

Directions:

FROM THE WEST: Take the Northwest Tollway (I-90 East) past O'Hare International Airport. Exit at Cumberland Ave. North (79B). Turn right at the end of the ramp, go over the expressway. Turn left at the first stoplight-Higgins Road. The Marriott is ½ block on the left side.

FROM THE NORTH: Take the Tri-State (I-294 South) to I-90 East (toward Chicago **NOT** O'Hare). Exit at Cumberland Ave. North (79B). Turn right at the end of the ramp, go over the expressway. Turn left at the stoplight-Higgins Rd. The Marriott is ½ block on the left side.

FROM THE SOUTH: Take the Tri-State (I-294 North) to I-90 East (toward Chicago **NOT** O'Hare). Exit at Cumberland Ave. North (79B). Turn right at the end of the ramp, go over the expressway. Turn left at the first stoplight-Higgins Road. The Marriott is ½ block on the left side.

Continuing Education Units

7.5 RDN LDN CEU's have been approved by Academy of Nutrition and Dietetics

7.5 Dietary Managers CEU's have been approved by Association of Nutrition & Foodservice Professionals

7 LNHA CEU's have been approved by Illinois Department of Professional Regulation

7 RN CEU's have been approved by Illinois Department of Professional Regulation

7 LPN CEU's have been approved by Illinois Department of Professional Regulation

Cynthia Chow and Associates, LLC
5061 N. Pulaski Road, Suite 300
Chicago, Illinois 60630

THINK QUALITY...IT PAYS!

September 12, 2014

ANNUAL HEALTHCARE
EDUCATIONAL
CONFERENCE AND VENDOR
EXPO



FRIDAY, 8 AM - 4:30 PM
CHICAGO MARRIOTT O'HARE
8535 W. HIGGINS ROAD
CHICAGO, IL 60631

KEY TAKE-AWAYS

At the conclusion of this seminar, participants will be able to:

- Understand two of the keys that lead to lasting transformation.
- Identify at least one barrier that has held you back in your career or relationships.
- Discuss the current healthcare landscape and the focus on preventing hospital readmissions.
- Explain the facts and dispel the fallacies associated with hand hygiene and infections which are responsible in part for \$28 to \$33 billion in preventable healthcare expenditures each year.
- Know the results of exciting new research on dining trends in healthcare communities.
- Learn how resident needs are changing and how food service has to evolve.
- Unlock the mysteries of Quality Improvement by learning to develop Performance Improvement Projects, use Root Cause Analysis and write an Aim Statement.
- Learn about new food products, new applications for familiar products and how to control food costs.

PROGRAM

Morning Session:

- 8:00 - 8:30** *Registration/Coffee/Exhibits*
- 8:30 - 8:45** *Welcome and Introduction of Contributors*
Ann Engles, RDN, LDN
Vice President - Coordinating Dietitian
Cynthia Chow and Associates, LLC
- 8:45 - 10:00** *Transform: Bring Out the Best in Yourself*
Dr. Judith Wright
President & Co-founder, The Wright Leadership Institute
- 10:00 - 11:00** *The Revolving Door of Hospital Readmissions: Can Nutrition Make a Difference?*
Abby C. Sauer, MPH, RD
Section Manager, Abbott Nutrition,
Scientific & Medical Affairs
- 11:00 - 11:30** *Coffee Break/Exhibits*
- 11:30 - 12:45** *Reducing Healthcare Acquired Infections*
Vickie L. Patterson CFSPH
Corporate Account Director
Foodservice, GOJO Industries Inc.
- 12:45 - 2:00** *Lunch Break/Exhibits*

Afternoon Session:

- 2:00 - 3:15** *The Resident of the Future*
Kate Dockins CAE, Executive Director
Nutrition & Food Service Education
Foundation; Dir. of Leadership, ANFP
Marla J. Isaacs, MS, CAE
Executive Vice President, ANFP
- 3:15 - 4:30** *Creating A Culture For Quality Improvement*
Lisa R. Bridwell BA
Senior Quality Improvement Facilitator,
Telligen

RETURN REGISTRATION TO:

Cynthia Chow & Associates, LLC
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Chicago, Illinois 60630

Tel # (773) 539-8181 * Fax # (773) 539-0039

Online Registration: www.cchowandassoc.com

METHOD OF PAYMENT

AMEX * DISC * MC * VISA

Check/Money Order Payable to:
Cynthia Chow & Associates, LLC

Seminar Fee: \$120.00/person

(lunch, seminar materials & parking included)

Please check if Kosher meal is desired.

Registration:

Name: _____

Title: _____

Facility: _____

Address: _____

City _____ State _____ Zip Code _____

Work #: _____

Cell #: _____

Email: _____

Credit Card Payment, please provide:

BILLING NAME

CARD NUMBER

EXPIRATION DATE: _____ SECURITY CODE: _____

BILLING ADDRESS: _____
