

### Association for Healthcare Human Resources Administrators

PRESENTS

#### *The JCAHO Survey: How to Prepare and Present the H.R. Function*

- When:** Wednesday, March 16, 2005
- Where:** Greater New York Hospital Association  
555 West 57th Street, 15th floor, Board Room
- Time:** 8:30 A.M. to 9:00 A.M. Registration & Continental Breakfast  
9:00 a.m. to 11:00 A.M. Program
- Fee:** AHHRA members — no charge  
Non members — \$25  
*(fee must be received in advance, \$30 at the door)*

Due to popular demand, we are conducting another JCAHO update! As you all know the Joint Commission for Accreditation of Healthcare Organizations has implemented a new methodology to survey organizations and has also introduced new standards. A panel of senior Human Resources practitioners who have successfully undergone a recent JCAHO survey will present their experiences and the lessons they have learned. You will hear first hand what areas of Human Resources were emphasized by the surveyors as well as strategies on both how to prepare for a survey and how to present H.R. information to a surveyor. The panel includes:

- |                    |                                 |                                 |
|--------------------|---------------------------------|---------------------------------|
| • Danielle Robbins | Director, Human Resources       | Good Samaritan Medical Center   |
| • Patrizia Musilli | Director, H.R. Operations       | Phelps Memorial Hospital Center |
| • Venra Mathurin   | Vice President, Human Resources | Interfaith Medical Center       |
| • Anna Pintzov     | Director, Human Resources       | Queens Hospital Center          |
| • Jess Bunshaft    | Director, Human Resources       | Brunswick Hospital              |

*The Continental Breakfast is sponsored by*

**Nursing Spectrum**

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AHHRA Members can fax completed form to: 631-864-8397, non-members complete this form and return, **with payment**, to AHHRA, 30 Jericho Turnpike, #168, Commack, NY 11725.

Please duplicate form for additional registrants.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

AHHRA Member: Yes \_\_\_\_\_ No \_\_\_\_\_