

January 2009

in this issue

# The Journal

QAPI - Quality Assessment/  
Performance Improvement

## QA/PI What am I to do!!!!!!



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The recent release of the Conditions of Participation has caused many in the hospice industry to take a step back and re-evaluate their current processes and procedures with a degree of caution. It is a given that QAPI has always been performed in one way or another but with the increased emphasis placed on it by CMS, there are many who have a degree of uncertainty as to what to expect, what to do, what not to do and how best to make this work for the organization.

We all want our patients to have the best "outcome" possible, given the circumstances. In trying to achieve this goal, there can be many hurdles along the way which one must jump in order to achieve that desired outcome. QAPI will not be the "be all" and "end all" that allows us to jump those hurdles. It is not a quick fix. It is an ongoing, interdisciplinary process that involves the entire hospice organization. It does not mean that we spend our time putting out fires but rather continually monitoring and evaluating our processes and implementing improvements to achieve that desired outcome or goal. Teamwork is key to its success and QAPI should not be utilized in a punitive fashion.

For those whose past includes the acute care setting, QAPI has been in existence for a long time. But for those whose life long profession has been in the care and treatment of the terminally ill, something "new and exciting" such as QAPI can be a bit foreign. It is something that is not to be feared as that often results in undesired outcomes. Nor should it be seen as something imposed upon us by outside forces who stand over us to watch every move we make. Rather, it should be looked upon as a process that breaks down barriers between departments and increases communication.

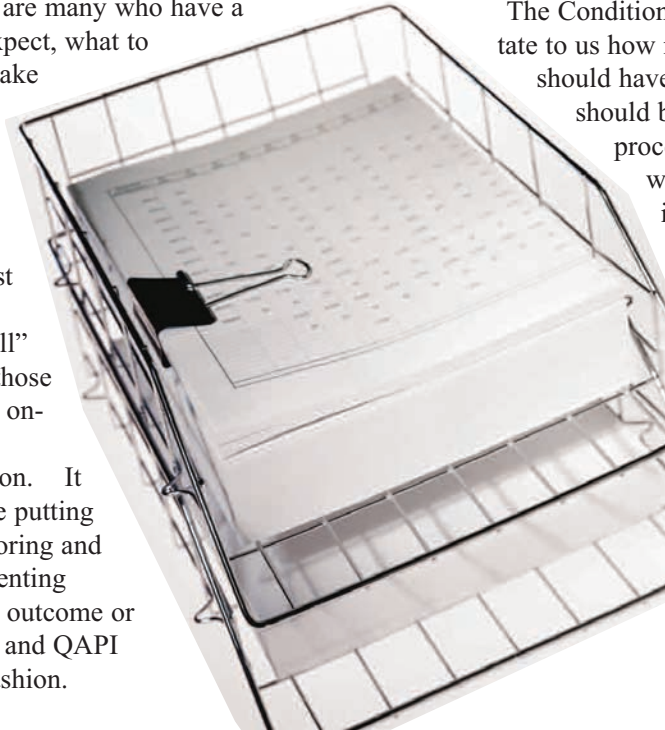
We have always carried out some form of quality review within our own organizations, either formal or informal. It is now just taking center circle and offers a degree of flexibility in how each of us chooses to address it.

The Conditions of Participation do not dictate to us how many ongoing projects we should have nor do they tell us how we should be performing our own QAPI processes. They leave that up to us within our own particular organizations.

Key factors to include when designing your program include:

- The QAPI program must be able to demonstrate measurable improvement for selected indicators for which there is evidence that improvement in those indicators will achieve improved palliative outcomes and end of life support services.

— continued on page two



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HOSPICE AND PALLIATIVE CARE ORGANIZATION

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Get more information about LMHPCO at [www.LMHPCO.org](http://www.LMHPCO.org)

**next month:** Hospice Social Workers with a Crosswalk of the New CoPs



The Louisiana-Mississippi Hospice and Palliative Care Organization is a 501(c)3 non-profit organization governed by a board of directors representing all member hospice programs. It is funded by membership dues, grants, tax-deductible donations and revenues generated by educational activities. LMHPCO exists to ensure the continued development of hospice and palliative care services in Louisiana and Mississippi. LMHPCO provides public awareness, education, research, and technical assistance regarding end-of-life care, as well as advocacy for terminally ill and bereaved persons, striving to continually improve the quality of end-of-life care in Louisiana and Mississippi.

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**QA/PI – continued from page one**

- The program must utilize quality indicator data, including patient care and other relevant data in the design of its program.
- The frequency and detail of the data collection must be specified by the hospice’s governing body.
- Focus should be on high volume, high risk or problem prone areas that take into consideration incidence, prevalence and severity of problems and that will affect outcomes, safety and quality of care.
- The hospice must measure its success and track performance to ensure that improvements are sustained.
- The hospice must document what projects are being conducted, the reasoning behind selection of the project, and the measurable progress achieved.

The Governing Body of the hospice is responsible for assuring that the program is defined, implemented and maintained. They also have the responsibility to designate an individual or individuals to be responsible for the program.

The development of the QAPI program should include an overall plan. The design of the plan should not be such that it is self limiting but rather should offer a degree of flexibility while still defining those processes that will be undertaken within your own organization. The Plan should be specific to each facility and may include your Mission and Vision, Goals and Objectives of the program, scope, methodology, organizational activities as well as the process for evaluation of the program.

Organizational activities may include but are not limited to such

things as adverse patient events, medication errors, patient and family satisfaction, bereavement services, core measures (EROM), regulatory compliance and staff effectiveness. While this is not an all inclusive list, it can serve as a beginning in the design and development of your data gathering focus.

Key to the success of a QAPI program are the PI teams which will be the “work horses” that address the processes selected for improvement. The team should be multi-disciplinary in make-up, meaning that there is representation from all disciplines and departments. There should be a facilitator to guide the team and not allow them to veer off path as well as a leader who “runs the show”.

Some of the many tools utilized to analyze data and establish the real cause of “the problem” include but are not limited to: flowcharts, histograms, cause and effect diagrams, run charts, graphs, and check sheets. These tools can prove valuable in achieving the goal of identification of a problem that is both focused and systematic. Once the data is gathered and analyzed, a plan of action should be developed and then implemented on a small scale to evaluate its effectiveness. Should this prove to be beneficial, communication and education are the key to implementation. Follow up and on-going evaluation are a must to ensure that improvement is maintained.

Remember, QAPI is an on-going process that involves teamwork, is not punitive, removes the blame and results in an improved outcome for all concerned. It is not something new, just a different way of evaluating the quality of care we deliver.

Focus on your successes, reward positive behavior and in the end, your hospice will shine and achieve that desired positive outcome!!

The Leslie Lancon Memorial Education Nursing Scholarship was established in 2005 by LMHPCO. The annual scholarship will be awarded to support hospice nursing excellence and education throughout Louisiana and Mississippi. The awards will focus not only on excellence for those seeking academic degrees in hospice nursing, but also those seeking advanced certification in hospice and palliative care nursing.

Donations may be sent payable to LMHPCO, 717 Kerlerec • New Orleans, LA 70116



# QUALITY ASSESSMENT and PERFORMANCE IMPROVEMENT

## crosswalk

### LA State Minimum Standards

*Current as of December, 1999  
Proposed Changes in Red*

#### §8239. Quality Assurance

A. Agency shall have an on-going, comprehensive, integrated, self-assessment quality improvement process which provides assurance that patient care, including inpatient care, home care, and care provided by arrangement, is provided at all times in compliance with accepted standards of professional practice.

B. The hospice shall have written plans, policies and procedures addressing quality assurance.

C. Hospice monitors and evaluates its resource allocation regularly to identify and resolve problems with the utilization of its services, facilities and personnel.

D. Hospice follows a written plan for continually assessing and improving all aspects of operations which include:

1. goals and objectives;
2. the identity of the person responsible for the program;
3. a system to ensure systematic, objective regular reports are prepared and distributed to appropriate areas;
4. the method for evaluating the quality and the appropriateness of care;
5. a method for resolving identified problems; and
6. application to improving the quality of patient care.

### Medicare Conditions of Participation (CoPs)

*Revised June 5, 2008 with  
Effective Date of Revisions  
December 2, 2008*

#### § 418.58 Condition of participation: Quality assessment and performance improvement.

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice's governing body must ensure that the program: Reflects the complexity of its organization and services; involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance. The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.

##### **(a) Standard: Program scope.**

(1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.

(2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.

##### **(b) Standard: Program data.**

### MS State Minimum Standards

*Current as of February 22, 2008*

#### 115.05 Quality Assurance

1. The hospice shall conduct an ongoing, comprehensive integrated self-assessment quality improvement process (inclusive of inpatient care, home care and respite care) which evaluates not only the quality of care provided, but also the appropriateness care/services provided and evaluations of such services. Findings shall be documented and used by the hospice to correct identified problems and to revise hospice policies.

2. The hospice shall have written plans, policies and procedures addressing quality assurance.

3. The hospice shall designate, in writing, an individual responsible for the coordination of the quality improvement program.

4. The hospice shall conduct quality improvement meetings quarterly, at a minimum.

5. The Hospice's written plan for continually assessing and improving all aspects of operations must include:

- a. Goals and objectives;

**NOTE: The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.**



## LA State Minimum Standards

E. The plan is reviewed at least annually and revised as appropriate.

F. The governing body and administration strive to create a work environment where problems can be openly addressed and service improvement ideas encouraged.

G. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

1. services provided by professional and volunteer staff;
2. outcome audits of patient charts;
3. reports from staff, volunteers, and clients about services;
4. concerns or suggestions for improvement in services;
5. organizational review of the hospice program;
6. patient/family evaluations of care; and
7. high-risk, high-volume and problem-prone activities.

H. When problems are identified in the provision of hospice care, there shall be evidence of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

I. The effectiveness of actions taken to improve services or correct identified problems is evaluated.

### Proposed Changes:

§8239. Quality Assurance/Performance Improvement

D.

1. **Measurable** goals and objectives
3. a system to ensure systematic, objective regular reports are prepared and distributed to appropriate disciplines, departments;

## Medicare Conditions of Participation (CoPs)

(1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.

(2) The hospice must use the data collected to do the following:

- (i) Monitor the effectiveness and safety of services and quality of care.
- (ii) Identify opportunities and priorities for improvement.

(3) The frequency and detail of the data collection must be approved by the hospice's governing body.

### (c) Standard: Program activities.

(1) The hospice's performance improvement activities must:

- (i) Focus on high risk, high volume, or problem-prone areas.
- (ii) Consider incidence, prevalence, and severity of problems in those areas.
- (iii) Affect palliative outcomes, patient safety, and quality of care.

(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

(3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained.

### (d) Standard: Performance improvement projects.

Beginning February 2, 2009 hospices must develop, implement, and evaluate performance improvement projects.

(1) The number and scope of distinct performance improvement projects conducted annually, based on the needs of the hospice's population and internal organizational needs, must reflect the scope, complexity, and past performance of the hospice's services and operations.

## MS State Minimum Standards

b. A system to ensure systematic, objective quarterly reports. Documentation must be maintained to reflect that such reports were reviewed with the IDT, the Medical Director, the Governing Body and distributed to appropriate areas;

c. The method for evaluating the quality and the appropriateness of care;

d. A method for resolving identified problems; and

e. Application to improving the quality of patient care.

6. Quality assessment and improvement activities are based on the systematic collection, review, and evaluation of data which, at a minimum, includes:

a. Services provided by professional and volunteer staff;

b. Outcome audits of patient charts;

c. Reports from staff, volunteers, and clients about services;

d. Concerns or suggestion for improvement in services;

e. Organizational review of the hospice program;

f. Patient/family evaluations of care; and

g. High-risk, high-volume and problem-prone activities.

7. The quality improvement plan must be reviewed at least annually and revised as appropriate.

**NOTE: The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.**

## LA State Minimum Standards

## Medicare Conditions of Participation (CoPs)

## MS State Minimum Standards

(2) The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

**(e) Standard: Executive responsibilities.** The hospice's governing body is responsible for ensuring the following:

(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.

(2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.

(3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.

8. When problems are identified in the provision of hospice care, there shall be evidence of corrective actions, including ongoing monitoring, revisions of policies and procedures, educational intervention and changes in the provision of services.

9. The effectiveness of actions taken to improve services or correct identified problems must be evaluated/documented.

**NOTE:** The Crosswalk is not all inclusive of all standards. Providers are urged to make certain they have a current copy of the CoPs as well as the State Minimum Standards.

# INSPECTOR 12



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“At hospice we provide quality care to the patient and their family.” “We believe in quality end of life care.” “Quality care is important to our staff.” Have you recently read any of these or similar statements in a hospice brochure? Hospices have promoted “quality” of care, now CMS is asking hospice providers to define quality and to substantiate “quality” care is being provided.

For years, the most successful businesses and organizations have set high standards for their companies and implemented processes to see that these standards were being achieved. Remember Inspector 12 for Fruit of the Loom? Many products proudly display their inspection label to evidence quality control. In the healthcare industry, hospitals have had ongoing quality review programs and they have displayed their plaques of achievement. Now, in 2009, CMS has positioned QAPI as an integral part of the Conditions of Participation for hospices.

Whether formal or informal, most hospices have had some semblance of a QAPI program. Now, we have been challenged to develop a written formal quality assessment program that is hospice wide, involves all staff, and is an ongoing process. An operational QAPI program must have been in place by December 2, 2008. Hospice providers are now concerned with demonstrating active performance improvement projects by February 2, 2009. There are no established criteria for the number or type of projects that an organization must have. Rather, the number and scope of projects conducted annually must reflect the scope, complexity and past performance of the hospice’s services and operations.

As we organize the project improvement teams, we should keep it simple. Key factors to remember are:  
 Aim - What are we trying to accomplish?  
 Measure - How will we know that a change is an improvement?  
 Change - What changes can we make that will result in an improvement?  
 Implement - Implement the change.  
 Evaluate – Evaluate the effectiveness of the change.

Quality assessment and performance improvement are not stagnant activities. Both are ongoing processes that involve change. Enhancement of services and growth are contingent on how well we can assess our organization’s strengths and weaknesses and how we respond to this information. Are we satisfied with our performance or can we do better?

As we begin 2009, our goal as hospice providers is to continue to ensure our families are truly receiving quality end of life care. Our challenge as providers is to be able to prove that we are.

## Hospice Administrator Certificate Program (HACP)

February 11-13, 2009 – New Orleans, LA - Hotel Monteleone

**Brought to you by: CAHSAH, TCG, NAHC**

**Co-sponsored by: LMHPCO**

**Supported by: HospiScript**



The goal of the Hospice Administrator Certificate Program (HACP) is to provide a supportive learning environment for administrators and senior managers. The HACP will strengthen your competencies to position your organization for success and help you integrate the complexities of quality, compliance, financial management, and strategic performance. The HACP is broken down into a three module curriculum. Each participant will receive a comprehensive manual that is a must-have resource for years to come.

### PROGRAM GOALS:

- Identify key health care trends that will influence positioning strategies of your hospice organization
- Integrate data management and analysis methods into your quality assessments and performance improvement program
- Implement key financial management strategies to prepare and interpret financial documents and to understand the impact of current changes in health care
- Understand leadership responsibilities in promoting a quality driven organization
- Integrate corporate compliance issues with clinical, financial and legal integrity of the organization

Registration brochure available at:

[http://www.lmhpc.org/blahdocs/uploads/hacpfebbrochurerevised\\_1051.pdf](http://www.lmhpc.org/blahdocs/uploads/hacpfebbrochurerevised_1051.pdf)

# SAVE THE DATE

## MISSION POSSIBLE CERTAINTY IN UNCERTAIN TIMES

Annual Leadership Conference  
July 29-31, 2009  
Loews New Orleans Hotel

## Heart of Hospice Award Nominations Requested

LMHPCO is seeking nominations for the Annual Heart of Hospice Award. This award recognizes an individual who has attained repeated outstanding achievements in hospice and end-of-life care. Award presentations will be held on Thursday, July 30, 2009, at the lunch meeting of the LMHPCO Annual Leadership Conference in New Orleans.



*Enter your submission today!*

Download form at: [http://www.lmhpc.org/blahdocs/uploads/2009\\_hoh\\_award\\_nomination\\_form\\_5630.doc](http://www.lmhpc.org/blahdocs/uploads/2009_hoh_award_nomination_form_5630.doc)

## LMHPCO HEART OF HOSPICE AWARD 2009 NOMINATION FORM

**Deadline for Nomination is Monday, June 1, 2009**

The Heart of Hospice Award recognizes an individual from each of the two states who has attained repeated outstanding achievements in hospice and end-of-life care. This award will be presented on Thursday, July 30, 2009 at the Lunch Meeting of the LMHPCO Annual Leadership Conference in New Orleans.

### Information requested includes all of the following:

Name of Nominee

Hospice/Palliative Care Program Affiliation:

City:

State:

Zip:

Phone number:

Fax:

E-mail address:

**Nominee's Curriculum Vitae/Resume**

**Narrative:** Describe nominee's history and relationship to hospice/palliative care, including accomplishments and contributions to hospice/palliative care.

### Reference Letters (at least 1)

Name of Nominator (Your Name):

Hospice/Palliative Care Program Affiliation:

City:

State:

Zip:

Phone number:

Fax:

E-mail address:

**All requested materials may be e-mailed or mailed by June 1, 2009 to:**

**E-mail: [nancy@LMHPCO.org](mailto:nancy@LMHPCO.org)**

**Mail: LMHPCO • 717 Kerlrec • New Orleans, LA 70116**



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 Hospice Care of Louisiana, Monroe, LA  
 Hospice Care of Louisiana, New Orleans, LA  
 Hospice Care of Louisiana, Slidell, LA

Hospice Care of Mississippi, Waveland, MS  
 Hospice In His Care, Baton Rouge, LA  
 Hospice in His Hands, Carthage, MS  
 Hospice in His Hands, Kosciusko, MS  
 Hospice in His Hands, Magee, MS  
 Hospice in His Hands, Walnut Grove, MS  
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 Hospice of Light, Lucedale, MS  
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 Susan Drongowski, Las Vegas, NV

### PROFESSIONAL MEMBERS

Jo Ann D Moore, MSW, LSW, Chalmette, LA

## Calendar

### January 8, 2009

MS Chaplains Association  
 2 hour Educational Session on Bereavement Counseling  
 For more information contact Chaplain Al Carden at 601-968-5146  
 Or check out the web site at [www.mschaplains.org](http://www.mschaplains.org)

### January 13, 2009

Area Code 601 Quarterly Luncheon  
 For more information, contact Belinda Patterson at [bpatterson@hospiceministries.org](mailto:bpatterson@hospiceministries.org)

### January 15, 2009

Area Code 662 Quarterly Luncheon  
 For more information contact Nancy Dunn at [nancy@LMHPCO.org](mailto:nancy@LMHPCO.org)

### January 20, 2009

Area Code 228 Quarterly Luncheon  
 For more information, contact Sandra Bishop at [lsb@cablone.net](mailto:lsb@cablone.net)

### February 4, 2009

Area Code 225 Quarterly Luncheon  
 For more info, contact Stephanie Schedler at [sschedler@glendalehc.com](mailto:sschedler@glendalehc.com)

### February 11-13, 2009

Hospice Administrator's Certification Program (HACP) • New Orleans, LA  
 For more information, go to: [http://www.lmhpc.org/blahdocs/uploads/hacpfebbrochurerevised\\_1051.pdf](http://www.lmhpc.org/blahdocs/uploads/hacpfebbrochurerevised_1051.pdf)

### February 18, 2009

Area Codes 504/985 Quarterly Luncheon  
 For more information, contact Opal Carriere at [opal@serenityhospice.com](mailto:opal@serenityhospice.com)

### February 20, 2009

Area Code 318 Quarterly Luncheon  
 For more information, contact Martha McDurmond at [hosbmcm@bellsouth.net](mailto:hosbmcm@bellsouth.net)

### March 5, 2009

Area Code 337 Quarterly Luncheon  
 For more information, contact Kathleen Guidry at [kathleen.guidry@lhcgroupp.com](mailto:kathleen.guidry@lhcgroupp.com)

### March 25-28, 2009

AAHPM & HPNA Annual Assembly  
 Austin, TX  
 For more information go to: <http://www.hpna.org/DisplayPage.aspx?Title=Annual%20Conferences>

### March 26-27, 2009

National Association of Social Workers, Mississippi Chapter Annual Conference, Natchez, MS  
 "Social Work 2009: Defining Purpose and Exploring Possibilities"  
 For more information and on-line Registration, go to <http://www.naswmschapter.org/conferenceinfo.htm>

### April 23-25, 2009

NHPCO's 24th Management & Leadership Conference  
 Omni-Shoreham Hotel, Washington, DC  
 For more information go to: <http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

### April 29, 2009

16th Annual National HFA Living with Grief Teleconference (12:30-3:00PM)  
 Diversity & End-of-Life Care  
 For more information, go to: [www.hospicefoundation.org](http://www.hospicefoundation.org)

### July 29-31, 2009

LMHPCO Annual Leadership Conference & Annual Meeting  
 Loews Hotel, New Orleans, LA

### September 24-26, 2009

NHPCO's 10th Clinical Team Conference  
 Hyatt Regency, Denver, CO  
 For more information go to: <http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>

### December 4-6, 2009

NHPCO's 6th National Conference on Volunteerism & Family Caregiving  
 Walt Disney Swan Hotel, Orlando, FL  
 For more information go to: <http://www.nhpc.org/i4a/pages/index.cfm?pageid=3259>