Effective Leadership for High-Reliability Healthcare
Apply Proven Strategies for Improved Quality, Safety and Financial Performance

Oct. 10 & 11, 2017  |  NJHA Conference & Event Center, Princeton, NJ
REGISTRATION  8 a.m.  |  PROGRAM  9 a.m. – 4:00 p.m.
FEE  $1,495 (ACHE Members)  $1,695 (Non-ACHE Members)

Seating is Limited for this Highly Interactive Workshop  |  Continental Breakfast and Networking Lunch Included

OVERVIEW
Despite efforts within healthcare to address challenges in patient safety and quality of care, there continues to be a struggle to reduce errors. Today, organizations are challenged to simultaneously improve quality, patient safety and patient satisfaction as compensation is increasingly tied to performance in all three areas. This highly interactive two-day seminar looks beyond traditional healthcare models by exploring the approaches used at high reliability organizations (HROs). Discover what makes these approaches successful and how you can apply them in your organization.

OBJECTIVES
1. Identify effective approaches to improve patient safety and reduce human errors
2. Describe approaches from HROs to drive safety improvements
3. Describe the critical role of senior leadership in creating a high reliability culture

FACULTY
Gary Yates, MD
President, Healthcare Performance Improvement
Steve Kreiser
Senior Consultant, Healthcare Performance Improvement

CONTINUING EDUCATION
As an independent chartered Chapter of the American College of Healthcare Executives, the ACHE - NJ is authorized to award 12.0 hours of ACHE Face-to-Face Education credit toward advancement or recertification in the American College of Healthcare Executives.

ACHE is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. ACHE designates this educational activity for 12.0 credits assigned to each program toward the AMA PRA Category1 Credit(s): Physicians should only claim credit commensurate with the extent of their participation in the activity.

ACHE is a registered sponsor of professional continuing education with The National Association of Long Term Care Administrator Boards (NAB) and has approved this seminar for 12.0 credits under their sponsor agreement with NAB/NCERS.

PROGRAM SCHEDULE
Day 1 – Oct. 10
• Putting a Face on Safety
• The Call for Safety Leadership
• Lessons from HROs
• The Science of Safety
• Safety as a Core Value
• Behaviors for Error Prevention

Day 2 – Oct. 11
• High Leverage Leadership Tactics
• Engaging Physicians
• Just Culture
• Safety Metrics and Transparency
• Putting it all Together
EDU 1767 – Effective Leadership for High-Reliability Healthcare

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LOCATION: NJHA Conference and Event Center | 760 Alexander Road, Princeton, NJ 08540
DIRECTIONS: www.njha.com/directions.aspx

Guarantee your seat now by paying for your registration online with a credit card. It’s secure and easy.

For registration information please click on the following link: http://hret-registration.njha.com

PAYING BY CHECK: Please fax your registration form prior to mailing with your payment.

A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271
Make check payable to: HRET of NJ
Mail to: HRET of NJ – P.O. Box 828691 – Philadelphia, PA 19182-8691
- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If you have a disability and need special accommodation, please call 609-275-4181
- In the event of inclement weather, call 609-275-4140 before coming to the conference

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REGISTRATION

Name: __________________________________________________________

Designation/Credentials ____________________________Job Title ____________________________

Phone ____________________________E-mail ____________________________

Organization __________________________________________

Organization Address __________________________________________ City, State, Zip 

Method of Payment: Check # __________________________________________

Payment Amount ____________________________ $Check# ____________________________ Card# ____________________________

Cardholder Name: __________________________________________

Expiration Date ____________________________ CCV ____________________________ Code ____________________________

Signature: __________________________________________

Billing Address (if different from above) __________________________________________