



The Center for Business Innovation

Presents

Featuring Interactive Workshop On CPOE & Bar Coding Implementation  
SPECIAL EARLYBIRD DISCOUNT (PLEASE SEE PAGE 15 FOR DETAILS)

# The Second Annual SUMMIT ON PATIENT SAFETY & INFORMATION TECHNOLOGY:

## CPOE, BAR CODING & OTHER INNOVATIVE APPROACHES FOR MEDICAL ERROR REDUCTION



### July 10-11, 2003 Sheraton World Resort Orlando, Florida

The Premier Conference & Exhibition For IT, Quality Improvement, Clinical & Administrative Staff From Hospitals, Healthcare Systems, Managed Care Organizations and Physician Groups

### Featuring Speakers From These Leading Healthcare Organizations

Adventist Health System • Cedars-Sinai Health System • Great Plains Regional Medical Center • GreenField Health System • HCA • Johns Hopkins Medical Institution Center for Innovation in Quality Patient Care • North Country Regional Hospital • North Shore - Long Island Jewish Health System • PacifiCare Behavioral Health • Palmetto Health Richland • Partners HealthCare System • South Georgia Medical Center • The Indiana Heart Hospital • The Women's and Children's Hospital of Buffalo • Tenet Healthcare • U.S. Department of Defense Military Health System • Valley Medical Center

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# ABOUT THE SECOND ANNUAL SUMMIT ON PATIENT SAFETY & INFORMATION TECHNOLOGY

***The Summit on Patient Safety & Information Technology*** is the premier conference and exhibition that focuses exclusively on effective use of information technology to reduce medical errors and promote patient safety. The Summit will provide balanced, unbiased information and analysis combined with the opportunity to network with leading executives and clinicians from across the U.S., as well as prominent and highly-regarded consultants and vendors. Potential customers of patient safety products and services will have the opportunity to hear diverse perspectives from nationally known experts and practitioners and to develop the foundation of knowledge necessary to make informed IT decisions.

***The goal*** of the Summit is to bring together innovative healthcare organizations to discuss, debate, analyze and formulate practical and cost-effective patient safety IT solutions that can be implemented not only at large academic institutions, but also at community hospitals. A significant amount of time will be devoted to detailed case study presentations by leading healthcare providers. This event builds on the strength of our first Patient Safety Summit, held in September 2002 in San Diego, which attracted 300 high-level attendees. We expect a similar turnout at our Second Annual Summit in Orlando.

## ***Keynote Speakers***

***Frank M. Houser, MD, Senior Vice President for Quality & Medical Director, HCA***

***Charles M. Kilo, MD, MPH, CEO, GREENFIELD HEALTH SYSTEM & Fellow, INSTITUTE FOR HEALTHCARE IMPROVEMENT***

***Gilad J. Kuperman, MD, PhD, Associate Director, Clinical Informatics R&D PARTNERS HEALTHCARE SYSTEM & Assistant Professor of Medicine, HARVARD MEDICAL SCHOOL***

***Michael S. Leonard, MD, FAAP, Medical Safety Officer & Pediatric Hospitalist, THE WOMEN'S AND CHILDREN'S HOSPITAL OF BUFFALO, Assistant Professor of Clinical Pediatrics, SUNY BUFFALO***

***Robert Wah, MD, Commander, UNITED STATES NAVY, Deputy Director, Information Management Division, TRICARE MANAGEMENT ACTIVITY, MILITARY HEALTH SYSTEM***

***Scott Weingarten, MD, MPH, President & CEO, ZYNX HEALTH, a subsidiary of CERNER CORPORATION, Director of Health Services Research, CEDARS-SINAI HEALTH SYSTEM, Clinical Professor of Medicine, UCLA***

## ***Learn***

- The relative merits (as well as limitations) of various IT options currently available for medical error reduction, including computerized physician order entry (CPOE), bar coding, smart IV pumps and other drug dispensing systems and systems to detect the frequency of adverse events
- Key considerations in deciding whether or not CPOE is appropriate for your organization (including Ambulatory CPOE)
- The current alternatives to CPOE, with an emphasis on bar coding technologies
- Key considerations in purchasing from a CPOE vendor, including how to facilitate “apples to apples” comparisons and how to negotiate effectively
- Strategies for effectively implementing CPOE and bar coding, including strategies for securing physician buy-in (we are offering a three and one-half hour post-summit workshop that focuses exclusively on CPOE / bar coding implementation)
- Integrating CPOE technology into your organization’s existing clinical decision support / clinical computing system
- How organizations can implement CPOE in light of budgetary constraints
- The evolving role of clinical decision support and knowledge management in promoting patient safety
- Knowledge sharing and standards development initiatives, and their impact on medical error reduction
- How to use communication technology to reduce errors
- Strategies for using mobile/wireless technology to enhance patient safety
- How information technology can be used to reduce errors at the point of care (including the ICU and ER)
- How to collect relevant data, implement an outcomes-focused strategy and benchmark your patient safety outcomes
- How to improve the use of data available within your organization
- How to find relevant patient safety websites on the Internet and how to assess the validity of information posted on these sites
- How to integrate the best of multiple vendor products for an effective computerized patient record (CPR)
- Overview of the new FDA regulations on bar coding, and the implications for your organization.
- The functions of a CPR that will be most helpful in reducing medical errors
- The types of medical errors that are most likely to be solved through automation and those that are least likely to be solved using automation

## WHO SHOULD ATTEND

*CIOs, CMOs, Presidents, CEOs, COOs and CFOs, as well as Pharmacy, Nursing, Case Management and Quality Improvement Staff From Hospitals, Healthcare Systems, Health Plans and Physician Groups; IT and Other Patient Safety Vendors, Pharmaceutical, Medical Device and Diagnostics Companies, as well as Contract Research Organizations, Medical Transcription Companies, Security Companies, Wireless Companies, Pharmacy Chains, Health Information Portals, Group Purchasing Organizations and Employers.*

## THE SUMMIT ON PATIENT SAFETY & INFORMATION TECHNOLOGY ADVISORY BOARD

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*Mitch Work, President & CEO, THE WORK GROUP*

*Scott Weingarten, MD, MPH, President & CEO, ZYNX HEALTH, a subsidiary of CERNER CORPORATION, Director of Health Services Research, CEDARS-SINAI HEALTH SYSTEM, Clinical Professor of Medicine, UCLA SCHOOL OF MEDICINE*

## ABOUT THE SUMMIT ORGANIZER

The Center for Business Innovation (TCBI) develops and markets conferences and other educational programs in the U.S. and internationally. TCBI is an independent company and is not part of any consulting firm, investment bank, information technology firm or any other corporate entity. The company is well-positioned to provide objective, balanced information and analysis on a wide range of topics.

TCBI currently focuses on the U.S. healthcare market, with a strong commitment to organizing programs that offer detailed insights on clinical, technological, financial, strategic and regulatory aspects of healthcare. These programs are carefully designed to meet the information needs of executives, scientists and clinicians from hospitals, managed care organizations, physician groups, pharmaceutical and biotechnology companies, medical device companies, information technology vendors and a host of other players in the rapidly evolving healthcare industry. For additional information, please visit [www.tcbi.org](http://www.tcbi.org)

*For information on speaking opportunities, additional information on our events, or if you would like to discuss a conference idea, please contact:*

*Satish Kavirajan, Managing Director, TCBI: Phone: 310-265-2570 Email: [sk@tcbi.org](mailto:sk@tcbi.org)*

## SPONSORSHIP & EXHIBITION OPPORTUNITIES

**Sponsorship / exhibition is an effective means of promoting your products and services to key decision makers at hospitals, healthcare systems, health plans and physician groups. Key benefits of sponsorship include space to exhibit at the Summit, an advance listing of attendees, passes for staff members and clients/potential clients and exposure on TCBI's website and other promotional media.**

*For additional information, please contact Mary Pooler, Senior Manager, TCBI:*

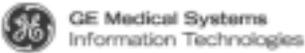
*Ph: 310-265-2573 Email: [mp@tcbi.org](mailto:mp@tcbi.org)*

# THE SUMMIT ON PATIENT SAFETY & INFORMATION TECHNOLOGY

## A G E N D A

### Day One, Thursday, July 10, 2003

**The program is detailed and practical, with a focus on how to use information technology to reduce medical errors and to promote patient safety. The Summit features a variety of formats, including panel discussions, case study presentations and an interactive workshop. For updates to this agenda, please visit [www.tcbi.org](http://www.tcbi.org)**

7:15 Registration / Continental Breakfast Sponsored By: 

8:00 CHAIRPERSONS' OPENING REMARKS

Mark R. Anderson, FHIMSS, CEO, AC GROUP, INC.

Pam Arlotto, Partner, CHRYSALIS HEALTH STRATEGIES & Co-Author of [\*Return on Investment: Maximizing the Value of Healthcare Information Technology\*](#) (Published by HIMSS)

8:45 KEYNOTE ADDRESS: DEVELOPING PATIENT SAFETY INITIATIVES IN COMMUNITY HOSPITALS

In 2000, HCA developed its Patient Safety effort to help reduce medical errors in its nearly 200 hospitals. This extensive project has focused on reducing medication errors, but has expanded to include initiatives to reduce errors in HCA's emergency departments, obstetrical units, and surgical services departments. In 2003, HCA's Patient Safety effort will expand to develop strategies to reduce hospital-acquired infections.

Dr. Houser's presentation will focus on the company's efforts to develop and implement two technology systems to reduce medication errors:

- eMAR is HCA's name for its initiative to utilize bar coding technology to decrease errors at the bedside during medication administration. The eMAR project is currently deployed throughout 15 HCA hospitals.
- ePOM is HCA's name for its computerized physician order entry system. The software for this system was developed by Meditech in collaboration with physicians from HCA facilities specifically for community hospitals.

*Dr. Houser is Senior Vice President for Quality and Medical Director for HCA, Hospital Corporation of America, the nation's largest hospital company. He is a graduate of the Emory Medical School. In the past, Dr. Houser has been a practicing pediatrician, the Medical Director of a multi-specialty group practice in Atlanta, and State Director of Public Health in Georgia.*

**Frank M. Houser, MD, Senior Vice President for Quality & Medical Director, HCA**

9:15 KEYNOTE ADDRESS: SETTING THE STAGE FOR CPOE: DEVELOPING A CULTURE OF PATIENT SAFETY

The Women's & Children's Hospital of Buffalo has deservedly received national acclaim for its patient safety efforts. The CHECKS (Children's Hospital Ensuring Comfort and Kids Safety) program has developed a culture of patient safety at WCHOB utilizing a model in which practicing physicians direct process change, education, practice pattern improvement, and empowerment of personnel at all levels of the institution. The initiatives are data-driven and outcomes-focused. In 2003, WCHOB received the prestigious New York State Department of Health Patient Safety Award for the current innovations and proposed initiatives of the CHECKS program.

Dr. Leonard's presentation will:

- Utilize clinical examples to illustrate the complexity and inherent dangers in the medication prescription process
- Explore the cognitive aspects of medication prescription
- Provide techniques used to encourage safe physician prescription practices
- Describe system-based methodologies to intercept errors before they reach the bedside
- Present a paradigm for measuring best practices, adverse events, and medical errors

*Michael S. Leonard, MD, FAAP is the Medical Safety Officer for The Women's & Children's Hospital of Buffalo. He is a practicing Pediatric Hospitalist, an Assistant Professor of Clinical Pediatrics at the State University of New York at Buffalo, and an HRSA-sponsored Fellow in a Master's degree program in Epidemiology. Dr. Leonard oversees many of the quality initiatives at WCHOB, and actively participates on many of the quality improvement committees throughout his healthcare system. He is a co-founder of the CHECKS program.*

**Michael S. Leonard, MD, FAAP, Medical Safety Officer & Pediatric Hospitalist, THE WOMEN'S AND CHILDREN'S HOSPITAL OF BUFFALO, Assistant Professor of Clinical Pediatrics, SUNY BUFFALO**

9:45 Refreshment Break Sponsored By:  / Exhibitor Showcase

10:15 KEYNOTE ADDRESS: SEEKING A "CLINICAL ROI" FOR CPOE SYSTEMS THROUGH EVIDENCE-BASED MEDICINE

Many hospitals and health care organizations have purchased or are considering the purchase of CPOE systems. However, significant concerns remain about physician acceptance of these systems and whether the clinical ROI of

CPOE will be fulfilled. In the presentation, the speaker will discuss how the incorporation of evidence-based order sets and alerts can potentially improve physician acceptance of these systems and increase the chance of a measurable clinical "ROI" of CPOE systems. Finally, there will be a discussion of the new Leapfrog process measures.

*Dr. Weingarten is President and Chief Executive Officer of Zynx Health, Inc., a subsidiary of the Cerner Corporation, Director of Health Services Research at Cedars-Sinai Health System, and Clinical Professor of Medicine at the UCLA School of Medicine. He has published almost 100 articles, book chapters, and editorials, many describing efforts to measurably improve the quality, safety, and cost of care. He has given approximately 200 presentations on this topic to diverse groups including US Congress, the AMA, the Health Minister of New South Wales, the American Association of Medical Colleges, and the American College of Physicians. Dr. Weingarten has received grants and contracts from many leading healthcare organizations including: The Leapfrog Group, Centers for Disease Control, Center for Medicare and Medicaid Services (CMS), Premier, Inc., VHA, Inc., National Kidney Foundation, and the American Heart Association. Dr. Weingarten is a member of NCQA's Disease Management Advisory Committee. He holds MD and MPH degrees from the University of California, Los Angeles.*

**Scott Weingarten, MD, MPH, President & CEO, ZYNX HEALTH, a subsidiary of CERNER CORPORATION, Director of Health Services Research, CEDARS-SINAI HEALTH SYSTEM, Clinical Professor of Medicine, UCLA SCHOOL OF MEDICINE**

#### 10:45 KEYNOTE ADDRESS: REORIENTING PATIENT SAFETY IN THE MEDICAL PRACTICE

- Key areas of vulnerability within medical practices
- The connection between the concepts of safety and system reliability
- Reorienting performance work in medical practices towards total system reliability

*Dr. Kilo is CEO of GreenField Health System and is a Fellow of the Institute for Healthcare Improvement (IHI), where he was previously a Vice President. At IHI, he started and led the international Idealized Design of Clinical Office Practices initiative, which has sparked a national focus on medical practice improvement and redesign. He has worked on patient safety initiatives with IHI, the Institute for Safe Medication Practices, the American College of Physicians (ACP), and the American Academy of Family Physicians (AAFP), and he has provided input to the Leapfrog Group. Dr. Kilo works regularly with IHI, ACP, AAFP, and the American Board of Internal Medicine on issues pertinent to medical practice performance. He is a practicing internist with subspecialty training in infectious diseases. He attended Washington University School of Medicine, where he also completed his residency. He completed his Infectious Disease fellowship at the Brigham and Women's Hospital and his MPH at the Harvard School of Public Health.*

**Charles M. Kilo, MD, MPH, CEO, GREENFIELD HEALTH SYSTEM & Fellow, INSTITUTE FOR HEALTHCARE IMPROVEMENT**

#### 11:15 SENIOR EXECUTIVE VENDOR PANEL DISCUSSION

- An overview of developments in patient safety, with a discussion of the relative merits of each companies' approach to patient safety
- What functions of a computerized patient record (CPR) will be most helpful in eliminating errors (decision support, workflow, electronic communication, automated alerts, etc.)?
- What demonstrated error reductions have current CPRs achieved?
- What are the major deficiencies in current CPR systems that need to be corrected to achieve better error reduction?
- What types of medical errors will be most readily solved using automation?
- What types of medical errors are least likely to be solved using automation?
- Perspectives on standards development and knowledge sharing by information technology vendors

**Moderator:**

**Mark R. Anderson, FHIMSS, CEO, AC GROUP, INC.**

**Panelists:**

**David L. Schlotterbeck, President & CEO, ALARIS MEDICAL SYSTEMS**

**Chris Haudenchild, President & CEO, CLINICOMP, INTL.**

**Mark Leavitt, MD, PhD, Vice President of Clinical Initiatives, GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES**

**Richard Pope, MD, Senior Medical Scientist, MEDICAL INFORMATION TECHNOLOGY (MEDITECH), INC.**

**Joseph I. Bormel, MD, MPH, Chief Medical Officer & Vice President, Patient Care Systems, QUADRAMED CORPORATION**

#### 12:15 Luncheon

#### 1:30 PANEL DISCUSSION: TAKING A CLOSER LOOK AT BAR CODING AND PATIENT SAFETY

With bar coding moving more to center stage in addressing patient safety concerns, this panel discussion will look at this evolving technology and address the following:

- Bar Coding - A basic definition and explanation of this technology and how it works
- Understanding the historical evolution of bar coding in healthcare and how it has emerged as a major technology tool in reducing medical errors
- New FDA regulations requiring use of bar coding in hospitals – an overview and update (FDA)

**Moderator:**

**Mitch Work, President & CEO, THE WORK GROUP**

**Panelists:**

**Nick Conti, PhD, Vice President of Business Operations and Technology, BECTON DICKINSON BD.id**

**Robert Christiansen, Market Manager, Patient Safety, SIEMENS HEALTH SERVICES**

**Michael Mutter, RPh, Director, Clinical Systems / Quality Improvement, VALLEY MEDICAL CENTER**

**2:30 KEYNOTE ADDRESS: COMPUTERIZED PHYSICIAN ORDER ENTRY IN THE DEPARTMENT OF DEFENSE**  
DoD is now preparing to take military medicine a quantum leap forward with the implementation of CHCS II, the military's computerized patient record (CPR). Integrated into the military's CPR will be a patient's complete clinical history including history, physical, diagnosis and treatment augmenting DoD's current repository of laboratory, radiology and pharmacy information. This information will be stored as structured health data in a central repository. Thus CHCS II enables all patient care to be locally documented and universally accessible 24 hours a day.

Military physicians can now use the power of computers to advance the delivery of care for their patients. For example, physicians will be able to create true population health profiles for targeted patients and implement clinical practice guidelines to decrease variations in care and perform symptom surveillance. Resource planning will benefit from automated coding based on documented care. Having been successfully tested at 4 military sites, CHCS II will be fully installed at 5 military facilities in 2003. When fully deployed, CHCS II will give clinicians secure access to the medical records of 8.7 million beneficiaries.

This presentation will include:

- Past DoD experience with CPOE
- Current order entry capabilities
- Unifying order entry with the electronic medical record
- Future DoD trends with order entry and electronic medical records

*LTC (P) Bart Harmon is the Deputy Director & Chief Medical Information Officer for the Information Management Directorate of the Office of Information Management, Technology and Reengineering, in the Office of the Assistant Secretary of Defense for Health Affairs. In that capacity, he is the Information Management Directorate lead for all aspects of CHCS II, the Department of Defense Computer-Based Patient Record.*

*LTC (P) Harmon served as the Chief of Medical Informatics at Walter Reed Army Medical Center from 1995 to 1998. Since 1998, he has filled multiple leadership roles within the CHCS II Project. Dr Harmon holds a Medical Doctorate from the University of Washington and a Master of Public Health from the Harvard School of Public Health. He is board certified in Anatomic and Clinical Pathology and completed a three year post-doctoral fellowship in Medical Informatics at the Massachusetts General Hospital Laboratory of Computer Science.*

*Lieutenant Colonel Bart Harmon, MD, MPH, Deputy Director & Chief Medical Information Officer, TRICARE MANAGEMENT ACTIVITY, MILITARY HEALTH SYSTEM*

**3:00 Refreshment Break Sponsored By:**  GE Medical Systems Information Technologies / Exhibitor Showcase

**Track A--Strategies for reducing medication error through use of information technology, including in-depth coverage of computerized physician order entry (CPOE) and bar coding**

**Track B--Strategies (other than medication error reduction) for enhancing patient safety through use of information technology**

**Track C--Strategies for reducing medical errors in ambulatory settings. Special emphasis on Ambulatory CPOE (ACPOE)**

**3:30A PANEL DISCUSSION: KEY CONSIDERATIONS IN ADOPTING COMPUTERIZED PHYSICIAN ORDER ENTRY (CPOE)**

- Is CPOE really necessary?
- What are the alternatives?
- CPOE: a technology or a process?
- Is CPOE practical for healthcare organizations with significant budgetary constraints?  
If so, how can a CPOE system be implemented in the most cost-effective manner?
- Change management: creating a culture that enables CPOE adoption
- Return on Investment (ROI) of CPOE

**Moderator:**

*Pam Arlotto, Partner, CHRYSALIS HEALTH STRATEGIES & Co-Author of [Return on Investment: Maximizing the Value of Healthcare Information Technology](#) (Published by HIMSS)*

**Panelists:**

*Scott M. Sharp, MD, COMMUNITY HOSPITAL INDIANA*

*Nirav Shah, MD, Clinical Consultant, GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES*

*Michael C. Pinell, MD, MHA, Vice President & Chief Medical Informatics Officer, ORLANDO REGIONAL HEALTHCARE SYSTEM*

**4:45A PANEL DISCUSSION: INNOVATIVE APPROACHES FOR REDUCING MEDICATION ERROR**

- Are there unique approaches to mitigating medication errors such as drugs not taken/given, the wrong medication being given, the wrong dosage being given?
- How can the number and impact of medication errors best be measured, tracked, evaluated and mitigated?
- What technology will have the greatest impact on reducing medication errors in the next three to five years?
- What major procedural/policy changes will be required for hospitals to significantly reduce medication errors?
- How can the clinical documentation associated with meds administration be simplified to reduce the risk of incorrect charting?
- Includes a discussion of innovative approaches including: smart IV pumps and other drug dispensing systems (including dispensing robots), systems to detect frequency of adverse events and bar coding

**Moderator:**

*Brian Shea, PharmD, Senior Manager, CAP GEMINI ERNST & YOUNG*

**Panelists:**

*Scott Mattingly, Product Line Director-Enterprise Solutions, [MISYS HEALTHCARE SYSTEMS](#)*

*Ray Vrabel, PharmD, Director, Medication Safety Systems, [OMNICELL](#)*

*David Amsden, PharmD, BCNSP, Pharmacy Manager, [PALMETTO HEALTH RICHLAND](#)*

*Liz Johnson, Vice President, Clinical Informatics, [TENET HEALTHCARE](#)*

**6:00** *Day One Concludes; Networking Cocktail Reception*  / *Exhibitor Showcase*

**Track B--Strategies (other than medication error reduction) for enhancing patient safety through use of information technology**

**3:30B** **PANEL DISCUSSION: REDUCING MEDICAL ERRORS AT THE POINT OF CARE**

**Focus on ICU, ER, Perioperative Suite and other key inpatient care delivery areas for error reduction. Definition of all those Access Points from which clinicians can secure patient information for their patient care delivery and decision-making**

- What are the most prevalent types of errors at the point of care, and why?
- What technologies and/or systems are available today (or on the near horizon) that offers the greatest potential to improve operating performance toward achieving a high level of patient safety?
- What technologies and/or systems have not demonstrated improved performance?
- What are the cost and productivity implications of implementing these technologies?
- Identifying the barriers to success that other organizations might face when evaluating deployment of some of these technologies and/or systems
- Looking into the future, what are the key challenges to deploy a variety of technologies and/or systems for patient safety?

**Moderator:**

*Lucy Mancini-Newell, MBA, Healthcare Consulting Practice Leader, [PEROT SYSTEMS](#)*

**Panelists:**

*Janette Polacshek, Director of Medical Informatics, [CEDARS-SINAI HEALTH SYSTEM](#)*

*Richard Fiddleman, Deputy Healthcare Program Manager, [MITRETEK SYSTEMS HEALTH SYSTEMS AND SERVICES](#)*

*Patrick B. Carney, Chief Information Officer, [NORTH SHORE - LONG ISLAND JEWISH HEALTH SYSTEM](#)*

**4:45B** **AUTOMATING THE INFECTION CONTROL PROCESS**

Infection control is one of the three leading health and safety issues in hospitals. According to estimates from the Centers of Disease Control and Prevention (CDC), two million patients in the United States annually develop an infection while being treated in hospitals. About 90,000 of these patients die as a result of their infection. Infections are also a complication of care in other settings including long-term care facilities, clinics and dialysis centers. Working with a state Department of Public Health (DPH), mTuitive has developed a new approach to one of the biggest clinical challenges in healthcare. Prompted by the recent threats of SARS and biological terrorism, the DPH sought to automate its field epidemiologists to optimize its response to potential outbreaks of infectious and contagious disease. The DPH chose the Tablet PC as the hardware platform and looked to mTuitive to provide the software solution. The mTuitive approach seeks to control infection by controlling the flow of paper. The DPH has adopted this solution to provide the responding epidemiologist with the requisite resources at the point of investigation.

*John W. Murphy, Chairman & CEO, [MTUITIVE, INC.](#)*

*Bob Moriarty, Partner, [DBM SOLUTIONS, LLP](#)*

**5:30B** **BAR CODING CASE STUDY : LABORATORY SPECIMEN MANAGEMENT SYSTEMS AS THE LOGICAL FIRST STEP FOR A TOTAL PATIENT MEDICAL ERROR MANAGEMENT SYSTEM (PMEMS)**

There is a strong movement to implement patient medical error management systems (PMEMS) in hospitals and other clinical settings. A variety of methodologies have been applied to give guidance on what type of PMEMS to implement, e.g., root cause analysis, work process engineering, financial return, and risk-adjusted return (bang for the buck). PMEMS modules such as laboratory specimen management systems can be implemented and accepted by the users at a relatively fast pace due to: 1) greater standardization of the specimen collection process and materials 2) involvement of a smaller number of specialized user groups within the hospital, and 3) ability to implement on a modular basis requiring fewer interfaces to existing information systems. Data is presented on the efficacy of the BD.id Dx™ System on preventing specimen collection errors in acute care institutions. The effect of actual data and users judging a PMEMS component system as effective increases the willingness of the staff to make larger scale changes necessary to adopt additional PMEMS components. This makes a specimen management system a logical first step in a total patient safety solution.

*Nick Conti, PhD, Vice President of Business Operations and Technology, [BECTON DICKINSON BD.id](#)*

*George Hardy, Assistant Administrator for Ancillary Services, [SOUTH GEORGIA MEDICAL CENTER](#)*

**6:00** *Day One Concludes; Networking Cocktail Reception*  / *Exhibitor Showcase*

**Track C--Strategies for reducing medical errors in ambulatory settings. Special emphasis on Ambulatory Computerized Physician Order Entry (ACPOE)**

**3:30C** **PANEL DISCUSSION: CPOE IN THE AMBULATORY SETTING**

This session will offer an introduction to the role of CPOE in the ambulatory setting, including:

- The value Ambulatory CPOE provides to an office-based physician—why should physicians adopt ACPOE?
- An understanding of the unique requirements of Ambulatory CPOE, and differences from inpatient CPOE
- Factors that make Ambulatory CPOE more of a reality today than in prior years (technology, cultural, business)

- Hurdles still remaining for CPOE adoption
- Key success criteria for CPOE implementations – workflow integration, technology, cultural factors
- ROI model-factors to consider

**Moderator:**

*Sean Wieland, Managing Director & Research Analyst, [WR HAMBRECHT & CO LLC](#)*

**Panelists:**

*Mark Leavitt, MD, PhD, Vice President of Clinical Initiatives, [GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES](#)*

*Richard Pope, MD, Senior Medical Scientist, [MEDICAL INFORMATION TECHNOLOGY \(MEDITECH\), INC.](#)*

**4:45C CASE STUDY: REDUCING MEDICAL ERRORS IN AMBULATORY SETTINGS WITH THE USE OF CPOE IN PHYSICIANS' OFFICES**

This session will examine Bemidji, Minnesota-based North Country's experiences with CPOE, including that of non-staff physicians in the CPOE process. Getting community-based physicians in their offices to participate in computerized ordering is a significant step in reducing medical errors and in an organization's patient safety initiatives. North Country is meeting this challenge by educating affiliated (yet independent) physicians about the benefits of a CPOE management system across the organization.

*Hoda Sayed-Friel, Vice President Marketing, [MEDICAL INFORMATION TECHNOLOGY \(MEDITECH\), INC.](#)*

*Brian Livermore, MD, [NORTH COUNTRY REGIONAL HOSPITAL](#)*

**5:30C KEY CONSIDERATIONS IN PURCHASING FROM A CPOE VENDOR**

- Critical Success Factors for a rational/successful buying process
  - How to organize
  - How to identify proper group vendors to bid
  - Other major steps in the process
- How to keep a level playing field and facilitate an "apples to apples" comparison
- Managing vendors and tips to avoid succumbing to vendor hyperbole
- Insights for successful contract negotiation

*Michael R. Cohen, MM, President, [MRC CONSULTING GROUP](#)*

**6:00** *Day One Concludes; Networking Cocktail Reception  / Exhibitor Showcase*

## Day Two, Friday, July 11, 2003

**7:30** *Continental Breakfast / Exhibitor Showcase*

**8:00 CHAIRPERSONS' OPENING REMARKS**

*Gilad J. Kuperman, MD, PhD, Associate Director, Clinical Informatics R&D,*

*[PARTNERS HEALTHCARE SYSTEM](#) & Assistant Professor of Medicine, [HARVARD MEDICAL SCHOOL](#)*

*Mitch Work, President & CEO, [THE WORK GROUP](#)*

**Please note that on Day Two, both Track A and Track B will contain sessions focusing on medication error reduction as well as other approaches for enhancing patient safety through use of information technology. Please see session descriptions to determine whether or not a particular session is appropriate for you.**

**8:15A SUMMARY OF RECENT KLAS CPOE SURVEY**

KLAS recently completed a survey (February 2003) and published a report (*CPOE Digest*) with the objective to survey every live CPOE site in North America where there was a linkage and/or a relationship between the inpatient and ambulatory environment and a potential need to effect or be responsible for patient care treatment across these boundaries. To qualify, the participant had to be "live" with CPOE in either an inpatient or ambulatory setting. KLAS was able to validate CPOE use in 125 sites and subsequently produced a report of the findings generated. This presentation will be a summary of this report.

*Yvonne Miller, Associate Director, [KLAS ENTERPRISES, LLC](#)*

**8:45A CASE STUDY: THE VALUE OF CQI DATA FROM THE MEDLEY™ MEDICATION SAFETY SYSTEM**

Children's Hospital and Health Center implemented the Medley™ Medication Safety System in October 2002. The presentation will focus on infusion medication systems as an essential technology in clinical quality improvement. The case study will also present the concept of a bedside safety net that performs "tests of reasonableness" to reduce infusion device programming errors. The presenters will review the data resulting from the use of the technology. Children's Hospital and Health Center is the San Diego region's only dedicated pediatric trauma center and the only area hospital dedicated solely to pediatric care.

*Joseph Conductor, Director, Software and Applications, [ALARIS MEDICAL SYSTEMS, INC.](#)*

**9:15A ADVENTIST HEALTH SYSTEM CASE STUDY**

This case study will outline Adventist's experiences related to improving quality and outcomes by implementing clinical best practices. Adventist Health System is the largest Protestant healthcare organization in the US, with 37 hospitals in 10 states, totaling over 6000 beds and 42,000 employees.

*Loran D. Hauck, MD, Vice President, Medical Affairs / CMO, [ADVENTIST HEALTH SYSTEM](#)*

**10:00 Refreshments / Exhibitor Showcase**

**10:15A KEY SUCCESS FACTORS IN DRIVING CPOE ADOPTION AND ENHANCED CARE DELIVERY**

This session will discuss approaches to CPOE implementation within a comprehensive clinical information system to assure physician adoption and improved outcomes. The discussion will include:

- Seven key steps in preparing the foundation for CPOE and enhanced care
- Planning for a positive physician experience
- Selecting a technically appropriate method to enhance the value of the physician's experience
- The issues around content embedding related to that experience

*Joseph I. Bormel, MD, MPH, Chief Medical Officer & Vice President, Patient Care Systems,*

*[QUADRAMED CORPORATION](#)*

*Linda Creps, Senior Director Departmental Systems, [QUADRAMED CORPORATION](#)*

**11:00A CASE STUDY: THE INDIANA HEART HOSPITAL: A DIGITAL HOSPITAL SUCCESS STORY**

The Indiana Heart Hospital (TIHH) is an 88 bed specialty cardiac hospital in Indianapolis, IN. After extensive market research, TIHH set out to leverage technology to the fullest extent possible to improve patient outcomes, patient safety, physician and clinical productivity, financial performance, and ultimately optimize all clinical, administrative, and financial processes. TIHH has set the benchmark for broad-based technology deployment in the Provider market space. We will present, in a case study format, the context and process that lead to TIHH's decision to be an all digital hospital, the planning, selection, and implementation process utilized, and key "lessons learned."

*Neal Bowlen, Enterprise Consultant, [GE MEDICAL SYSTEMS INFORMATION TECHNOLOGIES](#) (formerly Chief Information Officer, [THE INDIANA HEART HOSPITAL](#))*

*James E. Fisher, Senior Manager, [PRICEWATERHOUSECOOPERS](#)*

**11:45A FINANCING: THE KEY TO PAYING FOR PATIENT SAFETY UPGRADES**

In this presentation, Mike Kennedy, Strategic Marketing Manager at GE Healthcare Financial Services, will address how financing often proves to be the most flexible and affordable option for providers. Specifically, Mr. Kennedy will cover:

- How IT spending fits into the overall balance sheet
- Why it is important to choose a lender that has an expertise in healthcare and understands the clinical, regulatory and reimbursement issues facing the industry
- What benefits a provider can obtain from a diverse lender that offers a wide range of services and financing alternatives
- How experts in both health care and financing can counsel providers to first address underlying processes before investing in systems to automate them
- How proper financing techniques can enable providers to enhance patient safety while also maintaining the financial health

*Mike Kennedy, Senior Vice President, Strategic Marketing, [GE HEALTHCARE FINANCIAL SERVICES](#)*

**12:15 CONCLUDING KEYNOTE ADDRESS: USING DECISION SUPPORT TO REDUCE MEDICAL ERRORS—A PRACTICAL APPROACH**

- The infrastructure necessary for decision support
- Overview of expert systems and decision support
- Organizational issues in creating rules
- Examples of decision support in order entry (laboratory related, radiology related, medication related)
- Event monitoring for alerting and detection of adverse drug events (optional, depending on time allotted)
- Results of studies

*Dr. Kuperman is Associate Director, Clinical Informatics R&D, at Partners HealthCare System in Boston, and an Assistant Professor of Medicine at Harvard Medical School. His work at Partners has centered on the development of alerts and reminders in CPOE to improve patient safety and the efficiency of health care. Dr. Kuperman also has studied issues related to the successful implementation of CPOE. He lectures widely on the benefits of advanced clinical information systems. He has authored or co-authored over 50 peer-reviewed articles. Dr. Kuperman has a PhD in Medical Informatics from the University of Utah*

*Gilad J. Kuperman, MD, PhD, Associate Director, Clinical Informatics R&D,*

*[PARTNERS HEALTHCARE SYSTEM](#) & Assistant Professor of Medicine, [HARVARD MEDICAL SCHOOL](#)*

**1:00 The Second Annual Summit on Patient Safety & Information Technology Concludes; Luncheon for Attendees of Afternoon Post-Summit Workshop and Focus Groups**

## Track B

### 8:15B SIEMENS CASE STUDY: AN INTEGRATED APPROACH TO PATIENT SAFETY THROUGHOUT THE HEALTHCARE ENTERPRISE--LOOKING TO IT AND BEYOND

This session provides an overview of Siemens' approach to integrating all patient safety initiatives in an HCO. This includes more than just IT, medical equipment and devices. It includes how an HCO thinks about patient safety as part of its basic mission and commitment to patients and the community it serves. The session will feature a Siemens representative, as well as two Siemens clients.

**Robert Christiansen, Market Manager, Patient Safety, SIEMENS HEALTH SERVICES**  
**Kathy Skarbek, RN, BSN, Clinical Analyst, DANVILLE REGIONAL HEALTH SYSTEM**  
**Reid W. Coleman, MD, MIO (Medical Informatics Officer), LIFESPAN & Medical Director, LIFESPAN/PHYSICIANS PSO & Associate Professor of Medicine, BROWN UNIVERSITY**

### 9:15B IMPROVING PATIENT SAFETY BY ELIMINATING PROBLEMS IN THE PRODUCT RECALL AND ALERT PROCESS

Mitretek and Johns Hopkins Health System are collaborating in the development of the Risk and Alert Management System (RASMAS) to improve patient safety by eliminating many of the problems in the existing product alert distribution and tracking processes. Shortcomings of the current processes, findings from an American Hospital Association survey on the hospital industry's views on the current product alert process, and current and projected annual alert volumes will be discussed. Results and lessons learned from the RASMAS pilot effort conducted at Johns Hopkins will be presented including the time delays and the costs to distribute and track alerts pre and post implementation of RASMAS.

**Wayne Sparkes, MPH, MSC, Senior Projects Administrator, JOHNS HOPKINS MEDICAL INSTITUTION CENTER FOR INNOVATION IN QUALITY PATIENT CARE**  
**Richard Fiddleman, Deputy Healthcare Program Manager, MITRETEK SYSTEMS HEALTH SYSTEMS AND SERVICES**

### 10:00 Refreshments / Exhibitor Showcase

### 10:15B CASE STUDY: ICU AUTOMATION AND THE IMPACT ON PATIENT SAFETY

This is a presentation from the perspective of both the vendor and the healthcare organization, emphasizing the urgent need for a clinical decision support strategy that will positively impact patient safety. The ICU will be examined as the area where the most lives can be affected. This session will focus on the formulation of a solution that starts with the automation of clinical documentation of the ICU.

**Alan Portela, Senior Vice President of Client Relations, CLINICOMP, INTL.**

### 11:00B PANEL DISCUSSION: MEASURING OUTCOMES & BENCHMARKING PATIENT SAFETY EFFORTS

In the Institute of Medicine's *Crossing the Quality Chasm* report, creating an infrastructure to support evidence-based practice is considered critical. Facilitating the use of information technology is necessary to transform healthcare systems. Emphasis should be placed on information systems that are well-designed, automated, efficient, and touch patient care. This panel discussion will delve into:

- Real-world application of outcomes and how an outcomes-focused strategy minimizes problems, optimizes the favorable use of data for improving organizations, and empowers patients, physicians and others served
- Background for maximizing utility and applicability of data while minimizing pitfalls through appropriate analytic and reporting techniques
- Pragmatic recommendations for improving the use of current data available within most healthcare organizations, and prioritizing improvements in data and related systems
- Results of actual and ongoing studies, projects and initiatives for improving patient safety and reducing untoward outcomes

#### **Moderator:**

**Carol R. Selvey, Director, Implementation Services, SOFTMED SYSTEMS, INC. & President, HIMSS CENTRAL FLORIDA CHAPTER**

#### **Panelists:**

**Wayne Sparkes, MPH, MSC, Senior Projects Administrator, JOHNS HOPKINS MEDICAL INSTITUTION CENTER FOR INNOVATION IN QUALITY PATIENT CARE**

**Christy L. Beaudin, PhD, MSW, CPHQ, Corporate Director, Quality Improvement, PACIFICARE BEHAVIORAL HEALTH**

**David Amsden, PharmD, BCNSP, Pharmacy Manager, PALMETTO HEALTH RICHLAND**

### 12:15 CONCLUDING KEYNOTE ADDRESS: USING DECISION SUPPORT TO REDUCE MEDICAL ERRORS—A PRACTICAL APPROACH (Please see page 9 for detailed description of the session)

**Gilad Kuperman, Associate Director, Clinical Informatics R&D, PARTNERS HEALTHCARE SYSTEM & Assistant Professor of Medicine, HARVARD MEDICAL SCHOOL**

### 1:00 The Second Annual Summit on Patient Safety & Information Technology Concludes; Luncheon for Attendees of Afternoon Post-Summit Workshop and Focus Groups

# OPTIONAL POST-SUMMIT WORKSHOP OVERCOMING THE BARRIERS TO CPOE / BAR CODING IMPLEMENTATION

Workshop Hours: Friday, July 11th, 2003, 2:00 to 5:30 pm

**TARGET AUDIENCE** - *CMO, CIO, PSO, Chief of Pharmacy and other hospital and healthcare system staff responsible for CPOE / Bar Coding implementation. Also of interest to managed care executives and clinicians, as well as vendors.*

1. **Introduction: "Who's On First" - CPOE or BCMA (Bar Code Medication Administration)?**
2. **Readiness of an Organization -**
  - a. **Wide Range of Readiness for Implementing Patient Safety Technologies: Computerized Physician Order Entry (CPOE) and Bar Code Medication Administration (BCMA)**
  - b. **List of Readiness Criteria**
    - i. **Organizational Readiness**
      1. **Executive Sponsorship**
      2. **Physician Organization Structure and Sponsorship**
      3. **Technology and Application Readiness**
      4. **Clinician Readiness**
      5. **Fiscal Readiness**
      6. **Strategic Positioning (IT and Business Planning)**
      7. **History of Success/Failure with Similar Projects**
    - ii. **Vendor Partner Readiness**
    - iii. **Independent Physician Readiness**
    - iv. **Entity Partner Readiness**
    - v. **Business Partner Readiness**
  - c. **Where Do You Fall on the Readiness Scale?**
  - d. **Case Study or "Lessons-Learned" on Readiness**
3. **Impacts of Readiness Preparation - People, Process, Technology**
  - a. **Organizational**
  - b. **Workflow Process**
  - c. **Application and Technology**
  - d. **Case Study of Becoming Ready**
4. **Strategy Alternatives to Implementing Patient Safety Products - CPOE and BCMA (Including Case Studies)**
5. **Benefits Realization**
  - a. **ROI Approach - What Does the Approach Look Like?**
  - b. **Approaches to Benefits Identification and Realization**
  - c. **Selling it to Finance**
6. **State of the Vendor Marketplace**
7. **Concluding Statements**
  - a. **Readiness Report Card and Survey to Complete and Email Back to Us**
  - b. **Key Take-a-Ways from the Discussion**
8. **Questions/Answers**

**TIME FORMAT** - 3 1/2 hours

## **INSTRUCTORS**

**Janette Polacshek, Director of Medical Informatics, CEDARS SINAI HEALTH SYSTEM.**

**Patrick B. Carney, Chief Information Officer, NORTH SHORE - LONG ISLAND JEWISH HEALTH SYSTEM.** North Shore-LIJ is one of the largest not-for-profit health systems in the U.S. with 6,500 affiliated physicians, 30,000 employees and over \$3 billion in annual revenues. Of its 18 hospitals, three are tertiary, one is a children's hospital and one is a psychiatric hospital. It also includes an internationally recognized Research Institute, a network of home health agencies, and a management services organization. Mr. Carney is responsible for strategic IS planning and managing the IS and Telecommunications operations throughout the Health System. North Shore-LIJ recently won an award for its innovative web portal at the Long Island Software Awards (LISA) competition.

**Doug Christensen, RN, Senior Management Consultant, PEROT SYSTEMS.** Mr. Christensen is a healthcare professional with an exceptionally well-rounded base of experience in the industry. His more than 21-year record of achievement encompasses positions as a practicing registered nurse within hospital settings, manager of healthcare consulting services with major national and international organizations, and regional client service and implementation representative for healthcare information system vendors. Among his primary qualifications is his experience in systems selection and implementation, patient care/workflow redesign, IT Strategic Planning and Assessment, and his demonstrated ability to assist a variety of providers in achieving their integration, clinical, and business goals.

**Lucy Mancini-Newell, MBA, Director Healthcare Consulting Practice, PEROT SYSTEMS.** Ms. Mancini-Newell is responsible for developing and leading Perot Systems' Healthcare division consulting practice. Her expertise includes IT strategic planning, IT assessments, information systems selections and vendor/product confidential assessments for healthcare organizations ranging from urban healthcare delivery systems to small community hospitals in rural areas. She has written numerous articles related to healthcare IT, and recently authored a book: *e-Progress: Notes From the Field*, published by HIMSS in 2002. Ms. Mancini-Newell has developed and taught classes on IT strategic planning and methodology.



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Contact Info: GE Medical Systems Information Technologies

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BD is proud to bring our customers over 100 years of tradition and healthcare heritage as the leading manufacturer of high quality medical devices. As we look to the future, BD continues to lead the way in delivering significant technological improvements focused on effective patient safety and outcomes. BD.id is one such example of our commitment to innovative and sensible safety solutions for healthcare workers and

patients.

BD.id provides innovative solutions focused on patient safety by reducing sample misidentification errors with the BD™ Dx System. The BD™ Dx System for Specimen Management collects every piece of vital information needed for blood collection? patient and clinician, specimen and container, test type and collection time. Collects it, sorts it, and sends it where it's needed most: to the patient's bedside, into the hands of your nurse or phlebotomist. We're linking the world's leading specimen tubes with bar coding technology to achieve better data tracking and greater process efficiencies. It's an effort that will reduce costs and help save lives.

Only one company offers a comprehensive specimen management system combining BD VACUTAINER™ safety blood collection systems and innovative bar-code technology. Now, a single source can deliver the tools you need to help reduce the consequences of mismatched specimens. In the struggle against error, ally yourself with the BD™ Dx System for Specimen Management.



CliniComp, Intl. was founded in 1983 with the goal of complete automation of patient charting. A complete suite of clinical decision support products and services include:

- WinCIS - Clinical Information System – completely automates the documentation process for each hospital patient care environment, eliminating manual charting.
- WinCPOE – Computerized Physician Order Entry – allows for the effective entry, classification and management of orders, and screens medication orders for prior adverse reactions, interactions with other drugs and food, and duplicate orders and therapies.
- GDR – Global Data Repository - an Oracle® based clinical data repository that collects data in real time from administrative and clinical computer systems within the enterprise, allowing immediate queries of patient data.
- MD++ - Physician Expert Assistant – offers Passive Decision Support by putting relevant data online, integrating this data and making it highly accessible, and automating physician documentation. MD++ also offers Active Decision Support by providing Auto-Alerts & Messages, presenting data via mobile technology (pocket pc's and web phones), and providing Auto-Coding (CPT & ICD) from Op Notes, Progress Notes and Discharge Summaries.

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MEDITECH (Medical Information Technology, Inc.) located in Westwood, MA, provides extensive products and functionality within its Health Care Information Systems that today provide health care organizations with distinct advantages in their quality care and process improvement initiatives. MEDITECH's CPOE product for community-based and academic health care organizations unites all care team members in a coordinated team approach. The product takes full advantage of integration among MEDITECH's EMR, Pharmacy, Laboratory, Nursing, Radiology and other applications to provide organizations a consistent and complete order management process.

Other quality care and process improvement features in the MEDITECH HCIS include Bedside Medication Verification with bar coding, on-line Medication Administration Record, a Data Repository and more.

For 34 years, MEDITECH has developed Health Care Information Systems with products purposely designed to ensure an organization's policies and care processes flow seamlessly throughout the continuum of care, whatever its size or configuration of facilities. More than 1800 large health care enterprises, multi-hospital alliances, teaching hospitals, community hospitals use the MEDITECH HCIS to deliver integrated care to the populations they serve.

Our official contact is: Paul Berthiaume, Public Relations: Phone: 781-821-3000 Fax: 781-821-2199 Email: pberthiaume@meditech.com



Established in 1992, Omnicell (NASDAQ: OMCL) is a leading provider of patient safety solutions for healthcare. Addressing the medication-use process and the medical-surgical supply chain, Omnicell's broad range of solutions are used throughout the healthcare facility--in the pharmacy, nursing units, operating room, cardiac cath lab, and all the way to the patient's bedside. Improving patient care by enhancing operational

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### SIEMENS

Siemens Medical Solutions of Siemens AG with headquarters in Malvern, Pennsylvania and Erlangen, Germany, is one of the largest suppliers to the healthcare industry in the world. The company is renowned for its innovative products, including imaging systems for diagnosis, therapy equipment for treatment, hearing

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Known as the premiere health information application service provider, the company processes nearly 144 million transactions daily and manages more than 86 terabytes of data - twice the information volume of the Library of Congress. Employing approximately 31,000 people worldwide, the company's preliminary figures for fiscal 2002 include sales of 7.6 billion EUR, orders of 8.4 billion EUR and EBITA of 1 billion EUR. More information can be obtained by visiting [www.siemensmedical.com](http://www.siemensmedical.com).

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Contact: Erin Curtis, Market Development Manager ALARIS Medical Systems  
10221 Wateridge Circle - San Diego, CA 92121 Phone: (858) 458-7723 Fax: (858) 458-7613



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Telephone: 800/ 862-9939  
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Misys Healthcare Systems, is among the top five healthcare IT companies in the United States. The company designs, develops, and supports a comprehensive suite of clinical information products and currently serves over 1,200 hospitals and commercial laboratories.

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Company Contact Information: Misys Healthcare Systems Sales Department 800-748-9658 or 520-570-2000 [info@misyshealthcare.com](mailto:info@misyshealthcare.com)

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Mitretek Systems a not-for-profit scientific, technology, and management consulting organization that performs work in the public interest. Mitretek's information technology services include HIPAA security guidance, call center engineering, guidance and support during procurement and implementation of vendors' products or services, and patient safety improvement. In the area of patient safety, Mitretek is concentrating on improving patient safety by eliminating the problems in the distribution and handling of product alerts. Mitretek's healthcare management consulting services includes strategy and alignment guidance, service line assessments, clinical services planning, and facilities planning.

Contact: Ann Magee, RN BSN, Lead Healthcare Specialist Telephone: 703-610-2460 Email: [ann.magee@mitretek.org](mailto:ann.magee@mitretek.org)  
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mTuitive was founded by a group of experts in the fields of medicine, health care software, and human factors engineering who recognized, first-hand, a need to make health care safer, affordable, and more efficient. The company's mission is to expand the role of the computer to make it an intimate part of the workflow process, rather than simply a tool to record results. mTuitive brings the power of computers— labor savings, quality assurance, and knowledge access – to the health care worker in a way that does not disrupt their normal duties or require additional effort. Our solutions enhance hospital and laboratory information systems to help you maximize the return on investment of your existing systems.

Colin Murphy, Director of Business Development Email: [colin.murphy@mtuitive.com](mailto:colin.murphy@mtuitive.com) Corporate Phone: 508.420.6500



QuadraMed is dedicated to improving healthcare delivery by providing innovative healthcare information technology and services. From clinical to patient information management and revenue cycle to health information management, QuadraMed delivers real-world solutions that help healthcare professionals deliver outstanding patient care with optimum efficiency. Behind our products and services is a staff of more than 900 professionals whose healthcare experience has earned QuadraMed the trust and loyalty of its many customers. To find out more about QuadraMed, visit [www.quadramed.com](http://www.quadramed.com).

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To learn more about AAHP Solutions and how we can help you grow your business, check out [www.aahpsolutions.org](http://www.aahpsolutions.org) today or contact the AAHP Business Advancement Team at 202-778-3251 or [businessadvancement@aahp.org](mailto:businessadvancement@aahp.org). AAHP is the largest national trade organization representing more than 1,000 health plans that provide health care coverage to more than 170 million Americans.



Central & South Florida, Southeast Texas,  
Northern & Southern California Chapters

Healthcare Information and Management Systems Society (HIMSS) has more than 36 chapters and 12,000 members working in healthcare organizations throughout the world. Chapters provide valuable links between healthcare professionals in close proximity. HIMSS chapters regularly meet to learn from expert speakers, share knowledge, and network. To keep members posted on industry and HIMSS events, chapters publish newsletters and maintain websites. Chapters may also offer educational sessions designed to help you in your workplace. They are one of the best resources you can have for keeping abreast of local issues - right in your own backyard.



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CONTACT: Telephone: 972-980-0013 E-mail: [info@outsourcing-center.com](mailto:info@outsourcing-center.com)  
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# PATIENT SAFETY SUMMIT REGISTRATION INFORMATION

## You may register by

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Website : www.tcbi.org

Mail:  
The Center for Business Innovation Inc.  
944 Indian Peak Road, Suite 220  
Rolling Hills Estates, CA 90274

### TUITION :

**Standard Registration (Summit Only) \$1295**

**Standard Registration (Summit Plus Optional Post-Summit Workshop) \$1695**

The standard rate applies to all vendors, consultants and other non-customers of patient safety products and services.

**Patient Safety Customer Registration (Summit Only) \$ 695**

**Patient Safety Customer Registration (Summit Plus Optional Post-Summit Workshop) \$ 995**

The customer rate applies only to full-time employees of hospitals, healthcare systems, health plans and physician groups. TCBI reserves the right to determine whether or not a registrant qualifies for this special rate.

*TCBI is offering a discount of \$100 off the applicable registration fee above for all members of the American Association of Health Plans (AAHP) and Healthcare Information and Management Systems Society (HIMSS) Northern California, Southern California, Southeast Texas, Central and South Florida Chapters. Those who are members of more than one of these associations cannot combine discounts--the full discount available is \$100. Proof of membership required. Patient Safety Customers, as defined above are also entitled to a \$100 **Earlybird Discount** on the registration fee provided that the registration and payment is received on or before **June 15, 2003**.*

*To register, please use the registration form on the back cover of this brochure. For optimal service, TCBI recommends that you register by phone, fax or through our website. If you plan to mail a check to TCBI, please register in advance by phone, fax or through our website, then mail the check with a copy of the registration form.*

### GROUP DISCOUNTS:

If your Company sends two delegates to the Summit, the third and subsequent delegates from your Organization receive \$200 off the applicable registration fee. We recommend that you register by phone or fax if you qualify for this discount. Organizations sending three or more delegates may find sponsorship an economical alternative (please see bottom of page). For discounts on groups of five or more, or for additional information, please contact TCBI: Ph: 310-265-2570 Email: mail@tcbi.org

### PAYMENTS:

Payments must be made in U.S. dollars by American Express, Diners Club, Discover, Mastercard, Visa, company check (drawn on a U.S. bank), or by wire transfer. Please make checks payable to The Center for Business Innovation and send to: **TCBI, 944 Indian Peak Road, Suite 220, Rolling Hills Estates, CA 90274**. In the memo area of the check please write the name of the registrant and the conference code C104. For information about wire transfers, please call 310-265-2570 or email us at mail@tcbi.org

### HOTEL INFORMATION:

Sheraton World Resort, 10100 International Drive, Orlando, Florida 32821

**To secure your accommodations, reservations must be made directly through the Sheraton World Resort at (800) 327-0363 or 407-352-1100.** To receive our preferred group rates, you must mention "TCBI SUMMIT". All reservations must be made no later than **Wednesday, June 18, 2003**. Any individual cancellation within 72 hours of the date of arrival will be billed for one night room and tax.

### CANCELLATION POLICY:

For cancellations received in writing:

Four weeks or more prior to the event	Full Refund or Credit Voucher
Between two weeks and four weeks prior to the event	\$200 Cancellation Fee or Full Credit Voucher
Two weeks or less prior to the event	No Refund; Full Credit Voucher Will Be Issued

Credit vouchers may be applied toward any future TCBI event within one calendar year.

If TCBI decides to cancel any portion of this event, the organizers are not responsible for covering airfare, hotel or any other costs. Speakers, networking events and the agenda are subject to change without notice. This cancellation policy applies to paid registrations only, not sponsorship.

### SUBSTITUTIONS:

Registrant substitutions may be made up to the day of the event.

### SPONSORSHIP & EXHIBITION OPPORTUNITIES

Sponsorship / exhibition is an effective means of promoting your products and services to key decision makers at hospitals, healthcare systems, health plans and physician groups. Key benefits of sponsorship include space to exhibit at the Summit, an advance listing of attendees, passes for staff members and clients/potential clients and exposure on TCBI's website and other promotional media.

**For additional information, please contact Mary Pooler, Senior Manager, TCBI**

**Ph: 310-265-2573 Email: mp@tcbi.org**

# PATIENT SAFETY SUMMIT REGISTRATION FORM

July 10-11, 2003, Sheraton World Resort, Orlando, Florida

Please choose one of the following options:

## TUITION :

- Standard Registration (Summit Only)** **\$1295**
- Standard Registration (Summit Plus Optional Post-Summit Workshop)** **\$1695**  
The standard rate applies to all vendors, consultants and other non-customers of patient safety products and services.
- Patient Safety Customer Registration (Summit Only)** **\$ 695**
- Patient Safety Customer Registration (Summit Plus Optional Post-Summit Workshop)** **\$ 995**  
The customer rate applies only to full-time employees of hospitals, healthcare systems, health plans and physician groups. TCBI reserves the right to determine whether or not a registrant qualifies for this special rate.

*TCBI is offering a discount of \$100 off the applicable registration fee above for all members of the American Association of Health Plans (AAHP) and Healthcare Information and Management Systems Society (HIMSS) Northern California, Southern California, Southeast Texas, Central and South Florida Chapters. Those who are members of more than one of these associations cannot combine discounts--the full discount available is \$100. Proof of membership required.*

- I am a member of AAHP and/or the HIMSS Chapters listed above and am entitled to a \$100 discount on the applicable registration fees above.**
- I am a Patient Safety Customer as defined above and am entitled to a \$100 Earlybird Discount on the registration fees above. I understand that registration and payment must be received by June 15, 2003 to qualify for the Earlybird Discount.**



The Center for Business Innovation

Send Completed Registration Form With Payment (If Applicable) To:

The Center for Business Innovation Inc.

944 Indian Peak Road, Suite 220

Rolling Hills Estates, CA 90274

Phone: 310-265-2570 Fax: 310-265-2963 Email: mail@tcbi.org

To Register By Phone, Please Call 310-265-2570

To register by fax or mail, please make a copy of this page, fill out the form for each registrant and send to TCBI.

Register online at  
[www.tcbi.org](http://www.tcbi.org)

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

Nickname for Badge: (if different from first name) \_\_\_\_\_

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

Company: \_\_\_\_\_

Address/Suite/Floor#: \_\_\_\_\_

City: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

I accept the Cancellation policy as stated on page 15.

(signature required to process registration): \_\_\_\_\_

Method of Payment (please check one)

American Express  Visa  MasterCard  Discover  Diners Club  Company Check

Wire Transfer

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name Appearing on Credit Card: \_\_\_\_\_

Mailing Address for Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

To be added to our mailing list, please email us at mail@tcbi.org