**Kentucky Hospital Association**

**District Meetings**

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### Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 AM</td>
<td>Call to Order/Introductions</td>
</tr>
<tr>
<td>9:45 AM</td>
<td>Registration/Refreshments</td>
</tr>
<tr>
<td>10:00 AM</td>
<td>Call to Order/District Business Meeting</td>
</tr>
<tr>
<td>10:15 AM</td>
<td>KHA Solutions Group Affinity Partner Program</td>
</tr>
<tr>
<td>10:30 AM</td>
<td>KY Hospital Engagement Network (K-HEN) Progress Report</td>
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<tr>
<td></td>
<td>Speaker: Donna Meador, MSN, RN, CENP</td>
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<td></td>
<td>Project Director, K-HEN</td>
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<tr>
<td>10:45 AM</td>
<td>KHA Update</td>
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<tr>
<td></td>
<td>Speakers: Michael T. Rust, KHA President and Sarah S. Nicholson</td>
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<td></td>
<td>KHA Vice President/Government Relations</td>
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<tr>
<td>12:00 PM</td>
<td>Lunch</td>
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</tbody>
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### Date, Time & Location

- **February 19, 2014**
  - 9:45 AM, CT
  - **Twin Lakes District**
  - Baptist Health Madisonville
  - Lowman Trover Conference Center – 8th Floor
  - 200 Clinic Drive
  - Madisonville

- **February 21, 2014**
  - 9:45 AM, ET
  - **Cumberland District**
  - Baptist Health Corbin
  - One Trillium Way
  - Corbin

- **March 4, 2014**
  - 9:45 AM, ET
  - **Blue Grass District**
  - Saint Joseph Keeneland Health Education Center
  - Building D, Saint Joseph Office Park
  - Harrodsburg Road
  - Lexington

- **March 7, 2014**
  - 9:45 AM, ET
  - **Ohio Valley District**
  - KHA Office
  - 2501 Nelson Miller Parkway
  - Louisville

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### Registration Information

There is no fee to attend. You may register by mail or by fax.

**Mail registration to:** Kentucky Hospital Association  
P.O. Box 436629  
Louisville, KY  40253-6629

**Questions:** Pam Mullaney  
Director/Membership Services  
502-992-4363

**Fax registrations to:** (502) 426-6226
Check the meeting you will attend:

☐ February 19, Madisonville  ☐ March 4, Lexington
☐ February 21, Corbin  ☐ March 7, Louisville

Please Complete Information:

Name ____________________________________________________________
Title ___________________________________________________________
Name ____________________________________________________________
Title ___________________________________________________________
Name ____________________________________________________________
Title ___________________________________________________________

Complete Hospital Information:

Hospital __________________________________________________________
Address __________________________________________________________
Phone ____________________________________________________________

Return registration by February 12, 2014

Mail or fax to:
Kentucky Hospital Association  
P. O. Box 436629  
Louisville, Kentucky  40253-6629
Phone:  502-426-6220  
Fax:  502-426-6226

For more information:
Pam Mullaney  
Director/Membership Services
Phone:  502-992-4363  
E-mail:  pmullaney@kyha.com