

AIPP REGIONAL TRAINING WORKSHOP

Unmasking the Phantom: Pain Management in Long-Term Care

Presented by the Arkansas Innovative Performance Program



9 A.M. — 4 P.M. *(Please arrive 30 minutes early for registration. Lunch is on your own.)*

Feb. 28, Forrest City

East Arkansas Community College
Building One, Classroom 107
1700 New Castle Road

March 15, Paragould

Paragould Community Center
3404 Linwood Drive



March 2, El Dorado

El Dorado Conference Center
311 S. West Avenue

March 28, Fort Smith

Mercy Hospital, Hennessy Room
7301 Rogers Avenue



March 31, Little Rock

Baptist Health Medical Center, Gilbreath Conference Center
9601 I-630, Exit 7



For more information, please call the AIPP team at 501-212-8602.

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Unmasking the Phantom: Pain Management in Long-Term Care

TARGET AUDIENCE

Long-term care nurse and administrators

PURPOSE

Examine strategies that promote effective recognition, assessment, and treatment of pain in older adults including those living with dementia

OBJECTIVES

- Understand the impact that unaddressed pain has on our residents
- Define pain, the types of pain and why is it important to me
- Review the need for consistency among the team in the assessment process
- Become familiar with the Pain Assessment in Advanced Dementia (PAINAD) scale
- Offer suggestions on adjunct therapy to be used for pain management
- Provide insight to how someone living with dementia experiences pain
- Managing pain documentation and related quality measures (F309)
- Develop a team approach to overall pain management

CONTINUING EDUCATION

Approved for 5.5 hours of CE for LTC administrators and/or nurses. **Approval ID# AR 6675-AFMC17-5.5**

CONTACT INFORMATION

For more information, please call the AIPP team at 501-212-8602.

REGISTRATION INSTRUCTIONS

- **REGISTER ONLINE** by going to afmc.org/aippevents, click on the title of the event you wish to attend, and then click on the "Register Today" link
- **EMAIL** aipp@afmc.org
- **PHONE** 501-212-8602
- **FAX**..... 501-372-5926

DISCLOSURE STATEMENT

It is the policy of the Arkansas Foundation for Medical Care (AFMC) to ensure balance, independence, objectivity and scientific rigor in all sponsored or jointly sponsored educational programs. Faculty and course planners are required to disclose any relationships with commercial entities related to their topic(s) that could be considered a conflict of interest or potential source of bias. All faculty and planners have disclosed no such relationships or affiliations. Faculty is also required to disclose when any product is mentioned that is not labeled for the use under discussion or is still investigational.

AFMC operates under contract with Arkansas Medicaid to accomplish health care quality improvement for Arkansas.

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REGISTRATION ONLINE AT

afmc.org/aippevents or fax completed form to 501-372-5926

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9 A.M.—4 P.M. • Please select which date and location you prefer:

☐

Feb. 28

Forrest City

☐

March 2

El Dorado

☐

March 15

Paragould

☐

March 28

Fort Smith

☐

March 31

Little Rock

FIRST NAME: _____ MI: _____ LAST NAME: _____

JOB TITLE: _____ DEGREE/CREDENTIALS (IF ANY): _____

NURSING HOME/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ EXT: _____ FAX: _____ EMAIL*: _____

*(Email required for confirmation of registration.)

PROFESSION (Check all that apply)

- ☐ Administrator
- ☐ Certified Nursing Assistant
- ☐ Dietary Manager
- ☐ Dietitian
- ☐ Environmental Services
- ☐ Medical Records/HIM
- ☐ Nurse
- ☐ Occupational Therapist
- ☐ Ombudsman
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physician Assistant
- ☐ Respiratory Therapist
- ☐ Social Worker
- ☐ Speech Therapist
- ☐ Other _____

SETTING (Check all that apply)

- ☐ AFMC
- ☐ Assisted Living Facility
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Nursing Home
- ☐ State/Federal Agency
- ☐ Other _____

ROLE (Check all that apply)


- ☐ Administration/Management
- ☐ Billing/Coding
- ☐ Case Management/UR
- ☐ Clerical
- ☐ Clinical
- ☐ Direct Care
- ☐ Education
- ☐ Legislator
- ☐ Medical Records
- ☐ QA/QI
- ☐ Research/Analysis
- ☐ Student/Resident
- ☐ Other _____

HOW DID YOU HEAR ABOUT THE CONFERENCE?

(Check all that apply)

- ☐ AFMC personal contact
- ☐ AFMC website
- ☐ Email
- ☐ Fax
- ☐ Journal
- ☐ Mailer
- ☐ Word of mouth
- ☐ Other _____

Special needs: _____

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PLEASE MAKE COPIES FOR ADDITIONAL ATTENDEES