

Pre-registration is required
Deadline for registration: 03/12/10
“Double Feature”
Wednesday, March 17, 2010

Name

Organization/Address

Email address

Phone Number

Are you a CTAHQ member? Yes No

Are you a NAHQ member? Yes No

Registration Fee

\$50 for CTAHQ members

\$65 for non-members

Please make checks payable to: CTAHQ

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Cancellation Policy:

You may cancel by **March 12, 2010**. If you cancel with less notice or if you do not attend, you will forfeit your registration fee or will be responsible to make payment if you have not already done so.

Mail to: Marilyn Folcik
50 Carpenter Ave.
Bristol, CT 06010
marilynfolcik@comcast.net
860-584-4606



The Quality “Double Feature”

Sponsored by the:



Wednesday, March 17, 2010
4:30—8:00 p.m.

Marriott Courtyard
Wallingford, CT

Agenda

Registration & Networking

4:30 to 5:00 p.m.

5:00 to 6:00 p.m.

Speaker: Terry Schmidt

VHA Contextualist Model for Change

Dinner/Networking/Raffle

6:00 to 6:45 p.m.

6:45 to 7:45 p.m.

Speaker: Paula Hankard

Maximizing Survey Readiness Efforts:

Strategies that Pay Off!

This program is pending for
2 CE's from the National Association for
Healthcare Quality

Directions to the Courtyard

From New Haven and points south:

Take I-91 north to Exit 15. Take a left at the

light. Hotel will be on the right.

From Hartford and points north:

Take I-91 south to Exit 15. Take right at the

light. The hotel will be on the right.

About the Speakers:

Theresa Schmidt

Theresa began her career as a med/surg nurse at Beth Israel in Boston and upon moving to Connecticut, took positions as a n ICU nurse. An ICU nurse manager sparked her interest in quality and she learned about Deming as she assisted in planning the quality program for the ICU. Since then, she has held positions as Quality Coordinator, Quality Manager, and Director of Quality and Risk in three different acute care hospitals and systems including ECHN, Windham Hospital and Saint Francis Hospital and Medical Center. The scope of the positions varied but always included trying to change practice. In December, 2008, she took the position at VHA in the Northeast Region. In 2009, VHA embarked on a journey to develop a method to include the clinician at the bedside and developed the Contextualist Model for Change which the Northeast Region is now using. She has had the opportunity to work with a number of member hospitals on projects using this method.

Objectives

At the conclusion of this program each participant will be able to:

1. Identify and discuss the 4 parts of this interactive, non-linear process change model:
 - ~User Research
 - ~Analysis
 - ~Prototyping
 - ~Implementation
2. Discover why context (the culture) matters and distinguish the difference between quantitative and qualitative research
3. Identify methods of influencing culture

Paula Hankard

Paula Hankard brings over 25 years of combined professional, managerial and consultative experience to her role as a healthcare quality consultant. She is a Saint Joseph College nursing program graduate with over 15 years of direct patient care experience in the critical care setting. Most recently, Paula earned her Masters of Science at Rensselaer Polytechnic Institutes Executive Master's Program.

Ms. Hankard is recognized for her leadership experience in hospital and behavioral health performance improvement and regulatory compliance, as well as her ability to bring teams together. She has participated in and led over 16 successful Joint Commission accreditation surveys, and served as the Director of Quality for a 600-bed teaching hospital, developing and implementing a comprehensive performance improvement program at this facility.

As President of Hankard Healthcare Consulting, LLC, Paula brings hands-on quality, regulatory and accreditation support and expertise to her customers.

Objectives

At the conclusion of this program each participant will be able to:

1. Discuss several easy to implement survey readiness strategies that will leave a lasting impression with staff.
2. Identify mechanisms to utilize mock tracer data to support compliance with National Patient Safety Goals and other Joint Commission standards.
3. Describe the role of the physician in successful survey (and PI) outcomes
4. Outline The Joint Commission's scoring and post-survey processes: Discuss and clarify new TJC terminology