

Providing a forum for healthcare
professionals to share information
and experiences in healthcare quality

Membership Benefits

- ◆ **Networking**
*Meeting and sharing with
other quality professionals*
- ◆ **Education**
*Earning CEUs for CPHQ
certification or licensure*
- ◆ **Affiliation with State and
National Quality Association**
*Connecting with
professionals around Florida
and across the nation*
- ◆ **Professional Growth**
*Sharing best practices and
learning new ideas*

PRESIDENT

Luanne Lentz, RN, BSN, CPHQ
Mayo Clinic
lentz.luanne@mayo.edu

PRESIDENT-ELECT

Leah Guthrie, MSN, MBA/HC, BA, RN, LHRM
Renaissance Behavioral Health Systems
lguthrie@rbhsinc.com

SECRETARY

Cindy Crawford, RN, BSN
Baptist Medical Center
cindy.crawford@bmcjax.com

TREASURER

Amy Schreck, RN, BSN
Baptist Health
shreck.amy@bmcjax.com

CE BROKER

Barbara Pieta, RN, Ed.D.
bap10914@yahoo.com

NORTHEAST FLORIDA ASSOCIATION FOR HEALTHCARE QUALITY

2009 & 2010 PROGRAM

OFFERINGS

Outcomes Based QI in Home Health

Six Sigma & Lean

Patient Safety and Quality

Robert's Rules 101

Chest Pain Center Accreditation

Journey to Zero

System Assessment & Improvement Tools

Organ Procurement: Best Practices

Untangling the Web of CI Methodology

Patient Safety in the Ambulatory Care Setting

Hospice Quality Management Program

Pursuing a Professional Career Path

Infection Control Best Practices

Using Six Sigma to Transform Healthcare

Core Measure Roundtable

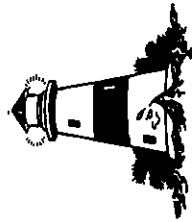
Working Smarter with Less Resources

Florence Nightingale

Reducing Pressure Ulcers

MISSION

To improve healthcare through advancement of the theory, policy and practice of quality



VISION

To be the leader and premier source of expertise in advancing healthcare quality in Northeast Florida

Application for Membership

Last Name, First Name, Middle Initial:	
Credentials:	
Employer's Name:	
Employer's Address: (City, State & Zip Code)	
Title:	
Work Telephone Number/Extension:	
Fax Number:	
Home Telephone Number:	
Email Address Preferred:	Work: _____
Work Home:	Home: _____
Home Address:	
Send Correspondence to:	Work _____ Home _____
License #: (for CEU credits)	
Social Security #: (for CEU credits)	

Dues are \$15.00 annually. Payment made by check or cash. Checks made payable to NFAHQ and returned with completed application to:

Amy Schreck

NFAHQ Treasurer

7990 Baymeadows Road East #824

Jacksonville, FL 32256