



Association for Home and Hospice Care of
NC

Eagle Eye Aides – Recognizing Key Patient Abnormalities

A Webinar June 8, 2017

Description: You are in the first line of patient defense! You are the boots on the ground as far as helping to identify that something is “wrong” with your patient. You are the Eagle Eye Aide! Join this teleconference to learn how to recognize the subtle and not so subtle changes in your patient that are the first clues that something is amiss patient-wise and what then to report to your supervisor!

Presenter: Sherry Thomas, BSN, MPH has worked in home care for 33 years - as a visiting nurse, supervisor, manager and Director. She was instrumental in starting both a large in-home aide waiver program in NC and a large, hospital based home health agency. Over the years she has taught numerous education classes for home care staff. She is currently the Senior Executive Vice President for the Association for Home & Hospice Care of NC where she advises agencies in NC and SC on policies and regulations and oversees provider education. Sherry was a Johnston Nursing Scholar at the University of NC at Chapel Hill, was inducted into Sigma Theta Tau, the Honor Society of Nursing, and has received several industry awards over the years. Most importantly, she loves home care patients and the staff who care for them!

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: The registration deadline is June 7, 2017. 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.

For more information go to www.homeandhospicecare.org or www.schomehealth.org

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Eagle Eye Aides – Recognizing Key Patient Abnormalities

A Webinar Presented Thursday, June 8, 2017

Speaker – Sherry Thomas, BSN, MPH

Registration: Members: \$95 per agency line

Non-Members: \$195 per agency line

YES! We wish to participate in the webinar conference. I understand we will be emailed the information after the paid registration is processed. Fees will be refunded only if written cancellation is received by AHHC two weeks prior to the workshop **and no refunds after the registration link is sent to your agency.** In the event of a written cancellation, AHHC will retain \$30 of the initial fee to cover administrative overhead. **Registrations must be received in writing and will not be accepted without payment. Please print – thank you!**

Agency Name: _____ Est. # of aides participating _____

Contact Name: _____

Address: _____

E-mail Address (please print): _____

Back-up email address: _____

Phone (): _____ Fax (): _____

Are you able to open a power point presentation? Yes _____ No _____

Payment Information:

Enclosed is my check in the amount of _____ (payable to AHHC)

Visa MasterCard Discover American Express

Credit Card Number: _____ Security Code _____ Exp. Date _____

Name (as it appears on card): _____

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Fax completed registrations to (919) 848-2355 or mail with payment to AHHC, 3101 Industrial Drive, Suite 204, Raleigh, NC, 27609. Please contact Richard Fowlkes with questions.