

*RI Extension of the CMSNE invite you to attend their  
Educational Dinner Program*

**Wednesday, May 1, 2019**  
Chelo's, Warwick, RI – 5:30 PM

*Improving the Transition of Care for Patients  
with Hepatic Encephalopathy*



**Agenda**

**5:30 pm**  
Registration

**6:00 pm**  
Dinner

**6:30 – 7:30 pm**  
Educational program

**Special thanks  
to the program  
sponsor:**

**BAUSCH Health**

***Presented by:***

**Ketki M Hatle PhD**

**Medical Science Liaison, Salix Pharmaceuticals**

Upon completion of the presentation the attendees will be able to:

- Define hepatic encephalopathy (HE), including the high risk of recurrence, and the cognitive damage it may cause
- Describe the economic impact of patients presenting with HE on the healthcare system
- Discuss the major issues and barriers associated with the discharge process that may result in patient readmission
- Discuss potential solutions that can help enhance transition of care during hospital discharge for HE patients

Prior registration and pre-payment is required by members and non-members to assure appropriate seating, food, course materials and 1.5 RN & CCM credit will be provided. Registration is \$20 CMSNE members and \$30 for non-members. Registration required by 4/17/19, registration after that date are subject to a \$5 late fee. Register online at this link: <http://www.cmsne.org/ri-events/> and save \$5 Or complete registration and fax with credit card payment or mail to chapter office. Directions to site will be forward with registration confirmation.

*“The content and views presented in this program are those of the independent speaker, while CMSNE endorses the pursuit of educational opportunities attendees should exercise their own professional and independent judgment when interpreting the content of the program”.*

Please sign me up for the Wednesday, May 1, 2019 CMSNE RI Educational Program, *Improving the Transition of Care for Patients with Hepatic Encephalopathy*. Mail completed registration form with payment to CMSNE address below. Prior registration is required by April 17, 2019. Register early, space is limited.

Name \_\_\_\_\_

Employer \_\_\_\_\_ Daytime phone \_\_\_\_\_

Address \_\_\_\_\_

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

Please provide email to receive confirmation of registration and directions. \_\_\_\_\_

**Registration Fees:**                      **\$20 CMSNE Member**      **\$30 Non Member**      *After 4/17/19 \$5 late registration surcharge applies.*  
**Register online and receive \$5 off the registration fee.**

**Credit Card Payment Information** (V, MC, AMX) Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on the Card: \_\_\_\_\_ Total Amt to be Charged: \_\_\_\_\_

Billing address as it appears on the credit card statement (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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