# Post-Acute and Long-Term Care Symposium

Friday, August 17, 2018

Westminster Oaks Maguire Center 4449 Meandering Way Tallahassee, Fl 32308





















Jointly provided by FMDA - The Florida Society for Post-Acute and Long-Term Care and AMDA - The Society for Post-Acute and Long-Term Care Medicine.



## Re-thinking Best Practices in Long-Term Care

## Schedule:

**8:00am** Registration/Check-in

Continental Breakfast

8:30am Dr. Castle

**9:15am** Dr. Mylotte

10:00am Break

**10:15am** Dr. Hock

**11:00am** Dr. Stone

11:45am Lunch

**12:30pm** Dr. Kane

**1:15pm** Break and Facility Tour

**1:45pm** Breakout Sessions

**3:30pm** Conclusion

### 3.30pm considers

### **Registration Fee: \$65**

5 continuing education contact hours will be offered for the following licenses: MD, DO, PA, RN, LPN, LCSW, LMHC, MFT, NHA, and CMD.

## **Presenters and Topics:**

Nicholas Castle, PhD, FGSA

Professor, Health Policy and Management

University of Pittsburgh

Quality Assurance in the Nursing Home

### Joseph M Mylotte, MD

**Professor Emeritus** 

University at Buffalo

Nursing Home-Acquired Pneumonia

### Leonard Hock, DO, CMD, FAAHPM

**Chief Medical Officer** 

Harbor Palliative Care & AIM, TrustBridge Health

Palliative Care

### Robyn I Stone, DrPH

Senior Vice President of Research, LeadingAge

Co-Director, LeadingAge LTSS Center @UMass Boston

Innovative Programs in Geriatric Care

### Rosalie A. Kane, PhD, MSW

Professor, Division of Health Policy and Management

University of Minnesota

Delphi Study Results on Re-thinking Long-Term Care

### Call in, fax, or mail registration to:

Department of Geriatrics, Attn: Sarah English 1115 W. Call Street, 4225 Tallahassee, Fl 32306-4300

Fax: 850-645-2824 | Phone: 850-644-1507



Contact: geriatrics.research @med.fsu.edu for more info.

### **Registration:**

Name:			Title:	
License #:	Facility/Organization:			
Street Address:		Email:		
City:	State:	Zip:	Phone:	
Payment Instructions	<b>5:</b>			
Charge my:				
American Express	MasterCard	☐ VISA ☐ Check p	payable to the FSU Foundation	
Card #:		Exp. Date:	Security Code:	
Cardholder's name:		Signature:		