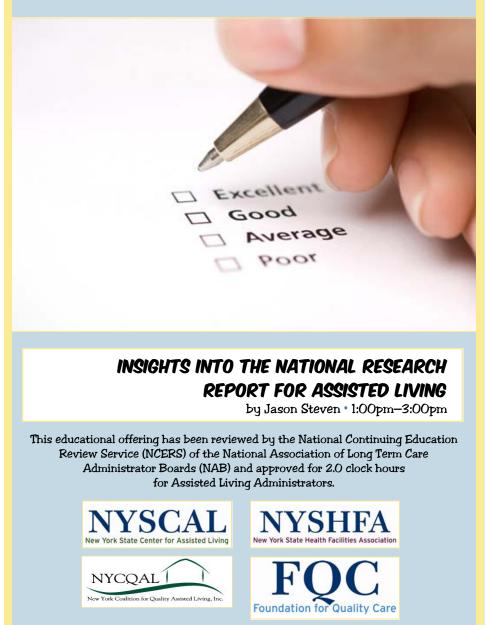
# NEW YORK STATE CENTER FOR ASSISTED LIVING AUDIO CONFERENCE

APRIL 9, 2013 - 1:00PM - 3:00PM



# **PROGRAM INFORMATION**

#### SESSION DESCRIPTION:

Join Jason Stevens, Vice President of Business Development for National Research Corporation, for an insightful two-hour audio exclusively for the New York State Center for Assisted Living (NYSCAL) members. This in-depth session will review the findings of the second annual National Research Report for Assisted Living, based on the My InnerView product database.

Attend this informative webinar and gain a more complete understanding of customer (residents and families) and employee satisfaction within your community and how to affect quality improvement.

This presentation is sponsored by the New York Center for Assisted Living (NYSCAL) and National Research Corporation (formerly My InnerView).

#### LEARNING OBJECTIVES:

- An overview of customer (resident and family) and employee satisfaction data and trends.
- □ The key drivers of overall customer satisfaction and willingness to recommend as a place to receive care.
- □ The key drivers of overall employee satisfaction and willingness to recommend as a place to work and receive care.
- □ Insightful recommendations on ways to affect quality improvement.
- Why it's important to focus on interpersonal relationship aspects that have been identified as the top drivers for customer and staff satisfaction.

### PRESENTER



Jason Stevens, Vice President of Post-Acute Care for National Research Corporation has spent the last 20 years in the long term care, home health, and senior housing profession. In his current role, he oversees business development efforts focused outside of traditional acute care settings, and has been a key figure in the transition of National Research's post-acute strategy from point-in-time satisfaction surveys to ongoing data collection and quality improvement programs encompassing resident move-in to move-out, and new hire to former employee survey needs. He serves frequently as a panelist, article contributor, and thought leader on topics including employee engagement, staff turnover, resident and family satisfaction, CAHPS compliance, and more.

# GENERAL INFORMATION

#### AUDIO CONFERENCE

Tuesday, April 9, 2013 from 1:00pm-3:00pm

#### <u>CEUs</u>

Two (2) CEUs are available for Assisted Living Administrators.

#### REGISTRATION

Registration is required due to limited space.

#### FEE

NYSCAL/NYCQAL/NYSHFA Members - \$125

Non-Members - \$175

Cost listed is *per phone line*. Multiple participants may listen in on one phone line at the cost of one registration.

#### **CONFIRMATIONS**

On Friday, April 5, 2013 all paid registrants will be e-mailed:

- $\Box$  A call-in number and pass code
- □ An Assisted Living Administrator credit form
- 🗆 Handouts
- An evaluation form

#### QUESTIONS

Call Becky Lane at (518) 462-4800, ext. 10, or e-mail blane@nyshfa.org

#### **REFUND AND CANCELLATION POLICY**

Full refunds will be issued up to three business days prior to the audio conference. After that, a \$30 administrative fee will be charged. No refund will be issued after the conference call.

### TARGET AUDIENCE

Primary audience: leadership, senior management, administrators, department heads.

## SAVE THE DATE!

10<sup>TH</sup> Anniversary Social Services and Activities Conference March 21-22, 2013 • www.nyshfa.org/events/SocialConf2013

11<sup>TH</sup> Annual Nurse Leadership Conference April 11-12, 2013 • www.nyshfa.org/events/NurseConf2013/

64<sup>TH</sup> Annual Convention and Trade Show June 23-26, 2013 • www.nyshfa.org/events/Convention2013/

REGISTRATION FORM:	NATIONAL RESEARCH REPORT	FOR AL • APRIL	9, 2013 from 1:00pm—3:00pm
<u>Now AVAILABLE—ONLINE REGISTRATION</u> You can register online by going to www.nyshfa.org/Events/2013NationalResearch. Please note that you will need to enter a user name and password.			
Name of Applicant	:		Admin. License #
Title of Applicant			
Facility			
Facility Address			
City		State	Zip Code
() Work Telephone		_( Work	) : Fax
E-mail Address			
<ul> <li>NYSCAL/NYCQAL Members • \$125</li> <li>Non Members • \$175</li> <li>Payment Method (please indicate method of payment)</li> <li>Check (Please make checks payable to: Foundation for Quality Care)</li> <li>Discover</li> <li>Visa</li> <li>MasterCard</li> <li>American Express</li> </ul>			
Credit Card #			Exp. Date
Name on Card (E	Exactly as appears on card)		
Credit Card Billin	ig Address		
Cardholder Signa	iture		
I authorize NYSHFA to use the above MasterCard, Visa, Discover, or Amex 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.			
Mail To		Contact 1	Information
Foundation fo	r Quality Care	Phone:	(518) 462-4800 ext. 10
33 Elk Street,		Fax:	(518) 426-4051
Albany, NY 12	2207	Email:	blane@nyshfa.org
<b>NOTE:</b> If you have faxed in your registration indicating that payment is forthcoming, please make sure you mail the original registration form with your payment.			