



CAHQ ANNUAL CONFERENCE

ALL ABOARD!

Healthy People 2010

Are we there yet?



Patient Safety
excellence
transparency
ACCOUNTABILITY

MARCH 30, 2010

California Endowment Center for Healthy Communities
1000 North Alameda Street, Los Angeles, CA 90012

0730 – 0830	Registration	
0830 – 0845	Welcome and Introductions	<i>Julia Slininger</i>
0845 – 0930	Leadership in Action- the NAHQ Model	<i>Cathy Munn</i>
0930 – 1015	The Medication Error Reduction Program (MERP)	<i>LoriAnn DeMartini</i>
1015 – 1030	BREAK	
1030 – 1130	CDPH Update: Event Reporting and the IC Pilot Survey	<i>Kathleen Billingsley</i>
1130 – 1215	Managing Risk: Hospital Adverse Events and IJ Fines	<i>Mark Kadzielski</i>
1215 – 1330	LUNCH / ANNUAL MEETING / NEW BOARD INTRODUCTIONS	
1330 – 1415	The Advisory Board's Best Practices for QI Departments	<i>Cheri Graham-Clark</i>
1415 – 1500	Panel Discussion: QM/RM/IP/PS Program Variations	<i>Tricia Kassab</i>
1500 – 1545	NAHQ Update	<i>David Loose</i>
1545 – 1600	CONCLUSION	<i>Judy Pugach</i>



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Please download and complete this registration form and fax or email with payment to the information above. If paying by check, please make payment to CAHQ and return with a registration form to the address above. Please use one form for each registrant.

CAHQ Annual Spring Conference Registration Form
California Endowment Center for Healthy Communities
March 30, 2010

Tuition:	CAHQ Members (early registration on or before 3/9/10).....	\$199
	CAHQ Members (late registration after 3/9/10).....	\$249
	Register and Join (early registration on or before 3/9/10).....	\$295
	Register and Join (late registration after 3/9/10).....	\$345
	Non-Members	\$379

Name: _____ Credentials: _____

Title: _____ Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

This information is my ___ business or ___ home. Please do not publish my name & info: ___

Dietary Restrictions: _____

ADA Requirements _____

Credit Card Information

Card Number: _____

Exp. Date: _____ Code on Back of Card: _____

Name of Cardholder: _____

Billing Address of Card: _____

City: _____ State: _____ Zip: _____

Amount Authorized to Charge: _____ Signature: _____

ALL CANCELLATIONS MUST BE IN WRITING by mail or fax. A \$75 processing fee will be charged to cover our costs. No refunds will be provided for cancellations postmarked or faxed less than 14 days prior to the event date. In lieu of a refund, you may send an alternate provided you notify CAHQ in writing at least 14 days prior to the event. A \$75 transfer fee will apply. A \$25 charge will apply to returned checks or if rebilling a credit card is necessary.