

Call for Presentations



Anyone interested in presenting at an *Ohio Council for Home Care & Hospice* (OCHCH) education event should complete this call for presentations form. Proposals will be considered throughout the year, and presentations for the Annual Fall Conference & Tradeshow will be reviewed in accordance with the established project timeline.

Suggested Topics

The following topics have been identified as areas of interest. However, submissions do not have to cover this list of topics. Applicants are encouraged to submit unique and forward-thinking presentations for consideration regardless of this list. Topics of interest include:

Home Care

- PPS
- Industry Trends/Strategic Planning
- Quality & Outcome Management
- Financial Management
- Business Development
- Pay for Performance
- Private Duty/Private Pay
- Wound Care
- Best Practices/Standards of Care
- Clinical & Disease Management
- Physician Relations
- Pain Management
- Long Term Care/Chronic Illness
- Prevention & Wellness
- Regulatory
- Recruiting & Retention
- Human Resources
- Home Health/Palliative Care
- Billing
- Care/Case Management
- Emergency & Pandemic Preparedness
- Financial/Operational Benchmarking
- Marketing/Public Relations
- Research
- OASIS
- Models of Service Delivery
- All Clinical Nursing Issues
- Alternative/Non-traditional Services
- Creating an Outcome Driven Workforce
- Legal Issues & Risk Management
- Pediatric Care
- Ethics & Values
- Management & Leadership Development
- Telehealth and Technology
- Managed Care
- Customer Service
- Corporate Compliance
- AR/Collections

Hospice

- Hospice/Palliative Care
- Volunteer Services
- Alternative Modalities
- Psychosocial & Spiritual Issues
- Providing Hospice in Facilities
- Hospice Information Set
- Cost Savings
- End of Life Care
- Pharmacy
- Conditions of Participation
- Bereavement
- QAPI
- Hospice Payment Model/Billing
- Documentation

Or be creative and suggest other hot topic areas of current interest!

Submission Deadline

Proposals must be received by June 2, 2023
Notification of acceptance or rejection will be sent following the review process.

Submit to:

Ohio Council for Home Care & Hospice
1105 Schrock Rd., Ste 120, Columbus, OH 43229
Fax: 614.899.0192 | Email: leeann@ochch.org

General Information

A lead faculty person must be designated for all proposals. The lead faculty will be responsible for submitting the proposal. The lead faculty is also responsible directly to OCHCH for complying with the accreditation requirements, delivering the electronic handouts, and organizing and communicating with any additional faculty. **Faculty will receive complimentary registration for all conference activities.**

We want to make the submission of your proposal as easy as possible. Although the process is not difficult, it does require some preparation. To assist you, we have prepared an easy-to-use checklist, which identifies everything you will be required to provide. Please use the checklist as a guide as you prepare the required information for submission. Incomplete proposals will not be reviewed. All proposals will be kept confidential.

- Programs are limited to three (3) faculty members including the lead faculty person. Complimentary registration will be provided to the lead and second faculty presenter. The first two faculty names in the submission will receive complimentary registration and be automatically registered. Additional presenters will be required to register for the conference and pay the lowest member registration rate. Complimentary faculty registrations are not transferable.
- Vendors and consultants are encouraged to participate as faculty, however it is recommended that at least one faculty member in each proposed Annual Meeting education program be an active employee of a home care or hospice provider.
- The audiovisual equipment to be provided includes an LCD projector, a lavalier microphone, and a projection screen. No laptops will be provided. Please be prepared to bring your own. If you need to rent a laptop or any other audiovisual equipment, arrangements can be made once your proposed presentation is accepted.
- OCHCH reserves the right to modify program titles and descriptions for publication and promotional purposes. If your proposed program is accepted, you will be notified of any change to your proposed title and description in your acceptance notification.
 - Acceptance and rejection notification will be sent in May following review by the OCHCH Education Committee.
 - Presenters whose submissions are selected for the October Hospice Clinical & Leadership Forum will be notified by September 10, 2023.
- Please remember that attendees will not be able to see slides unless the material has been adapted (larger size print) for a large screen. Your Power-Point presentation will be provided as a handout to attendees electronically.

Submission Checklist

The following three steps must be completed to submit a presentation proposal. The checklist shows the data required to comply with Ohio continuing education accreditation standards. Forms follow in the same order. All fields must be completed in order to successfully submit your proposal.

Section I - Biographical Data - This information will be required for each faculty person in your presentation and is used in place of a resume or curriculum vitae. Experience and expertise should relate directly to the program topic and to information in the program objectives. A list of previous presentations is required. Requested presenter fee information (if applicable) must be included in this section as well. Your presentation will not be accepted for consideration without providing this information for All Faculty. Please do not send your resume or CV.

The lead faculty is responsible for ensuring that all faculty in his/her presentation complete and return individual forms in order to comply with these requirements. All Faculty in your proposed presentation are required to complete Section I to be submitted with your proposal. Please complete a Biographical Data Form for each additional presenter.

Section II - Program Abstract - The program abstract should be limited to 500 words and will be used in the promotional material for your presentation. The abstract is also used for accreditation and review. List the topic area that best fits your subject matter. Please limit the number of objectives to no more than five.

Section III - Educational Design Information - Educational programs are 90 minutes in length. Each program will carry 1.5 continuing education (CE) credits for nursing. Education design information is required for all proposed programs. The items required in this section are:

- Educational objectives;
- Example program content;
- Timeframe for each objective; and
- Faculty who will present each objective.

To ensure continuing education approval, your objectives for the program must be written in measurable terms, such as: describe, discuss, demonstrate, identify, define, explain, recall, review, or interpret. Please use these or similar verbs when listing your objectives.

Educational Program Proposal

Section I - Biographical Data

Biographical data is required for each speaker. Please submit completed Section I for each additional speaker.

Information may be completed electronically on these pages, saved to your computer, and submitted via fax, mail, or email attachment. A full resume may be requested at a later date should it be required by a continuing education approval board.

Name: _____ Degrees & Credentials: _____

If RN, Nursing Degree(s): AD Diploma BSN Masters PhD

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Employer: _____ Title: _____

Faculty/Presenters - Describe Your Expertise in this Topic:

Conflict of Interest Statement

Having an interest in a commercial interest organization does not prevent a speaker from making a presentation, but the audience must be informed of this relationship prior to the start of the activity and any potential conflict must be resolved. In order to ensure balance, independence, objectivity and scientific rigor at all programs, the faculty must make full disclosure indicating whether the faculty and/or his/her spouse family has any relationships with a commercial interest organization whose products or services are pertinent to the content of the educational activity. A commercial interest organization, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare

goods or services consumed by or used on patients. If there is a conflict of interest we will forward and ask that you abide by terms/conditions for speaking to ensure that your presentation is free of commercial bias, to include the potential need to review your presentation in advance if requested.

Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner? Yes No

If yes, please complete the table below for all actual, potential or perceived conflicts of interest:

Relationship	Name of Commercial Company(ies)
<input type="checkbox"/> Research Support	_____
<input type="checkbox"/> Speakers' Bureau	_____
<input type="checkbox"/> Consultant	_____
<input type="checkbox"/> Shareholder	_____
<input type="checkbox"/> Large Gift(s)	_____
<input type="checkbox"/> Other Support	_____

I agree to prepare a fair & balanced presentation that is objective and scientifically rigorous. The content will be well-balanced, evidence based where possible and unbiased. If I am presenting research funded by a commercial company, the information presented will be based on generally accepted scientific principles and methods, and it will not promote the commercial interest of the funding company.

Section I - Biographical Data—continued

Fee Information:

If requested

I grant permission do not grant permission for OCHCH to audio record my presentation for purchase.

Speaking History

I have presented programs at the professional meetings/conferences listed below:

Mail, fax, or email as an attachment

By Friday, June 2, 2023 to:

Ohio Council for Home Care & Hospice

1105 Schrock Rd., Ste. 120

Columbus, OH 43229

Fax: (614) 899-0192

Email: leeann@ochch.org



Meeting/Conference	Sponsoring Organization	Date & City	Title of Presentation	Audience Size

Section II - Program Information

Program Title: _____

Speakers: _____

Primary Content Category: _____

Program Abstract: *(Please limit your abstract to a maximum of 500 words.)*

Suggested Experience Level: (Suggest what experience level your presentation best addresses. It is understood that some topics are appropriate for all levels.) _____

Resources/Reference Materials: (List the resources or reference materials you will use for your presentation.) _____

Section III - Educational Design Information

Program Objectives Form: (All sessions are 90 minutes in length, including 10 - 15 minutes for a question & answer period.)

Please list objectives in operational/behavioral terms. Do not use the passive terms "learn" or "understand." Examples of action-oriented acceptable terms are: "describe," "demonstrate," "discuss," "define," "identify," and "cite." List a minimum of three, maximum of five program objectives. List example content, presenter, and timeframes for each objective.

Objectives List the learner's objectives in behavioral terms. After attending this session, the attendee will be able to:	Content (Topics) Provide an outline of the content for each objective. It must be more than a restatement of the objective.	Time Frame State the time frame for each objective.	Presenter List the faculty for each objective.



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