

## FAX BACK FORM

### OUTCOME-BASED QUALITY IMPROVEMENT (OBQI) TRAINING

**WEDNESDAY APRIL 6, 2005**

**&**

**THURSDAY, APRIL 7, 2005**

*8:30 a.m. to 4:30 p.m. (both days)*

**Health Services Advisory Group  
Conference Center  
1600 East Northern Avenue, Suite 100  
Phoenix, AZ 85020**

### Objectives

Participants will be able to:

- Discuss and interpret OASIS-derived reports.
- Identify criteria for and select target outcomes
- Develop statements of best clinical practices.
- Implement and monitor a Plan of Action.
- Utilize best practice tracking tool and CMS tally sheets.
- Understand and utilize the OBQI process to improve quality outcomes.

**Please complete and return this form by fax or e-mail by Friday, April 1.**

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

- I **WILL** attend the OBQI Training Meeting on April 6 and 7.
- I am **UNABLE** to attend the OBQI Training Meeting on April 6 and 7.
- \_\_\_\_\_, \_\_\_\_\_ will also be attending.  
Name/Credentials Title
- \_\_\_\_\_, \_\_\_\_\_ will also be attending.  
Name/Credentials Title

**Fax this completed form to Colleen Angotti at 602.241.0757**

**or e-mail [cangotti@azqio.sdps.org](mailto:cangotti@azqio.sdps.org)**

**If you have any questions, please call 602.745.6295.**