Ahca/ncal
bronze quality award seminar
presented by nchcfa

the AHCA/NCAL national quality award program provides a pathway for providers of long term care services to journey towards performance excellence. The program is based on the core values and criteria of the Baldrige Performance Excellence Program. The Quality Award program has three progressive step levels. This seminar will cover the first level, Bronze - Commitment to Quality. Bronze Award applicants begin their quality journey by developing an organizational profile including vision and mission statements, an awareness of their environment and customers’ expectations, and a demonstration of their ability to improve a process.

This session includes a full day of training and consultation on how to complete the AHCA/NCAL Bronze Quality Award Application. This training will decipher the criteria, answer questions, clarify concepts, and guide participants through the process of writing an organizational quality award application. Using interactive technology, participants will leave the workshop with their applications complete or with few areas to fill in.

It is never too early to begin thinking about and planning your quality award application. This is an opportunity for you and your team to begin your quality journey by working together through the writing process. Get your application ready early and have plenty of time to fine tune it before the deadline.

Helpful items you can bring:
- A copy of your mission statement (and vision statement if you have one)
- A list of your major employee groups, with number of desired employees for each group and any descriptions of minimum education for these groups that you have
- Summaries of resident, family and other satisfaction surveys that you have conducted in the last year
- If your facility is owned by a parent company, an organizational chart of your parent company
- A basic geographical description of your local market area, defined as the area from which you draw residents or other key customers and/or staff members
- The names of the data sources that you currently use to access comparative and competitive data
- A list of the steps of your process to fix problems or make improvements

Objectives:
- Gain knowledge on the AHCA/NCAL Bronze National Quality Award Application Process
- Understand the technical requirements of the application process and recertification policy of the Awards Program
- Review and learn the Bronze Quality Award Criteria
- Develop the framework of a Quality Award Application
Instructors:

**Eric Kivisto, Director of Policy, NC Health Care Facilities Association**

Eric coordinates the various projects that provide members with information, resources and direction as to how best to access various quality improvement programs. Eric assists district committees to identify opportunities and target initiatives and projects to continue LTC enhancement in NC. Eric is the staff liaison for NCHCFA Quality Committee and supports the Standards and Ethics Committee and Council on Provider Relations. Eric also serves on the NC Culture Change Coalition and the American Health Care Association’s Quality Improvement Committee. Eric works closely with NCHCFA staff and members to help achieve their Quality Improvement goals. In addition, he helps coordinate AHCA's LTC Trend Tracker and Quality Awards program use among NCHCFA member facilities. Eric is also a resource on CMS rules and helps members deal with the myriad of CMS regulations that impact skilled nursing care centers.

Prior to joining NCHCFA in 2008, Eric spent three years as a facility surveyor with the North Carolina Division of Health Service Regulation. Originally from Michigan, Eric, brings more than fifteen years of experience as a social worker and a marital and family therapist. He graduated from Hope College in 1992 and received a Masters of Social Work from Wayne State University in Detroit in 1996.

☐ November 14, 2019  
Silver Bluff Village  
100 Silver Bluff Dr.  
Canton, NC 28716  

OR  

☐ December 5, 2019  
NCHCFA  
5109 Bur Oak Cir.  
Raleigh, NC 27612

Facility: ____________________________________________  Address: ________________________________________

City/State/Zip: ____________________________________________  Phone: __________________________

Email: ____________________________________________

*Confirmations will be emailed to this address*

Please list below the names of all persons registering, and their Administrator license number *if applicable*:

Name: ___________________________  Admin #: ___________________________

Name: ___________________________  Admin #: ___________________________

Name: ___________________________  Admin #: ___________________________

Method of Payment

☐ Check Enclosed  ☐ Visa  ☐ MasterCard  ☐ Bill Me  ☐ American Express

Credit Card Information:

Expiration Date: /  3-Digit Security Code:  Authorizing Signature: ___________________________

Please register online at [www.NCHCFA.org](http://www.NCHCFA.org), fax your registration form to 919-787-8418,  
OR email to KarenL@NCHCFA.org