

WISCONSIN ASSOCIATION FOR HEALTHCARE QUALITY
Unbreakable Linkage: Patient Safety, Electronic Medical Records, and Never Events
Friday, March 12, 2010
Crowne Plaza Hotel and Conference Center, Madison, WI

Optional

Name: _____
 Address: _____

 Work Phone No. _____ e-mail _____

TELL US ABOUT YOU	TELL US ABOUT THE SPEAKERS & CONTENT				
Have you attended a WAHQ education program in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No Which heading below best describes your position? <input type="checkbox"/> Chief Administrator/Executive Officer <input type="checkbox"/> Associate/Assistant Administrator <input type="checkbox"/> Medical Staff Member <input type="checkbox"/> Medical Staff Service Professional <input type="checkbox"/> Nurse Administrator/Nurse Manager <input type="checkbox"/> Nurse Staff Member/Head Nurse <input type="checkbox"/> Social Worker Professional <input type="checkbox"/> Health Information Professional <input type="checkbox"/> Long Term Care Professional <input type="checkbox"/> Pharmacist <input type="checkbox"/> Physician <input type="checkbox"/> Infection Control Professional <input type="checkbox"/> Training and Development Specialist <input type="checkbox"/> Quality Management (Provider Section) <input type="checkbox"/> Quality Management (Managed Care, Payor) <input type="checkbox"/> Other (<i>specify</i>) _____	Using the scale 1 = Disagree and 3 = Agree , please circle the number that best reflects the extent of your agreement with each of the following criteria for each of the faculty listed below				
	Topic/Presenter:	Content Met Objectives	Presentation was well organized	Information valuable & applicable to my work	Speaker presentations facilitated my learning
	Title: <i>Adverse Events Reporting in Minnesota: Challenges and Successes</i> Presenter: Diane Rydrych Objective: Understand how Minnesota's public reporting system has promoted transparency and accountability for adverse events. Comments: _____	1 2 3	1 2 3	1 2 3	1 2 3
	Title: <i>Advancement of Public Reporting in Wisconsin</i> Presenter: Dana Richardson Objective: Obtain a high level understanding of current and near future public reporting initiatives in Wisconsin. Comments: _____	1 2 3	1 2 3	1 2 3	1 2 3
Are you a Certified Professional in Healthcare Quality (CPHQ)? <input type="checkbox"/> Yes <input type="checkbox"/> No How has CPHQ impacted your professional career? _____ _____	Title: <i>Nuts and Bolts of Quality Measurement</i> Presenter: John Bott Objective: Be able to state types of measures and the pros and cons of each. Comments: _____	1 2 3	1 2 3	1 2 3	1 2 3
How did you hear about this conference? <input type="checkbox"/> Brochure <input type="checkbox"/> Newsletter <input type="checkbox"/> Colleague <input type="checkbox"/> Other: _____	Title: <i>Making the Business Case for Safety: The Cost of Patient Safety Events</i> Presenter: Mark Kirschbaum Sue Sanford-Ring Objective: Understand methods used to make the case for investing in safety Comments: _____	1 2 3	1 2 3	1 2 3	1 2 3

	<p>Title: Achieving Physician Engagement</p>
	<p>Presenter: Martin Landa</p> <p style="text-align: right;">1 2 3 1 2 3 1 2 3 1 2 3</p> <p>Objective: Identify barriers that hinder physician involvement with quality and safety initiatives.</p> <p>Comments:</p>
	<p>Title: <i>Legislative Update</i></p>
	<p>Presenter: Kerry Moskol</p> <p style="text-align: right;">1 2 3 1 2 3 1 2 3 1 2 3</p> <p>Objective: Learn about recent legislative changes that impact health care providers, patient privacy, medical records, health care compliance and more.</p> <p>Comments:</p>

TELL US ABOUT THE FACILITY AND PROGRAM REGISTRATION

Using the scale **1 = Disagree** and **3 = Agree**, please circle the number that best reflects the extent of your agreement to the following:

- | | | | | |
|--|---|---|---|-----------------|
| 1. I would recommend using this hotel again for a program. | 1 | 2 | 3 | Comments: _____ |
| 2. The program brochure accurately described the program. | 1 | 2 | 3 | _____ |
| 3. My program pre-registration was handled efficiently. | 1 | 2 | 3 | _____ |

TELL US ABOUT THE PROGRAM

Using **1 = Disagree** and **3 = Agree**, circle the number that best reflects the extent of your agreement

- | | | | |
|---|------------------------------|-----------------------------|---|
| 1. The resource materials supported my understanding of the presentations.
Comments: _____ | 1 | 2 | 3 |
| 2. Audiovisuals supported my understanding of the presentations.
How can these materials be improved? _____ | 1 | 2 | 3 |
| 3. Are the networking opportunities adequate at the conference?
Suggestions: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 4. My overall expectations & educational objectives were met by this program.
What could have been done to better meet you expectations? _____ | 1 | 2 | 3 |
| 5. I would recommend this program to others. Why or why not? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 6. Do you have additional comments or suggestions about this program?
_____ | | | |
| 7. Would you be interested in attending a regional CPHQ Study Session for CPHQ cert or re-cert?
<input type="checkbox"/> Yes <input type="checkbox"/> No Location Preference: _____ | | | |

TELL US WHAT YOU WANT

1. From the list below rank the 3 topics that you would most like to receive education on this next year. (Rank your 3 choices with "1" being your first choice and "3" being your last choice. Please leave others blank.)

- _____ Compliance
- _____ Elder Care
- _____ Event Analysis (i.e. root cause analysis, sense-making)
- _____ Outcome Across the Continuum of Care
- _____ Information Systems Specific to Quality Professionals Work
- _____ Case Management/Integrated Care Delivery Systems
- _____ Accrediting Bodies (BQA, NCQA, JCAHO, HCFA, AAAHC, etc.)
(specify preference) _____
- _____ Quality Measurement Methods
- _____ Managed Care
- _____ Professional Growth
- _____ Risk Management/Patient Safety
- _____ Regulatory
- _____ P4P/Reimbursement Incentives based on Outcomes
- _____ Other

Indicate any other educational offerings you would like us to consider

- | | | |
|--|------------------------------|-----------------------------|
| 2. Are you aware of WAHQ's website? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you accessed WAHQ's website?
<i>If yes, how often?</i> _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you feel that the Newsletter keeps you updated on WAHQ (membership, state and WAHQ educational offerings) and NAHQ issues? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is there anything else you would like included in the Newsletter? | | |