Wichita - June 18, 2019
Topeka - June 19, 2019

Improve Your 5-Star Quality Measure Rating
KACE and Great Plains QIN Kansas invite you to attend a day of education focused on your nursing home’s 5-Star Rating. This full-day education workshop will examine recent changes to CMS’ Nursing Home Compare 5-Star Rating methodology along with how to improve your 5-Star Quality Measure Rating using continuous quality improvement techniques. Take a deep dive into three specific quality measures: Movement independently worsens, Improvement in function, and rehospitalizations. The workshop will also focus on how these quality measures affect reimbursements, along with utilizing a community-based approach to improve your overall performance.

JOHNATHAN REEVES, BA, CPHQ, Quality Improvement Consultant, Kansas Great Plains QIN

Johnathan recently achieved his certification as a professional in healthcare quality (CPHQ) in January 2019. He has a bachelor’s degree in political science from Washburn University and is also co-instructor of Nursing Quality and Safety for BSN seniors at Washburn University’s School of Nursing. He has spent most of the last 16 years working in long-term care, and the last four years as a quality improvement expert. He also has legislative experience and expertise from working in the Kansas legislative leaders’ office and as an auditor at the Kansas Legislative Division of Post Audit. His primary focus in his current role is nursing home data and systems analysis focused on QI education and implementation.

BRENDA GROVES, LPN, CADDCT, CDSGF, Quality Improvement Consultant, Kansas Foundation for Medical Care (KFMC) and Nursing Home Regional Task Leader for the Great Plains QIN-QIO

Brenda is a licensed nurse and has dedicated the past fifteen years to caring and advocating for her elders. Her current role is to lead nursing home teams in the development and implementation of strategies to achieve CMS’s vision of transformational change.
IMPROVE YOUR 5-STAR QUALITY MEASURE RATING

CONTINUING EDUCATION: This course has been approved for 6.0 continuing education hours in the core area of Administration for Licensed Adult Care Home Administrators and Registered Operators by the Kansas Department for Aging and Disability Services. Health Occupations and Credentialing approved provider number. (KDADS LTS# A1427).

OBJECTIVES:

At the conclusion of this workshop, attendees will be able to:

1. **5-Star Changes and How They Affect You:**
   * Understand the 5-Star changes effective April 1, 2019;
   * Examine each of the three 5-Star domains and how they are measured; and,
   * Review how the 5-Star Rating is calculated.

2. **QI Basics:**
   * Understand the essential components of a robust continuous quality improvement program;
   * Examine tools and processes utilized to improve identified quality concerns; and,
   * Utilize the CASPER Report to set goals for improvement.

3. **All 3 Quality Measure Domains:**
   * Identify how the quality measure is defined and calculated;
   * Evaluate tools and processes to track and improve each quality measure; and,
   * Examine how each quality measure impacts reimbursement.

Please complete the registration form or register online at www.kaceks.org.

KACE - 1505 SW Fairlawn Rd., Suite B., Topeka, KS 66604
785.273.4393 - FAX: 785.273.8681 - kace@kaceks.org

**WORKSHOP REGISTRATION FEES -**

**KACE MEMBER** [Early Bird $95.00 BEFORE MAY 31] / AFTER MAY 31 - $110.00
**NON-MEMBER** [Early Bird $120.00 BEFORE MAY 31] / AFTER MAY 31 - $135.00

NO REFUNDS WILL BE GIVEN FOR CANCELLATION - SUBSTITUTIONS ARE WELCOME.

Name: ____________________________________________________________________________________________________
Facility Name: ______________________________________________________________________________________________
Address: __________________________________________________________________________________________________
Facility Phone #: _____________________________________ Email Address: ____________________________________
Payment Method: [ ] Check     [ ] Invoice     [ ] Visa*     [ ] Master Card*     [ ] American Express*     [ ] Discover*
*If paying by credit card, please complete the information below:
Credit Card Number: _____________________________ Security Code: ________ Expiration Date: __________________
Name on Card: __________________________________________________________
Billing address for the credit card: ______________________________________________________________________________

[ ] I will attend **Wichita Session** [June 18]        [ ] I will attend **Topeka Sessions** [June 19]