CARD BILLING ADDRESS _____

Card Holder Email Address _____