

*Upcoming Distance
Learning Opportunity
from MHA*

CMS & The Joint Commission Standards on Informed Consent Ensuring Compliance

AUDIENCE:

CEO, COO, CNO, OR Directors, HIM
Directors, In & Outpatient Directors,
TJC Coordinators, QI Directors, Risk
Managers, Patient Safety Officers,
and Compliance Officers

SPEAKER:

Sue Dill Calloway, RN, MSN, JD

DATE:

March 18, 2010
8:00—9:30 am MST

PRICING*:

MHA Members: \$165/line

Non-MHA Members: \$210/line

DEADLINE FOR REGISTRATION IS

March 14, 2010

*Fees include session materials and one (1) phone line

PROGRAM TOPICS:

- Hospital CoP Informed Consent Requirements
 - Informed Decision Section 1 Hospital CoPs
 - Surgical Services Section 2 CMS Hospital CoPs
 - Medical Records Section 3 CMS Hospital CoPs
 - CMS Critical Access Hospital CoPs
 - 2010 Joint Commission Informed Consent Standards
- Other Organized Consent Requirements

PROGRAM OVERVIEW

This program will discuss the current CMS hospital CoP informed consent requirements and the 2010 Joint Commission informed consent standards. The CMS requirements for critical access hospitals will also be addressed.

Objectives include:

- Discuss strategies for compliance with CMS and The Joint Commission Standards.
- List the components of informed consent for CMS and The Joint Commission.

FACULTY

SUE DILL CALLOWAY is a nurse attorney and is director of hospital patient safety for The Doctors' Company. She has done many educational programs for nurses, physicians, and other health care providers. Sue has authored over 100 books and numerous articles. She is a frequent speaker and is well known across the country in the area of healthcare law, risk management, and patient safety.

The speaker has no real or perceived conflicts of interest that relate to this presentation and there will be no discussion of unlabeled uses of drugs/devices.

MHA

AN ASSOCIATION OF
MONTANA HEALTH
CARE PROVIDERS

Registration
Instructions &
Other Information

CMS & The Joint Commission Standards on Informed Consent Ensuring Compliance Audioconference

REGISTRATION INFORMATION

Registration fees are \$165/line for MHA members and \$210/line for non-MHA members. The registration fee includes one toll-free telephone connection per registered facility to hear the presenter and handout materials.

To register, please complete the attached form and fax it back to MHA at (406)443-3894, Attn: Jennifer Wagner. A copy of the registration form can also be obtained at www.mtha.org.

Online registration is also available. Go to www.mtha.org for the link to register online.

If you have not received confirmation via the email address provided on the registration form 48 hours after sending registration, please contact Jennifer Wagner at (406)442-1911. Registration deadline is March 14, 2010.

LOG-IN INSTRUCTIONS

Upon receipt of registration, confirmation will be e-mailed to the contact person indicated on your registration form. You will receive another e-mail approximately 24 hours prior to the event with dial-in information and the handouts.

It is the responsibility of the contact person listed on the registration form to download and/or access presentation materials prior to the day of the event. If your e-mail address changes, you do not receive an e-mail with instructions from MHA, or if you are unable to download or open presentation materials, please contact MHA 24 hours prior to the event to allow time to address the issue.

Participants are encouraged to log in 15 minutes prior to the start of the program, as the program will begin on time.

CONTINUING EDUCATION

A copy of the Certificate of Attendance will be sent with the handouts and dial-in information. This Certificate should be copied and issued to all participants attending the session. Completed certificates should be placed on file at your hospital as evidence of attendance. You may apply on an individual basis with the appropriate accreditation organization for consideration of continuing education credits. This audioconference is approved for 1.5 contact hours.

CMS & TJC Standards on Informed Consent Registration Form

AUDIENCE:

CEO, COO, CNO, OR Directors,
HIM Directors, In & Outpatient Direc-
tors, TJC Coordinators, QI Directors,
Risk Managers, Patient Safety Offi-
cers, Compliance Officers

DATE:

March 18, 2010
8:00 am—8:30 am pm MST

PRICES:

MHA Members: \$165/line
Non-Members: \$210/line

REGISTER BY:

March 14, 2010

SERIES OVERVIEW

This program will discuss the current CMS hospital CoP informed consent requirements and the 2010 JC informed consent standards. The CMS requirements for CAHs will also be addressed.

Contact Person: Please fill out the contact information for the person that will be responsible for receiving and distributing dial-in information and handouts.

REGISTRATION INFORMATION

To ensure your spot at this audioconference, please fill out the information below, completely, and fax to MHA at (406)443-3894, Attn: Jennifer Wagner. **You may also register online at www.mtha.org.**

REFUNDS Fees will be refunded only if written cancellation is received by MHA by 5 pm on March 16, 2010. Fax written cancellation to MHA at (406)443-3894, Attn: Jennifer Wagner. E-mails and phone call cancellations will not be accepted.

Participant Information:

Facility Name: _____
Contact Name: _____
Email Address: _____
Facility Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

YES! We wish to participate in the audioconference. I understand we will be emailed the dial-in number, agenda, and materials prior to the conference. _____ **Number of lines** _____ **MHA Member(\$165/line)** _____ **Non Member(\$210/line)**

Payment Information *(All credit card information is required and must be complete).*

Total Payment Due: \$ _____

Visa Mastercard Discover American Express
Card number: _____ Expiration Date: _____
Cardholder Name: _____ CVS #* _____
Credit Card Complete Billing Address _____
Signature: _____

*The CVS number is the 3 digit number on the back of your card. For AMEX it is 4 digits on the front

A check, payable to MHA is being mailed to P.O. Box 5119; Helena, MT 59604-5119

Please invoice me—MHA Member Facility PO#: _____

FOR INTERNAL USE ONLY: DATE PAID: _____ REGISTRATION ENTERED (DATE): _____ BY: _____
CONFIRMATION SENT (DATE): _____ BY: _____

ACCOUNTING CODE: 08-10-07 CHECK#: _____ AMT: _____ INVOICE (DATE): _____ BY: _____



For questions regarding education, please contact:
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