NYSHFA
NYS HEALTH FACILITIES ASSOCIATION

NYS CAL

PRESENTS



AHCA NCAL AMERICAN HEALTH CARE ASSOCIATION NATIONAL CENTER FOR ASSISTED LIVING

Bronze Quality Award Workshop



The National Quality Award Program is a rigorous three-level process (Bronze, Silver, and Gold) that evaluates an organization's capabilities against nationally recognized standards for excellence.



THE FOUNDATION FOR QUALITY CARE

is Offering an Informational Virtual Session Providing an In-Depth Process on Ahca/Ncal's National Quality Award Program.

Your facility is already committed to delivering exceptional care; now is the time to showcase that dedication on a national stage. This interactive session will guide you through the Bronze Quality Award application process, helping turn your hard work into the recognition your team deserves.



STRIVE FOR EXCELLENCE



September 30, 2025



More than a step toward an award, this program is an opportunity to strengthen your practices, elevate performance, and reinforce your commitment to long-term quality care for every resident.

THE ORGANIZATIONAL PROFILE

TOPICS INCLUDE:

- Mission / Vision
- Key Organizational Performance Measures
 Workforce Profile
- Regulatory Requirements
 Core Competencies

- · Organizational Relationships

THE ORGANIZATIONAL SITUATION

TOPICS INCLUDE:

- Competitive Position
- Q&A

- Competitiveness Changes
- Comparative Data
- Strategic Challenges & Advantages

PERFORMANCE IMPROVEMENT SYSTEM

TOPICS INCLUDE:

- Key Elements of Performance Improvement System
- Health Care Results
- Trend Tracker

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PROGRAM INSTRUCTOR/REVIEWER

TARRAH A. QUINLAN, RN, BSN

Tarrah has over 20 years' experience in multiple health care settings, specializing in long-term care. She has served as the Director of the Bureau of Quality Assurance and Surveillance at the NYS DOH.

APPLICATION DUE » SEPTEMBER 24th

BRONZE QUALITY AWARD WORKSHOP

EMA		PLEASE SE connor@nyshfa.			STRATION 518.426.4051	TO JOANNE (INOR — 518.462.4	
		\$475.00	» Sep	tember 3	0th Virtual	Session			
		\$675.00				Session & Pent Suggestions		Review	
FACI	ILITY N	AME:						SNF	ALF
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ADD	ITIONA	L PARTICIP	ANTS (Must Be Fro	om Same Facil	lity):			_
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I authorize NYSHFA/NYSCAL/FQC to use the above Discover, MasterCard, VISA, 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. Payment will show on your credit card statement as NYS Health Facilities Association.

*In the event there are not enough participants, NYSHFA | NYSCAL reserves the right to cancel.

Email Your Registration to joconnor@nyshfa.org

NYSHFA-NYSCAL.ORG











