2011 Annual Conference

Nursing Informatics: Blazing the HIT Trail

Register online:
www.ania-caring.org

Las Vegas Hilton
May 12-14, 2011
Nursing Informatics:

**Blazing the HIT Trail**

Las Vegas Hilton • Las Vegas, NV
May 12-14, 2011

**Blazing the Trail**

Our annual informatics conference is fast approaching, and I hope you will be able to join us. Many of us have learned that blazing the trail in HIT is fraught with perils. I invite you to attend this year’s conference in Las Vegas to learn from your peers and leaders their exciting tales of what it takes to implement HIT successfully.

We are fortunate to have many leaders willing to share their adventures in HIT. Liz Johnson will share what is new with Meaningful Use as a member of the Federal HIT Standards Committee, as well as her saga of implementation across multiple Tenet facilities. Dr. Pam Cipriano will continue our journey by sharing the value of getting front line nurses onboard as partners to increase the likelihood of our achieving the benefits of HIT. And finally for the closing, Barbara Wadsworth, a CNO, will chronicle her journey to use HIT to transform care. Her active role in implementation will demonstrate the critical importance of senior leadership in any project’s success.

The great thing about an adventure is meeting new people who are more than willing to share their strategies and skills, including how to manage complex projects, overcome barriers, engage sponsors, convert laggards, measure benefits, and much more. Along the trail, you will have the opportunity to earn more than 19 contact hours with educational sessions in five focus areas and 35 posters.

The regional reception on Thursday evening will provide time for networking with colleagues who share similar interests. This is the perfect time to pose your questions of “How did you...?” over dessert to gain new ideas and renewed enthusiasm for tackling the perils of blazing the HIT trail.

ANIA-CARING Board members will be present throughout the conference to seek feedback on how we are doing, what you would like more of, and how you would like to contribute! An association update will be presented at Friday’s membership luncheon.

You will again have access to more than 20 service and product providers in the Exhibit Hall where you can learn about their solutions. You can also use this opportunity to provide your feedback and share what additional products and solutions are needed.

You will have free time on Friday evening to enjoy the plethora of activities offered by Las Vegas; just don’t forget to get enough sleep to enjoy another full day of education, exhibits, and voting for the best poster on Saturday.

The 2011 Annual ANIA-CARING Conference promises to be one of the best meetings yet. Take advantage of this unique opportunity to lead yourself and others to success by enhancing your skills and inspire passion for our fantastic profession of nursing informatics. Please join us and your colleagues in this opportunity to support you as a trailblazer in HIT.

Victoria M. Bradley, DNP, RN, CPHIMS, FHIMSS
President, ANIA-CARING
THURSDAY • May 12, 2011

7:30 a.m. – 7:00 p.m.  Registration Open
8:00 a.m. – 12:00 p.m.  Morning Pre-Conference Workshops

010  **Designing Effective Training for HIT Implementations**
Brenda Kulhanek, PhD, DNP, MSN, RN, CPHIMS; Mark Kulhanek, MA

Even the best-planned HIT implementations can experience barriers and sub-optimal outcomes if effective training is not a part of the implementation plan. This session will provide participants with an overview of the fundamentals of instructional design. Attendees will become familiar with proven models used to design, develop, deliver, and evaluate concise and successful training, and be equipped with helpful tools and the theoretical understanding of instructional design models so they can implement effective training.

020  **Best Practice in Clinical Informatics**
Victoria Bradley, DNP, RN, CPHIMS, FHIMSS; Steve Shaha, PhD, DBA

Are you using best practices as you implement HIT systems? A review and critique of recently published clinical informatics best practices will provide the background for this session. The focus will be on informatics solutions that have made and can make huge differences to patient safety, such as CPOE and BCMA. From this review of the literature, attendees will be challenged in small groups to describe the do's and don'ts for best practices in HIT implementations. Suggestions for future studies to continue to identify best practices will be proposed.

030  **Project Management: The Next Level – Managing Scope, Risks, and Issues**
Lisa Anne Bove, MSN, RN-BC, Susan M. Houston, MBA, RN-BC, PMP, CPHIMS, Chief, Portfolio Management NH-CC

Join the authors of Project Management for Healthcare Informatics as they discuss how to manage project scope, risks, and issues. This session is intended for anyone involved in projects, from the team lead to the project manager, to the sponsor to the steering committee. Topics to be covered include tools and tips to successfully manage these project activities.

1:00 p.m. – 5:00 p.m.  **Afternoon Pre-Conference Workshops**
3.75 Contact Hours

040  **Teamwork for Clinical Implementation Success**
Marina Douglas, MS; Marian Celli, MS, RN-BC, FHIMSS

Clinical transformation and meaningful use, including a technology base, are about the ability to move people from where they are to where you need them to be. This workshop is designed for project leaders and team members to learn and apply the theories of teams and change to clinical systems implementations. Discussion of behavior styles within teams, and the ability to recognize and channel behaviors that impact project success will be explored. Didactic exercises based on real-world examples and lessons learned will provide participants with a supportive environment to apply the content and sharpen their skills.

050  **Nursing Informatics and Health Care Policy**
Kathleen McCormick, PhD, RN (Moderator); Amy Walker, MS, RN, NEA-BC, FACHE, CPHQ; Joyce Sensmeier, MS, RN-BC, CPHIMS, FHIMSS, FAAN; Charlotte Weaver, CNO, Judy Murphy, RN, FACMI, FHIMSS (Panelists)

Public health care policy helps determine standards of care, quality metrics, data standards, and care and documentation processes. It also guides equipment features, functionality, and systems selection. Nursing informatics has played a role in shaping public informatics policy, but to a lesser extent, in shaping public health care policy and public health policy than is needed. This expert panel will examine the critical pathways to public health care policy, public health policy, and nursing informatics policy, including an analysis of the skills informatics nurses must possess to effectively communicate with policy makers and those in positions to sway policy makers.

FRIDAY • May 13, 2011

7:00 a.m. – 6:00 p.m.  Registration Open
7:00 a.m. – 8:00 a.m.  Continental Breakfast
8:00 a.m. – 9:30 a.m.  Opening Ceremonies/Welcome/Opening Keynote Address

101  **The Growing Roles of Nurse Informaticists as Change Agents in the U.S. Health Care Reform**
Liz Johnson, MS, RN-C, FHIMSS, CPHIMS

As each new development in U.S. Healthcare Reform unfolds in Washington, it grows clearer that our government leaders will increasingly look to the nation's smartest health care practitioners – with nurses playing in the forefront – to help “blaze the HIT trail” toward the discovery and adoption of best practice information-based care-delivery models. This presentation by one of the healthcare industry’s most accomplished executive nurse informaticists and a member of the Federal HIT Standards Committee will demonstrate first-hand how today’s nurses can grow, innovate, and help build stronger health care reform outcomes for their hospitals and communities through careers in nursing informatics.

9:30 a.m. – 11:00 a.m.  Coffee Break in Exhibit Hall
11:00 a.m. – 12:00 p.m.  Concurrent Sessions

111  **Meaningful Use: What Does It Mean for You?**
Barbara Mishic, MEd, RN, BC; Brian Norris, RN-BC

The American Recovery and Reinvestment Act includes the HITECH Act, which is designed to accelerate the adoption of interoperable electronic health records and other health information technology, and to promote health information exchanges. This presentation will help decipher the implications for both health care organizations and
the informatics nurse. Practical suggestions for first steps and approaches to implement the new Phase One standards will be offered, and the anticipated role of the informatics nurse to achieve meaningful utilization of electronic health records will be described. Tactical suggestions an organization can utilize to prepare for Phases Two and Three of this Act will be provided.

**112 A Two-Phased Approach to Evaluate the Success of HIT Implementations**

**ISI** Patricia Sengstack, DNP, RN-BC, CPHIMS; Susan M. Houston, MBA, RN-BC, PMP, CPHIMS

Evaluating and measuring the success of HIT implementations has become increasingly important as organizations are challenged to justify a significant outlay of financial and human resources, and attempt to meet meaningful use criteria. This session will provide an overview of an implementation project with a defined beginning and end, and the extent to which the implementation met its overall desired goals. The process of ensuring quality evaluation occurs throughout an application lifecycle will be stressed.

**113 Automating Data Extraction of an EHR Can Lead to Timely Improvement of Patient Outcomes**

**CPC** Kim Maples, BSN, RN

One of the greatest benefits to having an EMR is the ability to automate data extraction for patient quality measures. Automating data extraction is quicker, easier, and more accessible to the end user to impact patient outcomes. This session will outline the underlying themes to implementing change, including having the concrete data to prove a problem exists and then the ability to track the result of those changes.

**114 Nursing Online: The Internet as a New Way to Deliver Care**

**INI** Marian Grant, MSN, DNP, CRNP, RN

Use of the Internet has increased significantly over the past few years, and now most Americans go online. This presentation will review the latest information on Internet use for health care by patients and families with serious illness. It will then present results from an innovative DNP capstone project done to determine if patients and their families would use a Web page where they could access a palliative care nurse practitioner and the helpfulness of that Web page/PCNP. Nursing informaticists can play an important role in confirming the benefits of online interactions regarding patient outcomes and costs, as well as legal, ethical, and cultural issues of patient privacy and safety.

**ECD** Rhonda Struck, MS, RN

As the EHR was implemented at the University of Wisconsin Hospitals and Clinics, nurses transitioned from paper to computer-based documentation, implemented a functional health assessment model, eliminated charting by exception, and adapted practice workflows. These changes literally stunned the nurses. A curriculum was designed for nurses starting work with the EHR to create meaningful use of the EHR in the context of clinical and practice workflows and to further develop their critical thinking skills. This presentation describes how nursing informatics responded to study results by developing a practice-based, EHR-focused curriculum for nurses as a capstone educational experience.

**132 HIT-Related Patient Safety Issues Associated with an Oncology Implementation**

**ISI** Lana Witt, PharmD

Potential and realized benefits of an enterprise-wide clinical information system with CPOE and clinical decision support are well documented. This session will provide lessons learned from the implementation of an oncology module at a major medical center in 2009, as well as recommendations on measures to prevent medical errors. Examples include more targeted user training, improved build, workflow changes, better communication among providers, and system changes to the application.

**133 Nurse-Driven Integration of Technology to Improve Outcomes**

**CPC** Pat Wilkerson, RN-BC

Integration of a medical staff vaccination protocol, online nursing documentation, CPOE, and bedside barcoded medication administration have improved compliance with influenza and pneumonia vaccinations. This improves patient outcomes, decreases re-admissions, and affects reimbursement rates. This session will review an automated process for patient vaccination, which increased compliance from 33% in 2003-2004 to greater than 95% in 2009.

**134 It Is Possible to Control Change!**

**LD** Susan Stanley, MSN, RN

Hard work does not end after the implementation of an EHR. How do you create an efficient change control process to manage system enhancements and provide a mechanism for clinician participation? A large pediatric hospital, a multidisciplinary team of clinicians, and leadership created an environment that encourages end users to take ownership of the EHR. This session will provide strategies to create an efficient change control process, the importance of addressing change control processes before a system goes live, and a discussion of success stories.

**141 Leveling the Computer Skills Competency of a Multi-Generational Nursing Staff Mix**

**ECD** Orlana Munson, BSN, RN

A 420-bed public hospital devised a method to determine the level of computer skills competence of its nursing staff prior to its barcode administration/electronic health record implementations. This presentation reviews the processes that a nursing education/informatics team followed to determine the computer skills competency of the multi-generational nursing staff mix and how this information was used once obtained.

**142 Clinical Standardization in a Large Health Care System...Foundations for HIT**

**ISI** Ann Shepard, MSN, RN-BC

Clinical standardization in a large health care system can be challenging. With a restriction of capital funds, Catholic Health Initiatives was determined that establishing a common foundation of clinical content could be achieved. Using clinical representatives from the 76 hospitals, SMEs are creating the questions and answers all CHI locations will use as the foundation of build and design phases that will occur in future fiscal years. The presentation will discuss the planning and design of the project, as well as a status update and accomplishments to date.

**143 Blazing the Trail and Keeping Patients Safe with Health Information Technology (HIT)**

**CPC** Toni King, BSN, RN; Justine Ziemba, MS, RN

The Veterans Health Administration (VHA) has placed an emphasis on providing safe, effective, and quality health care for veterans. The
computerized patient record system (CPRS) has evolved to be a robust EHR, providing practitioners with comprehensive access to patient information and prescribing from any location. This session will provide an overview of HIT patient safety issues associated with the computerized CPRS and how the VHA continues to improve the electronic health record. Attendees will receive information that will assist in analyzing and addressing HIT patient safety issues.

**144 Implementation of Clinical Care Classification (CCC) Standardized Language in Perioperative Services**

**INI**  
Marty Livesay, MS, BSN, RN, Janie Bowman Haynes, MSN, MBA, RN, INS

Historically, surgical nursing has utilized the perioperative nursing data set (PNDS) as a standardized nursing language within surgical services. This data set is not universally employed outside of an operating room. As a result, utilization of multiple nursing languages within a hospital setting may lead to dissimilar data sets in an EMR resulting in skewed patient information. This session will demonstrate the validity of the implementation of a CCC standardized language system into a perioperative services setting.

**4:45 p.m. – 5:45 p.m.  Concurrent Sessions**

**151 Integrating EMR Training into New-Hire Orientation after EMR Implementation**

**ECD**  
Sarah Fletcher, RN; Kimberly Groner, MSN, RN, CANP, CCRC

As part of the shared governance model, the nursing informatics council and informatics educator of a licensed, 600-bed, university-affiliated, Magnet teaching hospital developed a list of 29 active computer systems with which the nurses and unlicensed assistive personnel (UAP) interacted for a variety of purposes. This presentation will describe the post-go-live training challenges of transitioning from a paper world to an electronic one. Training plans, staff scheduling and budget concerns, staff feedback to class structure and content, and lessons learned with recommendations for practice improvement will be discussed.

**152 T-Minus Zero to an Anesthesia Information Management System**

**ISI**  
Andi Dewes, BSN, RN, CNOR

Administration of anesthesia is one of the most complex medical practices in your organization and one of the last to automate. The implementation of an anesthesia information management system (AIMS) is projected to grow 20% a year related to the need for an electronic record and the additional driver of automation requirements for ARRA funding. This session will provide an overview of the importance and benefits of an AIMS, as well as provide insights around evaluating, implementing, optimizing, and recognizing the goals for your AIMS.

**153 CPOE: Practical Strategies Designed to Impact Nursing Workflow and Patient Safety**

**CPC**  
Katherine Mathena, MS, RN; Janis Watts, MSN, RN

The Centers for Medicare & Medicaid Services have identified CPOE as a Core Measure for the meaningful use of an EHR. With substantial ARRA incentive monies available for implementation of this technology, many institutions are scrambling to understand the scope of what this imperative means. This case study presentation will discuss CPOE implications on nursing practice based on the implementation of CPOE throughout a multi-hospital system with a specific focus on procedural areas. The demands of designing the CPOE model, establishing new work flows, identifying education and training requirements, and implementing strategies needed for non-physician clinicians to make this successful will be discussed. Patient safety and workflow in a transitional environment, e-iatrogenic outcomes, efficiency, utilization, and quality parameters will be highlighted.

**154 Nursing Informatics Leadership Role in Measuring the Value of Clinical Information Systems**

**LD**  
Carolyn Richardson, MBA, BSN, RN-BC

Ascension Health is the nation’s largest Catholic and nonprofit health system and is composed of 67 acute care hospitals clustered into Health Ministries. Measuring the value and contributions of clinical information systems to patient outcomes is critical to assessing the quality and efficacy of patient care delivery. This session will provide an overview of the indicators to measure the business impact and return on investment as health care organizations continue to implement information technology solutions.

**SATURDAY • May 14, 2011**

5.0 Contact Hours  
Posters - 2.0 Contact Hours

- **7:00 a.m. – 5:30 p.m.**  
Registration Open
- **7:00 a.m. – 8:00 a.m.**  
Continental Breakfast
- **8:00 a.m. – 9:00 a.m.**  
General Keynote Address

**201 Nurses as Meaningful Users of HIT: Blazing the Trail**

**Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN**

Hospitals and provider practices are busy preparing to meet the national criteria to demonstrate “meaningful use” of electronic health records in 2011. Nursing practice inherently addresses most key components of Stage 1 meaningful use – tracking key conditions, communicating information across the continuum of care, and reporting quality measures. This presentation will address how nursing leaders must emphasize the importance of nurses as partners in meaningful use and gain recognition of the critical role nurses play in using health information to improve care.

- **9:00 a.m. – 10:30 a.m.**  
Coffee Break in Exhibit Hall
- **10:30 a.m. – 11:30 a.m.**  
Concurrent Sessions

**211 Building Nursing Intellectual Capital for Safe IT Use**

**Stephanie Poe, DNP, RN; Deborah Sherman, BSN, RN**

The 2009 HITECH Act has dramatically increased the use of HIT. Nurse leaders need to build nursing intellectual capital (knowledge and skills) in the use and quality oversight of IT. An evidence-based practice project suggested that use of peer coaches may be effective in building and maintaining informatics knowledge and skills in nurses providing direct patient care. Expectations of moderate satisfaction with the availability of supportive coach resources while learning were exceeded. Satisfaction with the effectiveness of overall system introduction was expected to be adequate; actual experience was one of moderate satisfaction. Results were used to refine and extend the program to other departments. Lessons learned from research, education, and practice will be shared.

**212 Just Shoot Me – A Big Bang Implementation of CPOE**

**Melissa Forinash, MBA, RN; Daniel Gracie, MSN, RN**

The Medical University of South Carolina (MUSC) has been engaged in an intense CPOE implementation project over the past two years, as well as upgrading and implementing its core clinical information systems for the past four years. After it was determined that the Big Bang would be the best option for MUSC, a strategic planning group
of key stakeholders was established. This session will discuss the successful CPOE implementation at this institution.

213    Redesigning Suicide Precautions CPOE Workflow for Medicine and Behavioral Health
CPC    Ruth Maywe, RN, PMHCNS, BC
Having been live with the electronic record for a year, patients were being discharged on active suicide precautions orders. A needs assessment was conducted on the acute inpatient adult behavioral health unit in a trauma center affiliated with a medical school. The need for redesign was taken to the CNO, who activated a team through the education department functional owner to address the problem systematically because these orders were also used in medical units and emergency departments. This session will describe the use case and workflow redesign resulting from actions of nursing leadership.

214    The Role of the Chief Nursing Informatics Officer (NCIO): Is There a Need and Is This the Time?
LD    Andrew Awoniyl, ND, CDE
The focus on health information technology as a means of improving the quality and safety of patient care brings scrutiny to the personnel required to support these efforts. Questions abound on how systems impacting nurses will be selected, customized, implemented, and optimized. Who will effectively represent the nursing perspective when crucial decisions are being made? This session will discuss nursing as the essential partner in any organization’s process improvement efforts and if a NCIO is best suited to take on the role of meshing these with other nursing and organizational priorities.

221    Educational Technology Supporting Adoption and Use of an EHR: Creating New Opportunities for Learning
ECD    Kristy Thompson, MSN, RNC-OB
Since 2004, there has been growing attention at both the presidential and congressional levels to strengthen the adoption and use of electronic documentation in hospital settings. This has amplified the challenges to providing clinician education of computerized documentation in an effective and efficient manner. This session will provide an overview of how the use of interactive computerized learning enables nurses to use their time more efficiently using modules for quick reference even after the official class time is completed. This mode as a means of education for use with patients for education prior to hospitalization and procedures will also be discussed.

222    Downtime Readiness: Are Clinical Staff Ready to Go Back to Paper?
ISI    Patricia Berkes, MSN, RN-BC
With the adoption of the EMR and use of CPOE systems, the use of paper forms has decreased, allowing an increased access to patient information and the elimination of most handwriting and transcription errors. Clinicians have benefitted from features such as decision support, electronic messaging, and streamlined processes. Limited, brief planned system outages are customary, but what happens when unplanned extended outages occur? This session will discuss a model to support clinical staff in downtime readiness in providing safe patient care during any loss of technology.

223    Critical Data Elements for e-Nursing Summary
CPC    Audrey Dickerson, MS, RN; Marcia Venstra, MSN, RN
In 2005, The Joint Commission analyzed 3000 adverse events. Communication was the contributing factor in 70% of these events. Communication breakdowns during transitions of patient care accounted for a 50% error rate. This session will review this study and other research addressing the need for serious improvement to ensure consistent information and accurate and concise communication during patient care transitions.

224    A New Frontier to Explore: Global Disaster Informatics and National Health Security Strategy
INI    Lee Hartford, MS, RN-C, CPHIMS, CGeIT
During the last decade, public health has become a primary concern in the U.S. Disaster Informatics is the study of the use of information and technology in the preparation, mitigation, response, and recovery phases of disasters and other emergencies. This session will discuss what informatics nurses need to know about the National Health Security Strategy (NHSS) and ways to integrate the nursing discipline into the rapidly transforming public health landscape. The impact the NHSS will have on HIT’s strategic plan, as well as information sharing on a national and global level, will also be presented.

2:45 p.m. – 3:45 p.m.  Concurrent Sessions
231    HITting the Blazing Trail: Stepping into the Nurse Informaticist Journey
ECD    Brenda Hermann, MSN, RN-BC, PNP, FHMSS; Kathleen Kimmel, RN, MHA, CPHIMS, FHMSS; Bonnie Siegel, FHMSS
Nursing Informatics is one of the fastest growing fields in health care today, boosted by the American Recovery and Reinvestment Act (ARRA) and by increasing demand to cut costs while not cutting care. This session will not only explore educational opportunities for nurses/clinical informaticists to achieve competence, but how to advance in this white-hot market. The career landscape will be surveyed with an eye toward traversing the terrain with clarity and determination. Career mapping strategies will be explored, and concrete steps will be provided for your journey. Hitting this blazing trail begins with your next step!

232    Conducting Workflow Analysis: Don't Get Trapped by How
ISI    Cheryl D. Parker, PhD, MSN, RN
Many informatics nurses came to the specialty by accident, by being a content expert for a particular specialty in nursing and volunteering or being volunteered to be on the EMR design team. Those with formalized education in conducting workflow analysis are not in the majority, and many learned the hard way – by jumping in and just doing. This presentation will not only examine the basics of conducting workflow analysis but will take it to the next level – how to go beyond documenting the how of a process to discover the what and why of our current processes. Let’s not just document what we have always done but instead examine workflow in a way that will allow us to see what activities are critical to success and which may be redundant or counterproductive.

233    Automating Pressure Ulcer Survey Database (PUDB) at a Major Metropolitan Cancer Center
CPC    MaryAnn Connor, MSN, RN
Pressure ulcer incidence is one of the major problems in health care institutions. In addition to the adverse impact on clinical outcomes, the cost of treating pressure ulcers is a large burden on our health care system. This presentation will detail the initial problem, review of workflow, design/development of the database, and implementation of system. Timely decision support, meaningful use, user satisfaction, and efficiency of various processes throughout the whole process were evaluated and will be explained.
234 Integrating Quality and Safety into Organizations’ HIT Plans

LD Juliana Hart, BSN, MPH, CPHQ

Unless nursing leadership is engaged in integrating safety and quality data at point of care, data collection and reporting may be perceived by practitioners as a burdensome third party requirement and become disassociated from direct patient care. This is a lost opportunity to positively impact patient outcome. However, nursing leadership can take advantage of health care IT’s current focus on EHR implementation to engage practitioners in the use of quality and safety data at point of care. This session will provide an overview of ways nursing leadership can identify a data entry workflow that will result in accurate and actionable data, elicit buy in from staff nurses, and ensure that nurses and their managers are empowered to seek out and access reports they need. Configuration of IT-implemented solutions to facilitate these requirements will also be discussed.

SESSION TRACKS

ECD = Education and Career Development
ISI = System Implementations
CPC = Patient Care Outcomes
LD = Leadership

General Information

Hotel Information
Las Vegas Hilton
3000 Paradise Road
Las Vegas, NV 89109
Phone (702) 732-5111

The Las Vegas Hilton is the official hotel for the ANIA-CARING 2011 Annual Conference. The hotel is located on beautifully landscaped grounds just one block from the famous Las Vegas strip and offers many of the amenities you have grown accustomed to while away from home.

A block of rooms has been secured at a special rate of $115 single/double plus tax, currently 12%. Reservations can be made directly through the hotel by calling reservations at (702) 732-5301 and referring to the ANIA-CARING conference, or reservations can be made online directly through the ANIA-CARING Web site at www.ania-caring.org. Please note the cut off date for making reservations to obtain the conference rate is April 14, 2011. Reservations made after this date will be subject to space and rate availability. Anyone requesting a government rate will not be able to make the reservation online but must call the hotel directly.

Hotel Restaurant Discounts

ANIA-CARING guests of the Las Vegas Hilton will receive special restaurant discounts. The Las Vegas Hilton will give you more than $100 in food and beverage coupons, redeemable at many of the Hilton’s in-house restaurants. Book through the ANIA-CARING room block to take advantage of this special offer!

Payment Policy, Fees, and Confirmation Notice

All fees are in U.S. dollars. Registrations will be processed only when accompanied with full payment. If a check is returned by the bank for insufficient funds, full payment must include an additional $30 for bank processing charges and must be paid with a cashier’s check, money order, or credit card. If payment is not received by ANIA-CARING prior to the meeting, you must pay the full amount onsite. If you do not receive registration confirmation one week prior to the meeting, contact us at ania-car-ingregistration@ajj.com or 856-256-2406. Purchase orders are not accepted as payment.

Cancellations and Substitutions

Cancellations and substitutions must be requested in writing. We will be happy to refund your registration fee, less a $50 administration fee, if received prior to April 14, 2011. No refunds will be made thereafter. Membership dues are non-refundable. All other monies will be returned to the party who originally issued payment. If you are unable to attend, a substitution may be made. If the substitute is not an ANIA-CARING member, additional fees may apply.

Hotel Parking

Valet Parking and Self-Park at the hotel are free of charge.

Airport/Transportation Information

McCarran Airport is located approximately 4 miles from the Las Vegas Hilton Hotel. Shuttle service is available to the hotel for about $5.00 per person one way and can be boarded outside the baggage claim area. A cab ride is about $15.00 one way. (Prices subject to change.)

Around Town

The Monorail, which stops at the hotel, is available for $5.00 one way, $9 roundtrip, $15 for an all-day pass, and a $35 for a 10-ride ticket. (Prices subject to change.)

City Highlights

In Las Vegas, the options are many and the excitement level is off the charts. From lavish casinos and worldclass entertainment to attractions outside the city (Hoover Dam, Lake Mead, and several stunning national parks), you are in the right place for touring. Visit www.visitasvegas.com or www.vegas.com for more ideas.

Photo Release

A photographer will be taking photos of conference attendees. These photos are for ANIA-CARING use only and may appear on the ANIA-CARING Web site, newsletter, conference brochures, or other ANIA-CARING promotional material. By virtue of your attendance, you agree to usage of your likeness in such media.

2011 ANIA-CARING Conference Planning Committee

James J. Finley, MBA, RN-BC
Conference Co-Chair
Vallejo, CA

Lisa Anne Bove, MSN, RN-BC
Conference Co-Chair
Raleigh, NC

Victoria Bradley, DNP, RN, FHIMSS
Lexington, KY

Daniel Gracie, RN-MSN
Charleston, SC

Diane Humble, MSN, RNC
Willow Grove, PA

Rhonda Struck, MSN, RN
Middletown, WI

Vicki Vallejos, BSN, RN-BC
Jeffersonville, IN

Bobbi Crann, MSN, RN-BC
Poway, CA

Rosemarie Marmion, MSN, RN-BC, NE-BC
Education Director
Pitman, NJ
Registration Form

Las Vegas Hilton • Las Vegas, NV • May 12-14, 2011

Please clearly print your name as you would like it to appear on your badge.

Name__________________________________________________
Credentials ____________________________________________
Job Title ______________________________________________
Employer ______________________________________________

Mailing Address
■■ Home  ■■ Work
_______________________________________________________
_______________________________________________________
City/State/Zip __________________________________________
E-mail Address _________________________________________
(E-mail is mandatory to receive your receipt/confirmation information; and to be used to login for Contact Hours)
Daytime Phone:  ■■ Work  ■■ Home  ■■ Cell

To register at the member rate, we will verify that you are a current member of ANIA-CARING (check one).
☐ Yes, I am a member  ☐ No, I am not a member

For registration questions: ania-caringregistration@ajj.com
For ANIA-CARING’s full cancellation policy, see page 7 for details.

Registration Fees (Full payment must accompany registration.)

<table>
<thead>
<tr>
<th>Annual Conference</th>
<th>Rec’d by 3/31</th>
<th>Rec’d after 3/31</th>
<th>Amt Enclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member registration</td>
<td>$395</td>
<td>$450</td>
<td>$</td>
</tr>
<tr>
<td>Non-member registration</td>
<td>$465</td>
<td>$495</td>
<td>$</td>
</tr>
</tbody>
</table>

One-Day Registration

Choose one:  ☐ Friday  ☐ Saturday

| Member registration | $245 | $255 | $ |
| Non-member registration | $270 | $300 | $ |

Pre-Conference Sessions – Thursday, May 12, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>1st choice</th>
<th>2nd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
<tr>
<td>020</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
<tr>
<td>030</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
<tr>
<td>040</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
<tr>
<td>050</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
<tr>
<td>060</td>
<td>$95</td>
<td>$110</td>
<td>$</td>
</tr>
</tbody>
</table>

☐ Yes, I will attend the Networking Reception on Thursday, May 12  ☐ Yes! I want to join ANIA-CARING and register at the member rates – $40

Total Amount Enclosed  $

☐ Check or money order enclosed (payable in U.S. funds to ANIA-CARING 2011 Conference)
☐ MasterCard ☐ VISA ☐ AE

Credit Card No.:  
Exp. Date:  
Security Code:  
*The Security Code: last 3 digits on the back of MasterCard and Visa, and the 4-digit number on the front right of the AmEx card.

Signature:
Name of Card Holder (please print):
Billing address: (if different than above)

NOTE: General sessions are not listed below and are attended by all registered attendees.

Please write in your 1st and 2nd choices for each Concurrent Sessions.

Friday, May 13, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>1st choice</th>
<th>2nd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00 a.m. - 12:00 p.m.</td>
<td>111 112 113 114</td>
<td></td>
</tr>
</tbody>
</table>

121 ANIA-CARING Membership Luncheon

<table>
<thead>
<tr>
<th>Time</th>
<th>1st choice</th>
<th>2nd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:30 p.m. - 2:30 p.m.</td>
<td>131 132 133 134</td>
<td></td>
</tr>
</tbody>
</table>

3:30 p.m. - 4:30 p.m.  
4:45 p.m. - 5:45 p.m.  

Saturday, May 14, 2011

<table>
<thead>
<tr>
<th>Time</th>
<th>1st choice</th>
<th>2nd choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:30 a.m. - 11:30 a.m.</td>
<td>211 212 213 214</td>
<td></td>
</tr>
<tr>
<td>1:30 p.m. - 2:30 p.m.</td>
<td>221 222 223 224</td>
<td></td>
</tr>
<tr>
<td>2:45 p.m. - 3:45 p.m.</td>
<td>231 232 233 234</td>
<td></td>
</tr>
</tbody>
</table>