

FOUNDATION   
for QUALITY CARE

NYSHFA | NYSCAL

— UP TO —

**6.0 CEUs**

*Approved by NAB for LHNAs & ALAs*

**BRONZE  
QUALITY AWARD  
WORKSHOP SERIES**

*The National Quality Award Program*



**APPLICATIONS DUE:  
SEPT 12 • 2023**

[NYSHFA-NYSCAL.ORG](http://NYSHFA-NYSCAL.ORG)

# EARN UP TO 6.0 CEUs!



## THE FOUNDATION FOR QUALITY CARE

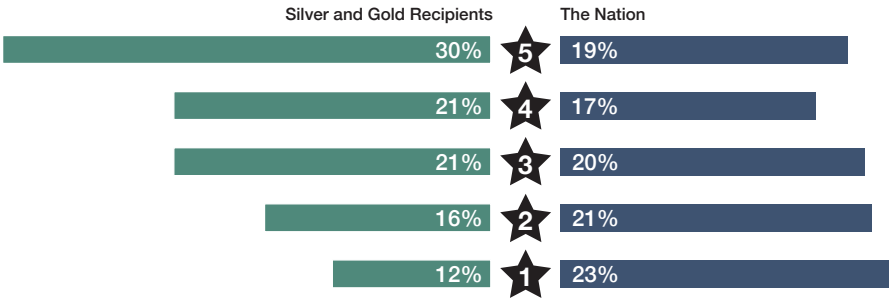
*is offering a 3-part informational webinar series providing an in-depth process on AHCA/NCAL's National Quality Award Program.*

*The National Quality Award Program is a rigorous three-level process (Bronze, Silver, and Gold) that evaluates an organization's capabilities against nationally recognized standards for excellence. Participating in this year's Foundation of Quality training program will put you on the path to showcasing strategies that demonstrate your facility's improved outcomes in areas such as care, workforce, leadership, and operations.*

**APPLY BY SEPTEMBER 12TH  
FOR THIS IN-DEPTH 3-PART SERIES!**



### FIVE STAR RATINGS IMPROVE



#### SURVEY ↑

**70%** Quality Awards  
**56%** The Nation

#### STAFFING ↑

**59%** Quality Awards  
**49%** The Nation

#### QUALITY ↑

**83%** Quality Awards  
**78%** The Nation

Star rating data from February 2023 release of Nursing Home Compare. Performance difference is statistically significant (p<0.05) for all measures.

10:00 am — 11:30 am

2 CEUs

DAY  
1

## SEPTEMBER 19, 2023

*This session will review the first part of the application – The Organizational Profile, in which Providers describe their key organizational characteristics, operating environment, and relationships with residents, customers, stakeholders, suppliers, and partners.*

*Specifically, we will review ...*

- Mission / Vision
- Key Organizational Performance Measures
- Workforce Profile
- Assets
- Regulatory Requirements
- Core Competencies
- Organizational Relationships

10:00 am — 11:30 am

2 CEUs

DAY  
2

## OCTOBER 10, 2023

*This session will review the second section of the Bronze Quality Award Application – The Organizational Situation.*

*Specifically, we will review ...*

- Competitive Position
- Competitiveness Changes
- Comparative Data
- Strategic Challenges & Advantages
- Q & A

10:00 am — 11:30 am

2 CEUs

DAY  
3

## NOVEMBER 2, 2023

*This session will review the third and final section of the Bronze Quality Award Application – Performance Improvement System.*

*Specifically, we will review ...*

- Key Elements of Performance Improvement System
- Health Care Results
- Trend Tracker
- Q & A

### PROGRAM INSTRUCTORS



#### RICK PATTERSON, BS

*Rick, a retiree from NYSHFA | NYSCAL, has been involved in the AHCA/NCAL National Quality Awards Program since 2009 and serves as a Senior Examiner and Team Leader/Multi-Team Leader.*



#### TARRAH A. QUINLAN, RN, BSN

*Tarrah has over 20 years' experience in multiple health care settings, specializing in long-term care. She has served as the Director of the Bureau of Quality Assurance and Surveillance at the NYS DOH.*

# APPLICATION DUE » SEPTEMBER 12th

QUESTIONS? **Joanne O'Connor** | 518.462.4800 ext. 23 | [joconnor@nyshfa.org](mailto:joconnor@nyshfa.org)

# BRONZE QUALITY AWARD WORKSHOP

PLEASE SEND YOUR REGISTRATION TO JOANNE O'CONNOR

EMAIL IT: [joconnor@nyshfa.org](mailto:joconnor@nyshfa.org)

FAX IT: 518.426.4051

QUESTIONS?: 518.462.4800 ext: 23

**\$175.00** » Per Individual Session »  SEPT 19th  OCT 10th  NOV 2nd

**\$475.00** » All [3] Sessions

**\$675.00** » All [3] Sessions and a Personal Review of Your Application with Suggestions

**FACILITY NAME:** \_\_\_\_\_  SNF  ALF

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**PRIMARY CONTACT NAME:** \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICATION DEADLINE » SEPTEMBER 12TH**

## ADDITIONAL PARTICIPANTS:

**1** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**2** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**3** Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**METHOD OF PAYMENT:**  CHECK (Foundation for Quality Care • 33 Elk St • Suite 300 • Albany • NY • 12207)

AMEX

DISCOVER

MASTERCARD

VISA

Credit Card Number:	Exp. Date:
Cardholder Name:	
Authorized Cardholder Signature:	

*I authorize NYSHFA/NYSCAL/FQC to use the above Discover, MasterCard, VISA, or AMEX to charge applicable registration fees. I also understand that registration fees of those who cancel the day of the program or fail to attend are forfeited. Payment will show on your credit card statement as NYS Health Facilities Association.*

*\*In the event there are not enough participants, NYSHFA | NYSCAL reserves the right to cancel.*

[NYSHFA-NYSCAL.ORG](http://NYSHFA-NYSCAL.ORG)

STAY CONNECTED!



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