Driving Decisions with Data
A Seminar for Clinical Managers

June 6, 2018 — Albany Marriott Hotel — Albany, NY
Meet the Presenter

Barbara Katz, RN, MSN
President, BK Health Care Consulting

Barbara is an experienced clinician, manager, trainer and health care consultant. She is a graduate of the Yale School of Nursing, She has a Certificate in Training and Development from Fairfield University and a Coaching Certification from the American Talent Development Association. Barbara was the 2013 winner of the Connecticut Association for HealthCare at Home’s Judith A. Hriceniak Award for Excellence in Nursing Leadership.

Barbara has been a hospital nurse, an APRN, a training manager, a director of quality improvement and a clinical manager for a group of medical practices. She has also been a marketing director for a home health care agency and has managed operations for a private duty home care agency.

She has designed and taught seminars on process improvement, data analysis, management, motivational interviewing and team-building. Barbara frequently speaks on topics including the practical use of data to improve outcomes, motivational interviewing, health literacy, collaboration and care transitions and adapting to the new world of health care.
Home health care agencies will survive and thrive in the new value based health care world if their clinical managers use data to improve population health outcomes, lower costs, reduce waste in work and improve the patient and clinician experience. The new Medicare Conditions of Participation for home health care also require agencies to adopt a data driven approach to Quality Assurance/Quality Improvement (QAPI).

This practical and interactive seminar will help managers understand their role in using data to drive decisions for both the agency QAPI process and in daily clinical work. Managers will leave with essential tools and techniques for obtaining data, step by step data analysis methods and practical methods for achieving target goals. Participants will have an opportunity to analyze clinical and business data, to develop action plans and to apply data-driven decisions to real operational work problems.

By the end of this program, participants will be able to:

- Explain why data-driven decisions are vital in the new world of health care
- Describe the role of data in meeting the Medicare Conditions of Participation for QAPI
- List key home health care measures
- Describe four key steps to making data-driven management decisions
- Utilize basic data analysis techniques to turn data into actionable information
- Use data to solve operational problems and to achieve agency QAPI goals

June 6, 2018
Albany Marriott
189 Wolf Road, Albany, NY 12205

Registration & Continental Breakfast: 8:30AM
Program: 9 – 4:30PM
HOTEL INFORMATION
Albany Marriott
189 Wolf Road, Albany, NY 12205

HCA has reserved a limited block of rooms at the Marriott – Wolf Road, Albany, NY for the night of Tuesday, June 5 at a discounted rate of $139 per night. To receive this special rate, please call 1-800-228-9290 prior to May 16, and ask for the Home Care Association of NYS group rate.

REGISTRANT INFORMATION – Please register by May 22

Name: ____________________________________________

Title: ________________________________________________

Agency: ________________________________________________

Address: ________________________________________________

City/State/Zip: ________________________________________________

Phone: _____________________________ Ext. _______ Fax: _____________________________

Email: ____________________________________________ (Required)

HCA REGISTRATION FEE*

[ ] HCA Member Fee $239

[ ] Non-Member Fee $389

*Fee includes continental breakfast and lunch.

PAYMENT – Please check method of payment:

[ ] MasterCard [ ] VISA [ ] American Express [ ] Check*

*Make checks payable to: HCA Education and Research and mail to 388 Broadway, 4th Floor, Albany, NY 12207. Checks must be received by May 30.

Card Number _____________________________

Expiration Date _____________________________ Security Code _____________________________

Mailing Address of Card Holder

City, State, Zip _____________________________

Name on Card _____________________________

Authorized Signature _____________________________