



# NCHCFA PRESENTS



Presenter: Mark Gogal

June 19, 2019

DoubleTree Greensboro  
3030 Gate City Blvd.  
Greensboro, NC 27403

## SUMMARY

Register today for NCHCFA's LEAN Thinking workshop with Mark Gogal! LEAN thinking is fundamentally transforming the way organizations operate. The LEAN principles of continuous improvement, respect for people, and delivering customer value are making teams and organizations rethink the practices that might have guided them for decades. A new, transformative approach to working requires a transformation in leadership, as well. Practicing Lean management principles requires a shift in mindset - from that of a supervisor to that of a teacher and coach. Lean leaders must lead gently, by example, ensuring that LEAN principles are being applied with the right goal in mind - to sustainably maximize the delivery of value to the customer.

In this session, you will learn and practice the principles, tools, and techniques of LEAN processing for improving the operating performance of your healthcare facility. We will discuss how LEAN processing is a relentless focus on eliminating waste and inefficiencies from all aspects of an organization. We will identify the powerful benefits of implementing LEAN management principles on your organization's culture, employee engagement and retention, financial performance, and most importantly on the service and care of your residents.

This session will be presented across the state and facilitated by Mark Gogal, a Human Resources Leader with over 25 years of progressive, global, and diverse human resources experience, practical business partnering expertise, strong organizational and analytical skills, and proven strategic management experience. He has a multi-faceted background in developing and implementing core HR policies/practices to meet the changing business, legal, and labor compliance environment. He has worked in a variety of industries in the public and private sectors including healthcare.

## FEES

The cost for NCHCFA members to attend is \$165.00. Registration for non-members is \$495. This fee includes handouts and meeting materials, beverages and lunch. You may register two ways!

- Scan and email your registration to [KarenL@nchcfa.org](mailto:KarenL@nchcfa.org)
- Fax your registration form to (919) 787-8418

Members may be invoiced. Non-members must pay in advance- submit payment online or mail with registration.

## CEU INFORMATION

This program offers 5.5 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.

NCHCFA will issue a certificate of course completion with 5.5 education contact hours for all other disciplines.

## Special Considerations

Please e-mail or call Donna Snyder at the Association office at [KarenL@nchcfa.org](mailto:KarenL@nchcfa.org) or (919) 782-3827 should you require any special arrangements including special menu considerations, hearing devices, wheelchair access, or if you have any additional questions regarding this program.

## Cancellation Policy

Cancellations must be sent in writing and emailed to [KarenL@nchcfa.org](mailto:KarenL@nchcfa.org). A full refund will be granted for cancellations received by June 12, 2019. All “no shows” and cancellations after June 12, 2019 will be responsible for full registration fee. Substitutes are welcomed.

## Agenda

8:30 — 9:00 am	Registration
9:00 am — 12:00 pm	Program
12:00 pm — 12:30 pm	Lunch
12:30 pm — 3:30 pm	Program

THERE ARE ONLY 50 SEATS AVAILABLE! REGISTER TODAY!



# NCHCFA



REGISTRATION  
June 19, 2019  
Greensboro, NC

Name of Facility: \_\_\_\_\_

Registrant Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

Please Invoice Me (members only)

Please process my below credit card for payment

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Amount approved: \$ \_\_\_\_\_

Signature of card holder: \_\_\_\_\_