

# New York Bronze Quality Award Workshop



**Open to NYSHFA / NYSCAL  
Members Only**

**Thursday, October 25, 2018  
8:30 AM to 3:30 PM**

**Location:**

**Noble Health Services**  
6040 Tarbell Road  
Syracuse, New York 13206

**6.0 NAB Credits Applied for  
Skilled Nursing & Assisted Living**

Application Attached

**\$30.00 per person**  
**Fee Includes: All Materials,  
Morning Break and Lunch**

**Bring your Quality  
Improvement Team**

**Seating Limited....Apply Early !!!**

**Workshop Learning Objectives:**

- Develop a solid first draft of a Bronze application by the conclusion of the workshop.
- Gain knowledge on the AHCA / NCAL Bronze National Quality Award Application Process.
- Understand the technical and survey requirements of the application process and re-certification policy of the Awards Program.
- Review and learn the Bronze National Quality Award Criteria.

**Workshop Agenda:**

1. Summary of Bronze Application Process
2. Technical & Survey Requirements Review
3. Review Quality Award Re-Certification Policy
4. Bronze Criteria Review:
  - P.1.a Organizational Environment
  - P.1.b Organizational Relations
  - P.2.a Competitive Environment
  - P.2.b Strategic Context
  - P.2.c Performance Improvement System
5. Develop Application Framework

***At the completion of this Workshop you will have the framework completed for the Bronze National Quality Award. All you will need to do is format, review and submit your application.***

**➤ Survey Requirements:  
Please refer to Page 7 in  
Bronze Application Packet.**

**Faculty:** Rick Patterson, BS (Senior Director, Business Development, NYSHFA) is a AHCA / NCAL Quality Award Program Senior Examiner and Team Leader.

**APPLICATION DEADLINE IS:  
Monday, October 22, 2018**

# 2018 NEW YORK BRONZE QUALITY AWARD WORKSHOP

**October 25, 2018: Noble Health Services, Syracuse, NY**  
**8:30 AM to 3:30 PM \*\*\* 6.0 NAB CEUs Applied For**  
*This Workshop is open to NYSHFA / NYSCAL Members Only.*

FACILITY / ORGANIZATION INFORMATION		
Facility / Organization:		Type:    ___ AL    ___ SNF
Address:		
City:	State:	ZIP Code:
Phone:	FAX:	
PARTICIPANT INFORMATION		
Primary Contact Name:		
Title:	E-Mail:	Phone:
ADDITIONAL PARTICIPANTS		
Name:	Title:	E-mail:
Name:	Title:	E-mail:
Name:	Title:	E-mail:
Name:	Title:	E-mail:
REGISTRATION FEE: \$30.00 PER PERSON (INCLUDES ALL MATERIALS / MORNING BREAK & LUNCH)		
<b>Payment Method</b> <i>(Please check one)</i>		
<input type="checkbox"/> Check (Please make checks payable to: NYSHFA) <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		
Credit Card #: _____		Exp. Date: ____/____
Name on Card: _____		
Credit Card Billing Address: _____		
Cardholder Signature: _____		Total Registration Amount: \$ _____
<p><i>I authorize NYSHFA to use the above AMEX, Discover, MasterCard or Visa 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.            Substitutions are permitted and encouraged.</i></p>		

**CONFIRMATIONS: Registrant Confirmations will be e-mailed to Primary Contact listed above.**  
*If paying by Credit Card: E-mail or FAX Application to Joanne O'Connor at: FAX 518-426-4051 or joconnor@nyshfa.org*  
*If paying by Check: Mail Application & Check to: Joanne O'Connor, NYSHFA, 33 Elk Street - Suite 300, Albany, NY 12207*

**Please Register Early \*\*\* Application Deadline Monday, October 22, 2018**  
 Questions: Please Contact Rick Patterson at NYSHFA: 518-462-4800, Ext. 19 or E-Mail: rpatterson@nyshfa.org