



# Quality Corner Call

## April 17, 2019

### Noon - 1 p.m.

### **Patient Experience: Making a Difference**

Measuring patient satisfaction has long been something hospitals have done. With the transition from volume to value, it is something that hospitals should be focused on as much as any other quality measure. Even though we know this, what are we actively doing to improve the patient experience? This offering will focus on the relationship to activities in your hospital that could have a very significant impact on the patient experience and how your facility is scored on patient satisfaction.

The Quality Corner Call on April 17 will feature Susan Runyan, KHERF Consultant, presenting some of the latest patient experience research which will:

- Demonstrate how dietary services can delight patients;
- Show the wide spread of environmental service's influence; and
- Care transition's role in patient satisfaction; and more.

This is an opportunity to learn new ideas as well as share some activities that have worked at your organization around improving patient experience with other Kansas hospitals. Join us as we discuss patient experience and satisfaction.

Quality Corner Calls are offered by the Kansas Department of Health and Environment and the Kansas Hospital Education and Research Foundation and focus on quality improvement activities consistent with the Medicare Rural Hospital Flexibility Grant Program.

**Webinar Connection Fee:  
No Charge**

**REGISTER** 

Questions: Contact KHERF at (785) 233-7436 or email [scunningham@kha-net.org](mailto:scunningham@kha-net.org).

# REGISTRATION

## Patient Experience: Making a Difference Wednesday, April 17, 2019

### Registration

To receive connection instructions in a timely manner, please register by April 12.

### Two Easy Ways to Register

Online: <https://registration.kha-net.org>

Fax: (785) 233-6955

### Funding Acknowledgement

This project was federally funded through the KDHE-BCHS-FLEX Program. The FLEX program is managed by the Federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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**(This field is required and is where connection instructions will be sent.)**

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