

The Virginia Health Care Association &
The Virginia Center for Assisted Living
present

Person Centered Care through Restorative Nursing



November 18, 2009

Holiday Inn - Select Richmond
1021 Koger Center Boulevard
Richmond, VA 23235-4756
804.379.3800

*NAB Certified Sponsor
5 NAB hours of continuing education*

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Holiday Inn - Select, Richmond, Virginia

PROGRAM OVERVIEW

This program, presented in collaboration with Heritage Healthcare, will focus on defining the areas necessary to ensure person centered care, including safety, independence, quality of life and burden of care. These areas will be defined and addressed as they relate to allowing residents/patients to age in place as defined by their environment of choice. This one-day event provides an opportunity for attendees to learn how to engage their residents in making decisions related to their restorative care. The implementation of a successful Restorative Nursing Program will be discussed from a practical perspective and will facilitate an understanding of the importance of involving the interdisciplinary team in the development of the facility's restorative program.

Presenter Leigh Ann Frick, PT, has focused her career on geriatrics and brings to this program extensive experience in restorative nursing as an essential component to heightening the quality of life for residents. She will review the required components of a restorative nursing program as defined in the RAI manual, as well as examining additional information supporting why restorative nursing is critical to individualized care programs and facility success. A focus of the program will be on regulations, clinical benefits and operational/**financial benefits** of an effective Restorative Nursing program.

PROGRAM OBJECTIVES

Participants in the program will be able to

- Discuss four areas of focus in person centered care;
- Define restorative nursing and its components;
- Identify three benefits of a restorative nursing program;
- Explain the financial implications of an effective restorative nursing program; and
- Describe the implementation of a restorative nursing program.

WHO SHOULD ATTEND?

DONs, nurses, CNAs, administrators, therapists and therapy assistants

The Virginia Health Care Association appreciates the support of Heritage Healthcare, Inc. in presenting this program for long term care providers.



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AGENDA

- 8:30 a.m. - 9:00 a.m. Registration & Continental Breakfast
- 9:00 a.m. - 10:15 a.m. *The Importance of Person Centered Care in a Restorative Program*
- 10:15 a.m. - 10:30 a.m. Break
- 10:30 a.m. - 12:00 p.m. *Restorative Nursing Regulations and Requirements*
- 12:00 p.m. - 1:00 p.m. Lunch
- 1:00 p.m. - 3:00 p.m. *Benefits and Implementation of a Restorative Program*
- 3:00 p.m. - 3:15 p.m. *Questions & Answers*

PRESENTERS

Leigh Ann Frick, PT

Ms. Frick is a 1993 graduate of Ohio University with a bachelor's degree in physical therapy. She has focused her career on serving the geriatric population and is currently the Vice President of Clinical Services for Heritage Healthcare, a contract therapy partner which provides services in skilled nursing and assisted living facilities across nine states, primarily in the Southeast. Her experience has focused on ensuring quality rehabilitation service delivery in long term care while adapting to regulatory and reimbursement changes. Ms. Frick is committed to providing clinicians with the tools and knowledge necessary to provide excellent clinical care.

CONTINUING EDUCATION

NAB Certified Sponsor - *5 hours of continuing education*

Virginia Health Care Association is a Certified Sponsor of professional continuing education with the National Association of Boards of Examiners of Long Term Care Administrators (NAB). This educational offering has been reviewed by the National Continuing Education Review Service (NCERS) of the National Association of Boards of Examiners of Long Term Care Administrators (NAB) and approved for five clock hours and 5 participant hours. State licensure boards, however, have final authority on the acceptance of individual courses.

Because of the importance of CNA's to the restorative nursing team, VHCA is making this program available at a special rate of \$50 for CNA's only at member facilities.



Register
on-line at
www.vhca.org

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Facility _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____

Please print or type the following information and be sure to specify the name desired on name badge

Name _____
 First *Middle* *Last*

Badge Name _____

Title _____

Email _____

PROGRAM REGISTRATION

MEMBER FEE

- \$125
- \$50 CNAs ONLY

NON-MEMBER FEE

- \$375

Because of the importance of CNA's to the restorative nursing team, VHCA is making this program available at a special rate of \$50 for CNA's only at member facilities.

Program fee includes lunch, breaks, and workshop materials.

Total enclosed: _____

Please one person per application.

If you have a disability or need which might require special services, please contact VHCA so that any necessary arrangements can be made.

PROGRAM REGISTRATION DEADLINE

November 11, 2009

Registrations received after this date will be assessed a \$25 late fee per facility.

PLEASE RETURN COMPLETED FORM WITH PAYMENT TO

Virginia Health Care Association
2112 W. Laburnum Avenue, Suite 206
Richmond, Virginia 23227
Phone: 804.353.9101
FAX: 804.353.3098

HOTEL RESERVATION DEADLINE

November 6, 2009

A block of rooms has been reserved at the **Holiday Inn - Select** for \$86.00 single or double (plus tax). Call the hotel directly to reserve your room at 804.379.3800 or toll free at 800.397.1034. *Please remember to identify yourself as a VHCA conference participant.*

CANCELLATION POLICY

Cancellations for credit card payments are subject to a 10% service fee. All other cancellations that are received by **November 11, 2009** will receive a full refund. Cancellations received after the registration deadline but no later than three working days prior to the program will receive a refund of one-half the cost of registration. No refunds will be granted if cancellation is received after the three working day deadline. *Substitute registrations are always welcome.*

PAYMENT OPTIONS

- Check Enclosed
- MasterCard/Visa

Account # _____ Expiration Date _____

Three-Digit Card Verification Code *(on back of credit card)* _____

Cardholder's Name _____

Signature _____

Credit Card Billing Address _____

City, State, Zip Code _____