

# The Aide's Role in Recognizing & Reporting Patient Abuse

A Webinar • Thursday, January 11, 2018 • 2:00—3:00 p.m. CST

Presented by **Kathie Smith, RN**

According to the National Center on Elder Abuse, every year an estimated 5 million older Americans are victims of elder abuse, neglect, or exploitation. And that's only part of the picture. Experts believe that for every case of elder abuse or neglect reported as many as 23 cases go unreported. According to the National Children's Alliance, in 2015, an estimated 1,670 children died from abuse and neglect in the United States. This webinar will provide information on recognizing signs of patient abuse and neglect for adults and children and the importance of reporting appropriately.

Use this session to meet your training requirements. All in-services emphasize the role of home care aides in observation and reporting. It is the responsibility of the home care company to determine if this workshop meets the specific requirements of its aides. The Missouri Department of Health & Senior Services affirms that this session meets the requirements found at 484.36[b] of the Medicare Conditions of Participation and for in-home service companies, this session meets the required standard for on-going training of aides.

## Registration Form

No Recordings will be available for this webinar.

### How the In-Service Works:

- ◆ The conference is scheduled from 2:00 to 3:00 p.m. CST.
- ◆ Register in advance; one fee per connection—**Registration DEADLINE is January 10, 2018.**
- ◆ MAHC will provide a GoToWebinar link that will be e-mailed to you the day before the webinar. You will need to register through this link to attend the webinar. Once registered 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, the sign-in sheet, and evaluation before the webinar.
- ◆ Listen to the presentation.
- ◆ Participate in the question & answer session.

Company \_\_\_\_\_

Participant \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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### Registration Fees:

MAHC Members: \$99 per connection \_\_\_\_\_ x \$99 = \_\_\_\_\_

Non-Members: \$198 per connection \_\_\_\_\_ x \$198 = \_\_\_\_\_

**TOTAL=** \_\_\_\_\_

### Mail Registration & Payment to:

Missouri Alliance for Home Care  
2420 Hyde Park Rd., Suite A  
Jefferson City, MO 65109  
(P) 573-634-7772 (F) 573-634-4374  
abby@mahcmail.org

