



## What Have We Learned About Emergency Preparedness?

Webinar (Recording link provided)  
March 26, 2019 | 3:00-4:00pm EST

**It's been over a year since providers were to have fully implemented the Emergency Preparedness requirements and what a year it has been!**

In 2018, the US experienced the deadliest wildfire in California and the worst hurricane to hit the East Coast since 1969.

- How did your agency fare?
- Did you have to implement your Emergency Preparedness plan?
- What lessons did you learn?

As we start off 2019, now is the time to review and revise your agency's plan in order to ensure you are meeting the mandatory requirements and more importantly to ensure your plan is the most reliable in the event you need to activate it in 2019.



### **Lisa Meadows, MSW Clinical Compliance Educator Accreditation Commission for Health Care (ACHC)**

Lisa Meadows has over 20 years' experience in medical social work, including acute care hospitalization, home health care, and hospice and palliative care. She is currently the Clinical Compliance Educator for the Accreditation Commission for Health Care, Inc., where she is responsible for educating organizations on the ACHC accreditation process and assisting them with interpreting the ACHC Standards for Accreditation. In addition, Lisa teaches ACHC surveyors about standards, regulatory updates, and industry changes. Prior to this role, Lisa was an ACHC hospice surveyor assisting organizations with ACHC Standards compliance and developing best practices. A speaker for state conferences and associations, Lisa conducts workshops on the accreditation process and other health care industry topics.

### **NURSE CONTACT HOURS WILL BE OFFERED**

The Association for Home and Hospice Care of North Carolina is an approved provider of continuing nursing education by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



# VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

Advocacy. Education. Guidance.

In partnership with the Association for Home & Hospice Care of North Carolina

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### REGISTRATION INSTRUCTIONS:

**Convenience:** Enjoy the convenience and cost-efficiency of a webinar – watch the speaker’s slide presentation on the internet while listening by telephone or through your computer’s microphone and speakers (VoIP). There is no limit to the number of attendees from your agency who may participate at your site using one phone line and a computer with internet access.

**Confirmation:** Prior to the webinar, a GoToWebinar link will be e-mailed to you. You will need to register through this link to attend the webinar. You will be sent a confirmation which will include a join link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts, if available, an evaluation and certificate. **The webinar will take place from 3:00 p.m. to 4:00 p.m. EST.**

**Registration:** Registrations may not be shared between agencies – the agency’s registration covers the access of only one phone line/computer access to the webinar. Multiple site participation for your agency will require a separate registration fee for each connection. Please note: if your agency has sent in 1 registration but 3 people from your agency register through the GTW link, your agency will be invoiced for the additional 2 registrations. The handouts will be emailed to you to the email address you provide. Please feel free to provide an additional email address as a backup. **RECORDING LINK WILL BE PROVIDED AND AVAILABLE FOR 30 DAYS.**

**Cancellation Policy:** There are NO refunds. Your registration indicates your commitment to participate.

	Links to Live Broadcast & Recording	
	Member	Non-member
What Have We Learned about Emergency Preparedness	<b>\$159</b>	<b>\$299</b>

### Registration:

Attendee Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Address \_\_\_\_\_ Agency City, State, Zip: \_\_\_\_\_

Attendee Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

**Payment:** I owe the amount of \$ \_\_\_\_\_

My check payable to the VAHC is enclosed.

Charge my:



Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security code \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Address (of cardholder) \_\_\_\_\_

Email Address (for credit card receipt) \_\_\_\_\_

Signature (required) \_\_\_\_\_

**Mail, fax or e-mail form to:**

**Virginia Association for Home Care and Hospice**  
3761 Westerre Pkwy, Suite B, Henrico, VA 23233  
804-285-8636 fax 804-288-3303 email: [dblom@vahc.org](mailto:dblom@vahc.org)