

New Horizons in Dementia Care

Thursday, February 16, 2023
9:00 am – 3:30 pm

Dementia Care and Education Campus
3811 N. 44th Street | Phoenix, AZ 85018

\$185 per AHCA Member | \$285 per Non AHCA Member
(10% discount for 3 or more from your facility)



AGENDA

- 9:00 – 10:15 am** **Welcome & Introductions**
Enhancing Quality of Life for Residents with Advanced Dementia
Maribeth Gallagher, DNP, PMHNP-BC, FAAN,
Dementia Program Director Hospice of the Valley
- 10:15 – 10:30 am**.....**Break**
- 10:30 – 11:15 am** **The Effect of Music on Memory**
Maribeth Gallagher, DNP, PMHNP-BC, FAAN,
Dementia Program Director Hospice of the Valley
- 11:15 am – 12:00 pm** **Understanding the Language of Behaviors in Dementia: A Person Centered Approach**
Lolita Tramel, MS, FNP-BC, PMHNP-BC, CEO of Hearts for Dementia
- 12:00 – 12:45 pm**.....**Lunch**
- 12:45 – 2:15 pm**.....**Utilizing Technology to Improve Care and Caregivers Effectiveness**
Linda Buscemi, Chief Clinical Officer, Taproot Interventions & Solutions
Quentin Shambley, MSN, RN, PMHNP-BC Peace of Mind Consultants
- 2:15– 3:15 pm** **What’s New in Dementia Research**
Dr. Ganesh Gopalakrishna, Psychiatrist, Banner Alzheimer’s Institute
- 3:15 – 3:30 pm** **Program Wrap-Up**

TARGET AUDIENCE:

Nurse Leadership,
Nurses, CNAs,
Caregivers,
Executive Directors,
Administrators,
and Managers,
Interdisciplinary Team
(Therapy,
Social Services,
Activity Professionals,
Dietary Managers)

SPONSORS



Thursday, February 16, 2023
Dementia Care and Education Campus
3811 N. 44th Street | Phoenix, AZ 85018

New Horizons in Dementia Care

ARIZONA HEALTH CARE ASSOCIATION
SINCE 1953
AHCA

Arizona Health Care Association
3003 N. Central Ave., Suite 860
Phoenix, AZ 85012



New Horizons in Dementia Care

Thursday, February 16, 2023

Dementia Care and Education Campus
3811 N. 44th Street | Phoenix, AZ 85018

\$185 per AHCA Member | \$285 per Non AHCA Member | 5.0 CEUs NCIA

Register online at www.azhca.org (under Events & Education, AHCA Quality Forums)

Register three online from the same facility
and receive a **10% discount!**

Center: _____

Registrant's Name: _____ Title: _____

Email: _____ Cell: _____

City: _____ State: _____ Zip: _____

Additional Registrant's Name: _____ Title: _____

Email: _____ Cell: _____

City: _____ State: _____ Zip: _____

Payment Type: _____ Check _____ Visa _____ MC _____ AMX / Exp. Date: _____ Security Code: _____

CC#: _____ Name on Card: _____

Checks should be made payable to the Arizona Health Care Association. No refunds given.

Return your registration with payment to:

Arizona Health Care Association, 3003 N. Central Ave., Suite 860, Phoenix, AZ 85012
PH: 602-265-5331 | FAX: 602-265-4401 | EMAIL: kdobson@azhca.org