



ONL NJ

Nurse Leaders and Emerging Nurse Leaders Workshop:



Sharpen Your Finance Expertise and Communication Techniques for Today's Healthcare Landscape

Date: Friday, Nov. 18, 2016
Time: Registration – 8 a.m. – 8:30 a.m.
Program – 8:30a.m. - 3:30 p.m.
Location: NJHA Conference and Event Center
Princeton, NJ 08540
Sponsored by: Organization of Nurse Leaders, NJ

PROGRAM DESCRIPTION

Nurses become leaders in all settings, including acute care, post acute care and long term care through a variety of routes, many of which do not include formal education in finance and communication skills. To produce positive results, nurse leaders need effective strategies to manage departmental operations and inspire staff. This workshop will offer evidence-based and results-oriented strategies to sharpen your finance expertise and communication skills. This program is a compilation of practical financial tools for industry newcomers or seasoned professionals in formalized managerial roles. The workshop will cover leadership skills, including effective communication techniques that are useful for all nurse professionals.

OBJECTIVES

At the end of the program, participants will be able to:

- Identify the importance of financial management for transformational leaders
- Describe variance analysis methods and variance control measures for managers and front line nursing leaders to manage staffing resources
- Calculate FTEs and staff positions for a sample nursing unit budget
- Identify the varying leadership styles commonly used in healthcare

- Review the critical analytical and emotional skills necessary to effectively lead others
- Discuss skill sets that enhance the ability to evaluate priorities

WHO SHOULD ATTEND

Nurse managers, nursing coordinators, assistant nurse managers, staff nurses, chief nursing officers, vice presidents of patient care, assistant vice presidents of nursing, administrative directors, directors of nursing, new ONL NJ mentors and mentees, university deans, nurse educators, nurse researchers and post acute nurse leaders, nursing home administrators, and assisted living administrators.

CONTINUING EDUCATION CREDITS

HRET-NJHA is an approved provider of continuing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's COA. Provider Number P131-1/15-18.

This activity is approved for up to 5.5 contact hours.

There is no commercial support for this activity. Accredited status does not imply endorsement by HRET, the American Nurses Credentialing Center's COA or the New Jersey State Nurses Association of any commercial products or services in conjunction with an activity.

Disclosure information: Full disclosure will be provided at the educational activity. **(OVER)**

An allied member of
the New Jersey
Hospital Association



Organization of NURSE LEADERS of nj

REGISTRATION INFORMATION

(includes continental breakfast, lunch and materials.)

Fees: **ONL NJ Member: \$100 ea. Non-member - \$125**

- **IMPORTANT:** Registration form **must** be included with the mailed check payment in order for the money to be applied to your registration. Please fax a copy of your registration form to 609-275-4271 **prior** to sending with check payment in the mail. This will ensure a seat is reserved for you in the event the mail is delayed.
- In order to be registered, payment by credit card or check is required along with this registration form. **Faxed copies of check will not be accepted.**
- **Make checks payable to:** ONL NJ

Mail to: ONL NJ
P.O. Box 6066
Bellmawr, NJ 08099

Cancellation Policy:

Cancellations must be received by November 4.

Cancellations received after November 4 **will not be eligible** for a refund.

- Registrants unable to attend may send an alternate.
- No confirmation will be sent.
- For brochures or a calendar of upcoming seminars go to <http://www.njha.com/education/>

FOR MORE INFORMATION, OR IF YOU HAVE A DISABILITY AND NEED A SPECIAL ACCOMMODATION, PLEASE CALL 609-275-4181.

Please note: Parking is in rear of building.



Organization of NURSE LEADERS of nj

PROGRAM SCHEDULE

<p>8 a.m. <i>Registration / Continental Breakfast</i></p> <p>8:30 a.m. Welcome and Overview</p> <p style="padding-left: 40px;"><i>Maria Brennan, DNP, RN, CPHQ</i> Chief Nursing Officer, <i>Lourdes Health System</i> President, ONL NJ</p> <p>8:45 a.m. Operational Finance</p> <p style="padding-left: 40px;"><i>Jane C. Kaye, MBA</i> Jane Kaye Healthcare Consulting, LLC</p> <p>10:45 a.m. <i>Break</i></p> <p>11 a.m. Emotional Intelligence: Leading Inside Out</p> <p style="padding-left: 40px;"><i>Cheri Clancy, MSN, MS, RN, NEA-BC</i> Assistant Vice President of Patient Experience <i>Kennedy Health System</i></p> <p>12 p.m. <i>Networking Luncheon</i></p> <p>1 p.m. Satisfied by Work & Satisfied by Life</p> <p style="padding-left: 40px;"><i>Helene Burns, MSN, RN, NEA-BC</i> Chief Nursing Executive <i>Kennedy Health</i></p>	<p>2 p.m. <i>Break</i></p> <p>2:15 p.m. How Did You Arrive at This Position?</p> <p style="padding-left: 40px;"><i>Panel Discussion</i></p> <p>Panelists:</p> <p><i>Maria Brennan, DNP, RN, CPHQ</i> Chief Nursing Officer <i>Lourdes Health System</i></p> <p><i>Donna Ciufu, DNP, RN, FNP-BC, CCRN</i> Vice President/Chief Nursing Executive <i>Jersey Shore University Medical Center</i></p> <p><i>Rita Zenna, MSA, RN, CPHQ</i> Vice President/Patient Care Services/CNO <i>Deborah Heart and Lung Center</i></p> <p><i>Debbie Baehser, RN, MSHA</i> V. P., Patient Services, Chief Nursing Officer <i>Cape Regional Medical Center</i></p> <p><i>Violeta Peters, RN, MA, LNHA</i> Chief Executive Officer <i>AcuteCare Health System Specialty Hospital of Central Jersey</i></p> <p>3:15 p.m. Wrap-up and Evaluations</p> <p>3:30 p.m. <i>Adjournment</i></p>
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To register online with a credit card please go to:
www.HRET-Register.com



In the event of inclement or questionable weather conditions, please call 609 275-4140 for meeting information.



For directions visit NJHA on the Web at
<http://www.njha.com/directions.aspx>

Registration information on reverse side of this form

REGISTRATION (please type or print clearly)

NAME (as it should appear on badge)	HOSPITAL/FIRM
TITLE	STREET
PHONE	CITY
FAX	STATE
	ZIP
E-MAIL	METHOD OF PAYMENT: Amount \$
	<input type="checkbox"/> CHECK <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX
	CARD#
	EXPIRATION DATE
	PRINT NAME (as it appears on card)
	SIGNATURE

Cardholder's billing address (if different)

Name		
Address		
City	State	Zip