

CARING FOR THE AGES

2009 GERIATRIC & LONG-TERM CARE CONFERENCE

BROUGHT TO YOU BY

THE TENNESSEE SOCIETY OF LONG-TERM CARE PHARMACISTS AND THE TENNESSEE PHARMACISTS ASSOCIATION
23rd Annual Seminar • August 18-19, 2009 • Embassy Suites Cool Springs • Franklin, TN

JOIN THE LEADERS IN LONG TERM CARE PHARMACY

Pharmacists, pharmacy technicians and others who care for the elderly and chronically ill in long-term care settings will benefit from attending this program. [To register, using the form on the following page!](#)

- ✓ Earn up to 15 hours of ACPE accredited continuing pharmacy education
- ✓ Networking lunch with exhibitors on Tuesday
- ✓ Register by July 10 and Save!

Why You Should Attend

The Geriatric & Long Term Care Conference is a unique event that offers pharmacists practicing in long-term care environments the opportunity to meet and network with other long-term care pharmacists. Additionally, the educational programming has been selected by long-term care pharmacists and is tailored to meet the special needs of this practice setting.

Continuing Education Information

Intended Audience – This knowledge-based program is intended for pharmacists, student pharmacists and pharmacy technicians.

Educational Objectives – (Detailed, session-specific learning objectives will be provided at the conference.) The Conference offers a variety of continuing education programs, each with separate learning objectives. The following general learning objectives should be achieved during the conference by successful participants. Participant should be able to:

- Identify ways that pharmacologic treatment for the elderly differs from younger patients and how that may affect treatment strategies.
- Discuss prevention and treatment options for elderly cardiology patients.
- Outline the pharmacist's role in DDI and PIM management.
- Describe the epidemiology of falls in the elderly.
- Discuss five reasons why the elderly are less likely to report pain.
- Discuss approaches for a zero percent medication error rate.
- List recent changes in the rules and regulations that affect Long-Term Care pharmacy services.
- Discuss the pros and cons of high dose Vitamin D Supplication for LTC Residents.
- Conduct discussions regarding goals of care and end-of-life care.
- List opioids frequently used in older adults and the principles behind the choice and the anticipated side effects.
- Identify the ways that EHRs, e-prescribing, and related e-health initiatives increase patient compliance, safety, and overall improved health outcomes.



The University of Tennessee College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education to provide continuing education for pharmacists. This conference is approved for up to 15 hours of live CE credit by the University of Tennessee College of Pharmacy, who is accredited by the Accreditation Council for Pharmacy Education. Successful completion of these programs will provide a statement for fifteen 15 live contact hours credit (1.5 CEUs) which will be mailed within three weeks following the program. Successful completion includes attending the session, signing the attendance sheets, and completion of the program evaluations.

Grievance Policy – A participant, sponsor, faculty member, or other individual wanting to file a grievance with respect to any aspect of a program co-sponsored by the UTCOP may contact the Associate Dean for Continuing Education in writing at Suite 213 Conference Center, Knoxville, TN 37996-4128. The grievance will be returned within 45 days of receiving the written statement. If not satisfied, you may appeal your grievance to the Dean of the College of Pharmacy for a second level of review.

Disclosure Information – In accordance with the policy of ACPE, all faculty are required to disclose real or apparent conflicts of interest relating to the topics of the educational activity, and also disclose discussions of unlabeled/unapproved uses of drugs or devices during the presentation(s). Detailed disclosure will be made in the course handout material.

FAX FORM TO:
615.255.3528

or mail to:
TPA

500 Church Street
Suite 650
Nashville, TN 37219

QUESTIONS?
Call 615.256.3023

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Tennessee Society of Long-Term Care Pharmacists

AND THE Tennessee Pharmacists Association

23rd Annual Seminar · August 18-19, 2009 · Embassy Suites Cool Springs · Franklin, TN

REGISTRATION is required for admission to the Conference. Registration includes all educational sessions, a copy of the handouts, access to the exhibits, refreshment breaks, and lunches. One-day registrants are entitled to the handouts and all sessions and lunch for that day.

TUESDAY, AUGUST 18, 2009 (7.0)

- 7:15 am CONTINENTAL BREAKFAST
7:15 am REGISTRATION
8:00 am WELCOME
Lisa Brannon, Pharm.D., 2009-2010 Chair,
Tenn. Society of Long-Term Care Pharmacists
8:05 am **Pharmacologic Treatment for the Elderly Requires
Special Considerations** (1.5) 064-000-09-135-L01-P&T
Judith L. Beizer, Pharm.D., CGP, FASCP
President, ASCP
9:35 am **Updates in Treatment of Cardiovascular Disease
in the Elderly Population** (1.5) 064-000-09-136-L01-P&T
Shannon Finks, Pharm.D., BCPS, (AQ Cardiology)
11:05 am BREAK
11:15 am **Reducing DDI and PIM Rates: The Pharmacist's
Role** (1.0) 064-000-09-137-L04-P&T
Micah Cost, Pharm.D.
12:15 pm BUFFET LUNCHEON & VISIT WITH EXHIBITORS
1:45 pm **Identifying and Preventing Falls in the Elderly**
(1.0) 064-000-09-138-L01-P&T
Nathan Rawls, Pharm.D.
2:45 pm BREAK
2:55 pm **Pain Management: Taking Care of the Elderly**
Dianne Duncan, D.Ph. (1.0) 064-000-09-139-L01-P&T
4:00 pm **Utilizing Mock Surveys for Zero Percent
Medication Error Rate** (1.0) 064-000-09-140-L04-P&T
Debra Verna, R.N.
5:00 pm ADJOURNMENT

WEDNESDAY, AUGUST 19, 2009 (8.0)

- 7:30 am CONTINENTAL BREAKFAST
7:30 am REGISTRATION
8:00 am **Legal and Regulatory Issues in Long-Term Care
Practices** (1.0) 064-000-09-141-L03-P&T
Kevin Eidson, Pharm.D.,
Executive Director, Board of Pharmacy
9:05 am **Vitamin D in the Elderly: Too Little or Too Much?**
(1.5) 064-000-09-142-L01-P&T
Kelly Jones, Pharm.D., BCPS
10:35 am BREAK
10:45 am **Coordinating Care at the End of Life** (1.0)
064-000-09-143-L04-P&T
David Tribble, M.D., FAAFP/CAQHMP
11:45 am LUNCHEON
12:45 pm **Opioid Induced Constipation** (1.0)
064-000-09-144-L01-P&T
Richard Brown, Pharm.D.
1:50 pm **EHR/E-MAR: Future Direction for Pharmacists
Panel Discussion** (1.5) 064-000-09-145-L04-P&T
Moderator: Dianne Crutchfield, Pharm.D., CGP, FASCP
PANELISTS: TBD
3:20 pm BREAK
3:25 pm **Inappropriate Drugs in the Elderly—Revised
Beer's Criteria for 2009 Patient Safety Initiative**
(2.0) 064-000-09-146-L01-P & T
James Cooper, R.Ph., Ph.D., BCPS, CGP,
FASCP, FASHP
5.25 pm ADJOURNMENT

Please copy form for additional registrants:

I will attend the seminar on (check one): August 18 & 19
 Tuesday, August 18, only Wednesday, August 19, only

NAME _____

PREFERRED ADDRESS FOR TPA CORRESPONDENCE _____

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

EMAIL _____

PHARMACIST LICENSE NUMBER _____

TPA MEMBERSHIP OR RECEIPT NUMBER (SEE 2009
DUES RECEIPT OR CALL TPA) _____

HOTEL INFORMATION

Make your hotel reservation at the Embassy Suites Cool Springs at the TPA rate of \$139.00 by calling 1-800-362-2779 **by July 10.**

CANCELLATION

All written cancellations received by July 10 will receive a refund minus \$75 administration fee. No refunds will be issued for cancellations received after August 1, 2009.

TPA MEMBER

Pharmacist Full Registration
Pharmacist One-Day Registration
Technician Full Registration
Technician One-Day Registration

Faxed or Postmarked:
EARLY **After 7/10**

\$275 \$295
\$150 \$160
\$140 \$150
\$ 90 \$100

NON-MEMBER

Pharmacist Full Registration
Pharmacist One-Day Registration
Technician Full-Registration
Technician One-Day Registration

\$360 \$395
\$240 \$275
\$160 \$180
\$120 \$140

Amount remitted = \$ _____

PAYMENT

Check Credit Card: ___ Visa ___ MasterCard ___ AmEx

NAME ON CARD _____

CREDIT CARD NUMBER _____

Security Code: 3 digits after card number
on back of Visa and MasterCard; 4 digits
above card number on front of AmEx.

EXPIRATION DATE SECURITY CODE _____

CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE _____

AUTHORIZED SIGNATURE (REQUIRED) _____

Special Needs: Indicate any special assistance or auxiliary aid you require to attend this meeting: _____

Dietary Requirements: ___ Vegetarian ___ Vegan

Rev. 5.26.09