COURSE DESCRIPTION

This class will explore the impact of corporate restructuring on patient care and nursing practice throughout the United States. We will examine this topic from three perspectives. First, we will consider how the corporatization of healthcare affects bedside nursing and patient care in both the for-profit and non-profit world; second, we will evaluate the effect of competitive business practices on local healthcare provision and access; third, we will explore RN methods to sustain high standards of professional practice and quality patient care nationwide.

COURSE OBJECTIVES

Upon completion of this program, participants will be able to:

1. Define the meaning of the corporatization of healthcare and evaluate how restructuring affects bedside nursing.
2. Discuss how restructuring impacts non-profit hospitals and community health provision.
3. Enumerate effective RN methodologies to uphold high professional standards and quality patient care.

THE CORPORATIZATION OF HEALTHCARE

April 13, 2011
WASHINGTON DC

FOR DIRECT-CARE AND STAFF RNS
Provider Approved by the California Board of Registered Nursing.
Provider #000754 for 6 contact hours (CEHs)
REGISTRATION & FEE INFORMATION

Register early as space may be limited and pre-registration is required. Please register no later than one week before the class. Phone registrations are encouraged, see phone number on form. Registrants should arrive 15 minutes prior to class and sign-in.

CE Course: FREE to NNU members
$50.00 fee for non-members

DATE, TIME, & LOCATION

Wednesday, April 13, 2011
9:00am – 4:00pm

Hilton Silver Spring
8727 Colesville Road
Silver Spring MD 20910
Tel: 301-589-5200

GENERAL INFORMATION

NNU reserves the right to substitute qualified faculty for those listed. Continental breakfast and lunch will be served. Absolutely no recording or videotaping of courses allowed. Attendees must remain for the full day to receive CE credit. CEHs will be mailed to your home address after the class.

REGISTRATION FORM

Please register me for the class indicated below.
A completed form is necessary to insure registration. Please print legibly.

Name: _________________________________________
Street: _________________________________________
City: ___________________________________________
State: ______________ Zip: _______________________
Day Phone/Voicemail: ( _________ ) ______________
Email: __________________________________________
Name of Employer/Facility: ________________________
Job Classification: ________________________________
Social Security #: XXX – XX – ___ ___ ___ ___
RN License #: ___________________________________
For processing CE certificate only.

I WANT TO JOIN NNU!

Enclosed is my check in the amount of $50.00
Payment by credit card in the amount of $50.00
Credit Card #: _________________________________
Expiration Date: ___ ___ / ___ ___ ___ ___
Signature: ____________________________________

MAIL, PHONE, OR FAX REGISTRATION:

National Nurses United
ATTN: Nursing Practice/CE
888 16th Street NW, Suite 640
Washington DC 20006
Tel: 202-974-8300 | Fax: 202-974-8303

REGISTER ONLINE:

www.nationalnursesunited.org/ce

FACULTY

JANE MORRISON
Director of Field Education