

NCHCFA Fall District Meetings 2018



NCHCFA has scheduled the fall district meetings. District meetings allow participants to interact with peers in a comfortable atmosphere, promoting valuable and productive conversation. Space will be limited to 50 individuals per location and will be open to any employees of your facility who may benefit from attending. The fee to attend is \$75.00.

This program will offer 3.5 contact hours for nursing home administrators. The North Carolina Health Care Facilities Association is a Registered Sponsor of continuing education with the NC State Board of Examiners for Nursing Home Administrators. Comments regarding the Registered Sponsor Course may be addressed to: NCBENHA, 3733 National Drive, Suite 110, Raleigh, NC 27612.

The agenda will include the following topics/presentations:

Agenda

10:00 AM – 10:30 AM

Alliant Quality (QIN-QIO)

Alliant Quality will present an update on NC's facilities' quality measures.

10:30 AM – 2:00 PM

The Multi-Faceted Staffing Crisis

NCHCFA Executive Vice President, Polly Welsh, will discuss the first step in any "improvement process" - When all you are certain of is undesirable reality. As the health workforce shortage becomes more severe - studies, theories, and commentary are abundant. This session promises to be outside the box in its discussions of how to examine a different kind of culture, the individual facility's workforce culture. Topics will include:

- Explore potential recruitment and workforce development through connections with health occupations and career technical high school students (as well as nursing students within communities).
- Identify how to achieve a culture of retention through person-centered managerial techniques.
- Brainstorm ways to solidify a positive correlation between staff satisfaction and resident satisfaction.

12:30 PM – 1:00 PM – LUNCH

NC Health Care Facilities Association

Fall District Meeting Registration

District I
October 2, 2018
Givens Health Center
600 Barrett Lane
Asheville, NC 28803

District II
October 11, 2018
Abernethy Laurels
102 Leonard Avenue
Newton, NC 28658

District III
October 16, 2018
Pennybyrn at Maryfield
1315 Greensboro Road
High Point, NC 27260

District IV
October 23, 2018
Trinity Grove
631 Junction Creek Drive
Wilmington, NC 28412

District V
October 25, 2018
The Solutions Center
Suite 200, Brighton Hall
1101 Slater Road
Durham, NC 27703

Agenda

10:00 AM – 10:30 AM - Representatives from Alliant Quality will present an update on NC's facilities' quality measures.

10:30 AM – 2:00 PM - The Multi-Faceted Staffing Crisis

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- Identify how to achieve a culture of retention through person-centered managerial techniques.
- Brainstorm ways to solidify a positive correlation between staff satisfaction and resident satisfaction.

Fee: \$75.00

Email registration form to: KarenL@nchcfa.org
OR Fax the registration form to: (919) 787-8418

Names: _____

Facility/ Organization Name: _____

Address: _____ City: _____ State: _____

Email (for confirmation): _____ Phone: _____

Payment Options

_____ Please Invoice (Member Facilities Only)

_____ Please charge my credit card and email me a receipt (See credit card authorization form included)

CANCELLATION POLICY

Written cancellations must be received five business days prior to each program in order to be fully reimbursed. No refunds will be available for cancellations made after five business days before each program. Substitutions are welcome.

NCHCFA CREDIT CARD AUTHORIZATION FAX FORM TO (919) 787-8418

CREDIT CARDHOLDER INFORMATION					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	
COMPANY NAME					
ACCOUNT NUMBER					
EXPIRATION DATE					
CVV or CCV					
E-MAIL ADDRESS					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE				FAX NUMBER	
AUTHORIZED USER OF CREDIT CARD					
NAME					
COMPANY					
AUTHORIZED AMOUNT					
DATE					

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. If additional charges are going to be authorized a new form will have to be completed.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	