

Leveraging Workflow Management: The Key To Improved Quality, Service, & Safety

Featured Speakers



Lynn Brookshire, Chief Information Officer
Charleston Area Medical Center



Ronald E. Moore, RN, MSN, NE-BC
Vice President for Professional Practice and Chief Nursing Officer
Charleston Area Medical Center

Moderator



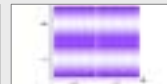
Gail E. Latimer, MSN, RN, FACHE, FAAN, Vice President, Chief Nursing
Officer, Siemens Healthcare

March 2010

Leveraging Workflow Management: The Key To Improved Quality, Service, & Safety

Lynn Brookshire, Chief Information Officer
Charleston Area Medical Center

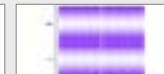
Ronald E. Moore, RN, MSN, NE-BC
Vice President for Professional Practice and Chief Nursing Officer
Charleston Area Medical Center





Objectives

- Articulate the value of information technology that includes workflow technology and how it can support clinical practice
- Understand the role of leadership in defining a roadmap including technology to drive success
- Describe the benefits of workflow technology in synchronizing steps in care delivery

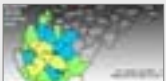




Charleston Area Medical Center



Striving to provide the best health care to every patient, every day.



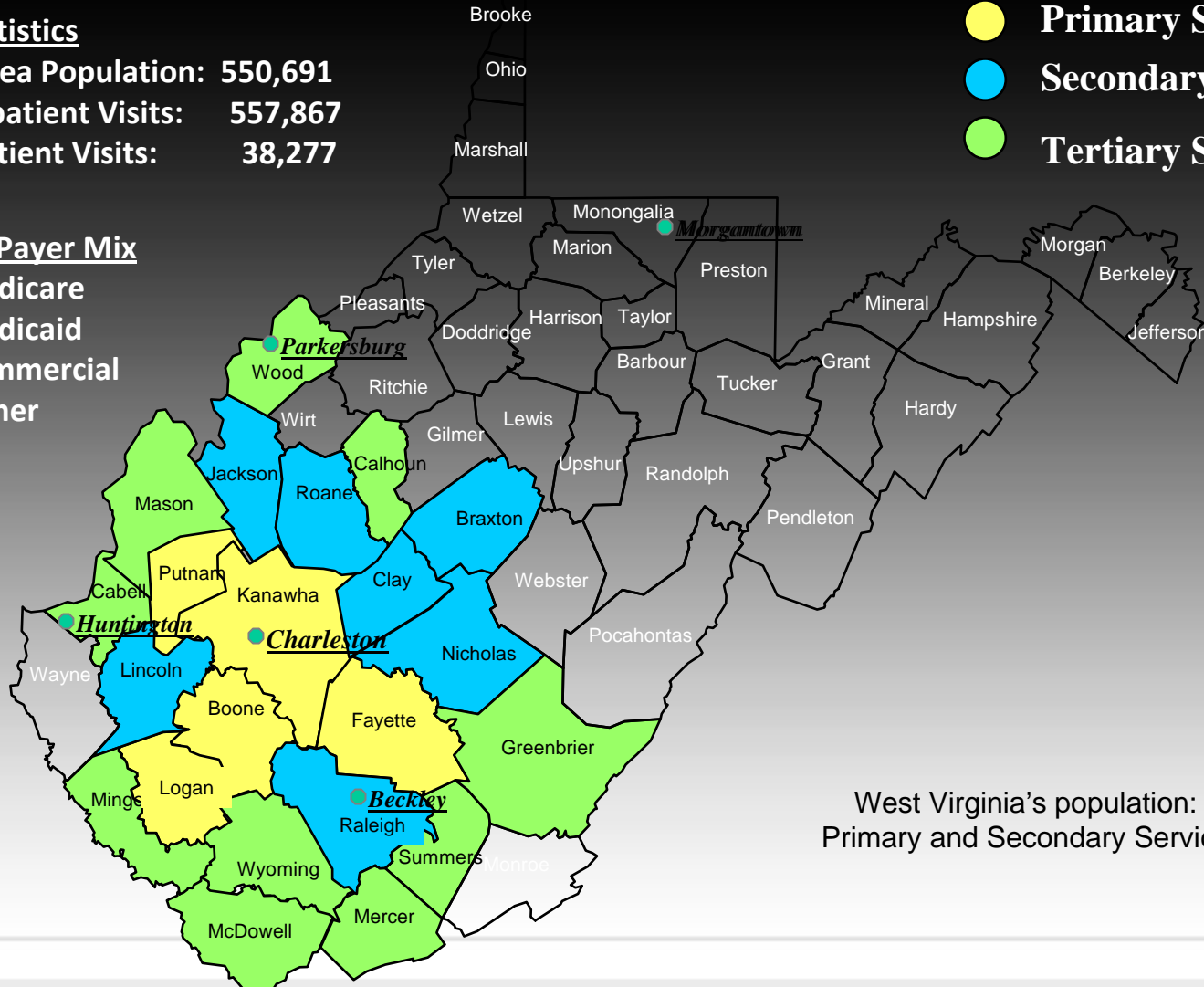
CAMC Statistics

Service Area Population: 550,691
 2007 Outpatient Visits: 557,867
 2007 Inpatient Visits: 38,277

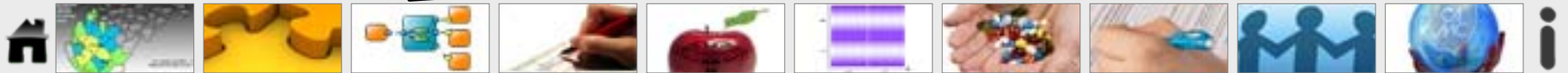
Inpatient Payer Mix

42.4% Medicare
 21.5% Medicaid
 27.2% Commercial
 8.9% Other

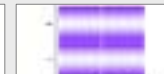
- Primary Service Area
- Secondary Service Area
- Tertiary Service Area



West Virginia's population: 1.8 million
 Primary and Secondary Service Area: 551,540



- CMS Demonstration project
- Transforming Care Together
 - “Leaning out” nursing units
 - Linking technology and work processes
- Baldrige criteria as a framework
 - Outcomes/results orientation
 - Information driven
- Multiyear facilities plan including:
 - Cancer Center
 - Outpatient Imaging Center
 - Women and Children’s Hospital

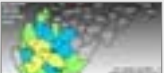




Transforming Care Together (TCT) Project

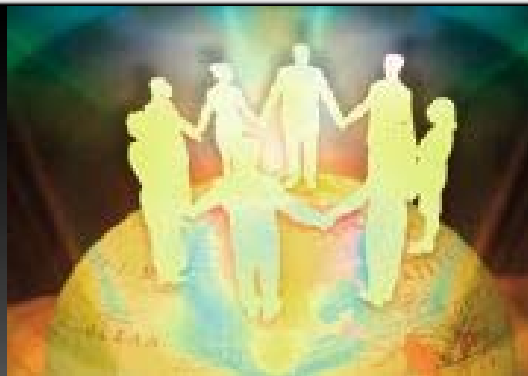


- Reduce waste and non-value-added activities
- Increase nursing direct care time
- Develop standardized processes to deliver predictable results
- Involve frontline staff in envisioning and implementing a new culture of continuous improvement
- Engage frontline staff in ongoing improvement activity
- Reduce or eliminate the stress RNs and other staff were feeling
- Increase staff and patient/family satisfaction

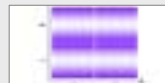




Transforming Care Together and Soarian

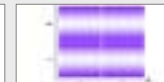
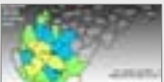


Vision: The integration of TCT and technology enables access to information that enhances the delivery of care, the approach to problems and systematic design, to improve and effectively automate our work processes for the right people at the right time.



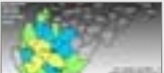


- *October 1998*
 - Orders and Results
- *November 2005*
 - MAK
- *December 2006*
 - Admission History with workflows
 - Vital Signs [Women & Children's]
 - Clinical Access for results view
- *May 2008*
 - Medication Reconciliation
 - Expanded Workflows





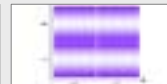
- *May 2009*
 - Orders
 - Expanded Workflows
 - Decision Support
 - *Web Publishing*
- *Fall 2009*
 - Nutrition Assessments
 - Sleep Apnea Workflow
 - Nursing Interventions





Technology and TCT

- *January 2010*
 - Shift to Shift Hand Off Communication
- *May 2010*
 - Revision Admission History screens
 - Identify minimum set of mandatory fields to boost compliance with key indicators/values/activities.
 - Implement additional workflows/alerts triggered from Admission History charting

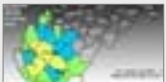




CAMC Nursing Use of Technology

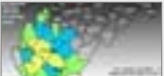
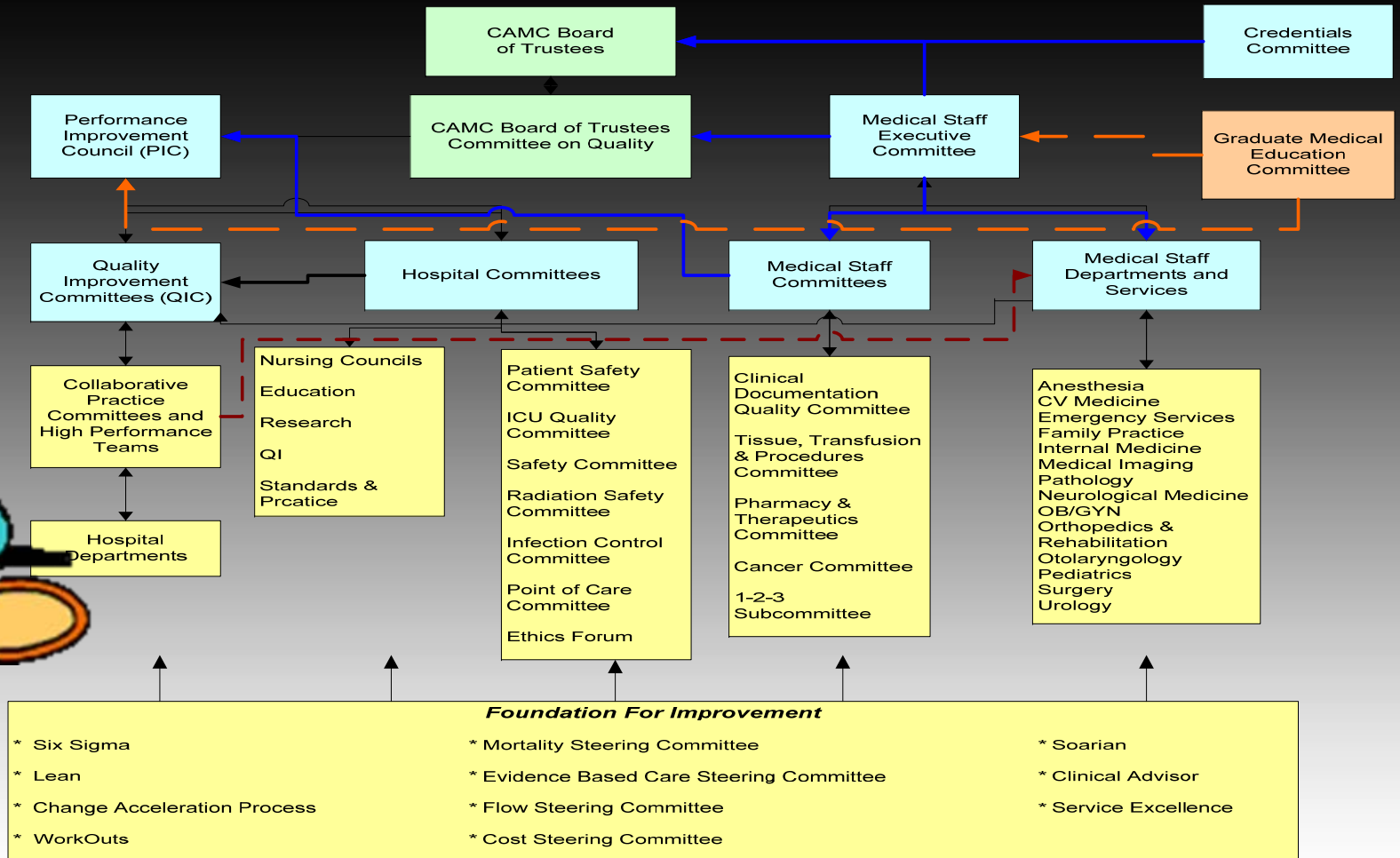
May 2010

- Implement on-line assessment charting for nurses
 - Admission assessments [Adult/Peds/OB]
 - Bedside flow sheet charting
 - Vital Signs and I&O
 - Restraints
 - Frequent Observation
 - Pre-op Checklist
- Closed loop communication using assessment risk screening interventions to the service provider workspace



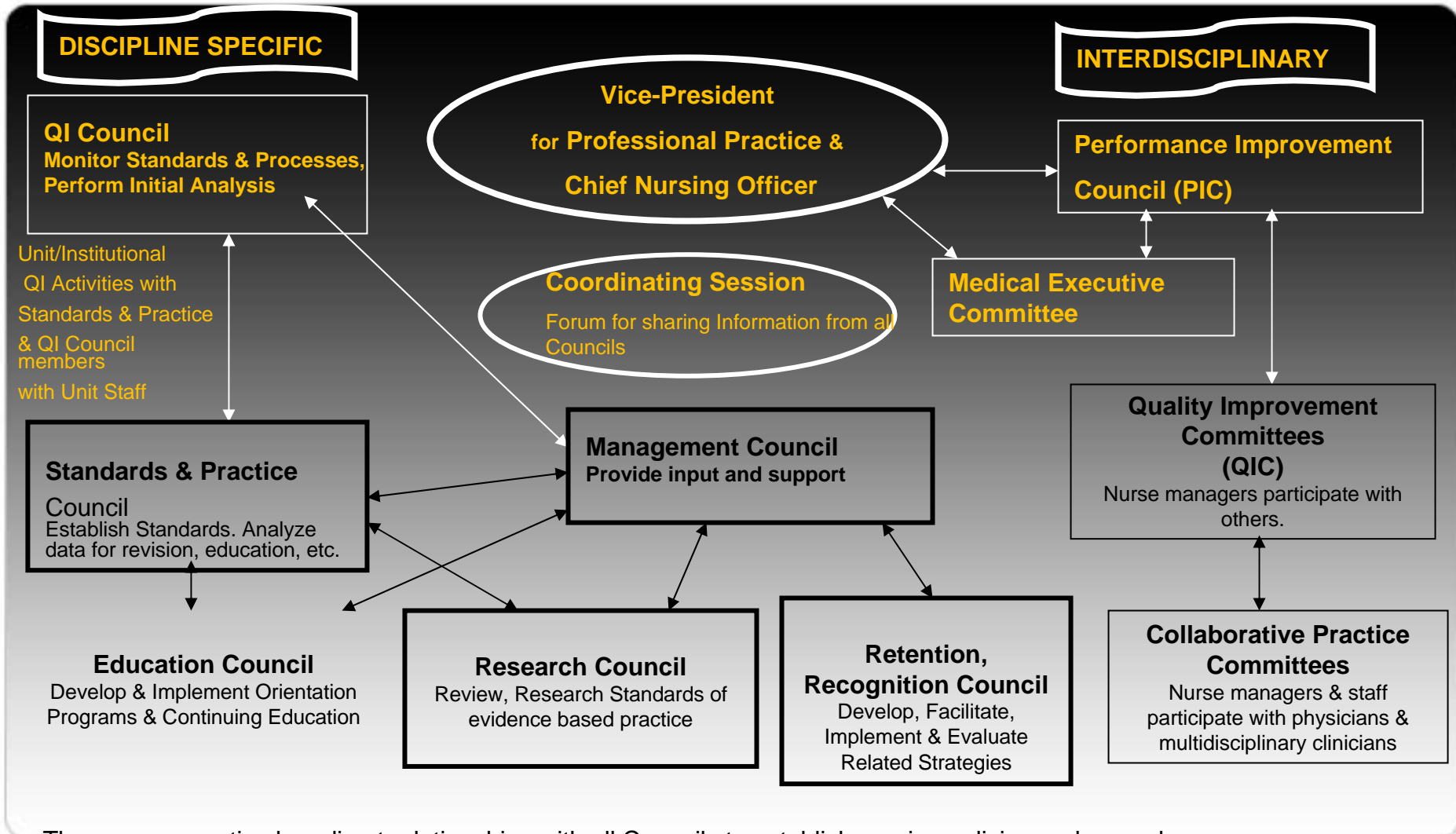


CAMC Performance Improvement Committees' Reporting Structure

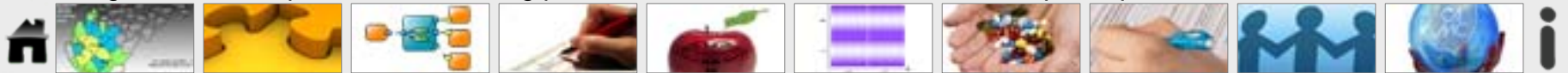




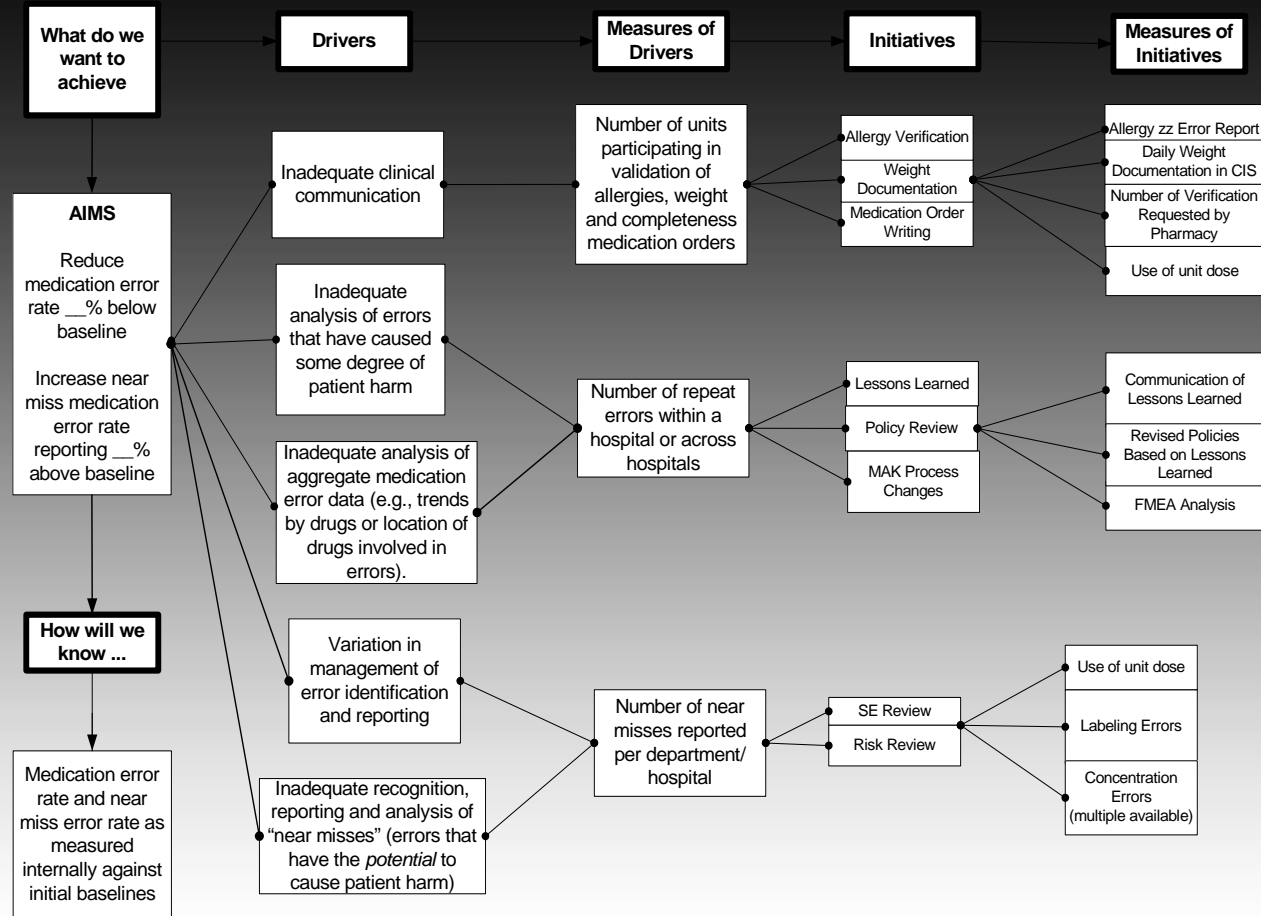
Professional Nursing Council Structure



The nurse executive has direct relationships with all Councils to establish nursing policies and procedures, nursing standards of patient care, nursing practice, and to measure, assess, and improve patient outcomes.

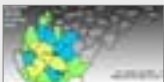


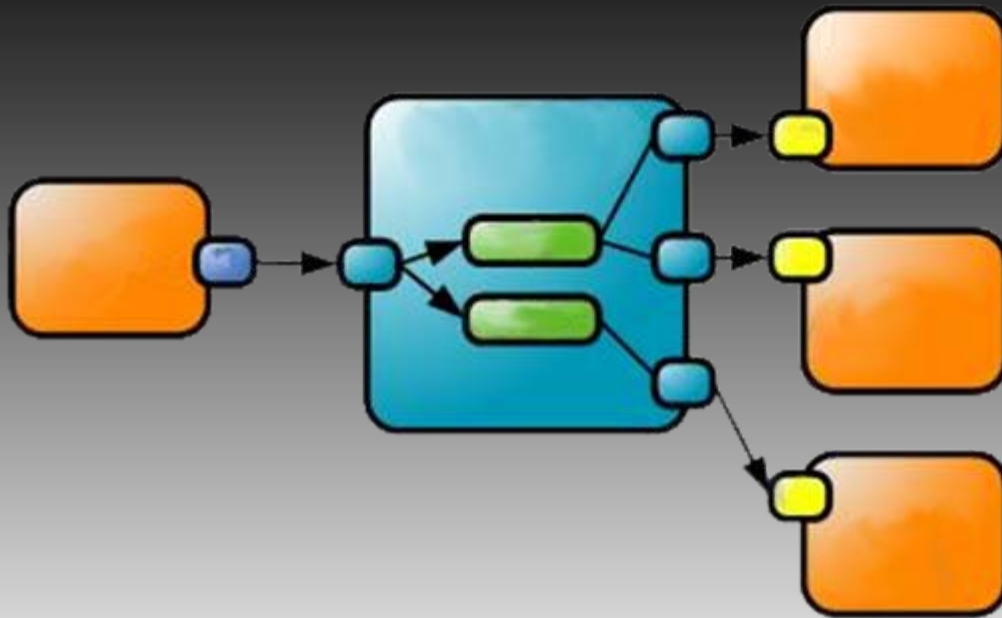
6.3. Design processes for safety, efficiency and timeliness as a function of Siemens implementation to ensure CAMC can derive the maximum benefit from information system investments.
Decreased medication errors; improved productivity; increased CMS compliance.
Improved Safety via Medication Reconciliation with Siemens Medication Administration Check





- 6,144 users have access to clinical systems at CAMC
- More than 400 physicians routinely sign charts electronically
- Approximately 10,000 charge and order transactions are processed daily...or over 3,650,000 transactions per year
- Over 350,000 medication administration events were charted in MAK last year
- The electronic medical record currently holds over 6 terabytes of data, equivalent to 6 times the Library of Congress

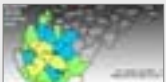




- Work processes linked to Implementation
- Six Sigma Approach to the Workflow Prioritization Process
- Workflows essential to Soarian implementation plan development



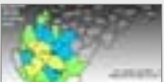
- **Nutritional Screening [v4]**
- **Functional Screening – PT and OT [v2]**
- **AMI Identification**
- **TB**
- **CAGE/Alcohol Screening**
- **Lactation [v2]**
- **Clinical Trials**
- **Skin Assessment /Breakdown [v2]**
- **Congestive Heart Failure**
- **Glomelular Filtration Rate**
- **Abnormal Pap Results**





Soarian Workflows TODAY

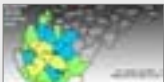
- **Creatinine Clearance**
- **Coumadin**
- **Lactic Acid**
- **Medication List – Home**
- **BMI Calculation Enhancements**
- **Admission History Approaching Deadline for Completion**
- **Nutrition Assessment Not Complete**
- **Nutrition Assessment Requires Action**
- **Patient NPO/Clear Liquid**





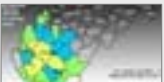
Soarian Workflows TODAY

- **Sleep Apnea**
- **School Aged Children Workflow**
- **Renal Function Calculation**
- **PT Alerts for NICU Admissions**
- **Alert for ED Protocol Order Sets**
- **Allergies Unable to Assess**
- **Routing completed clinical documentation to “foreign” Electronic Medical Record System**





Coumadin Adverse Events





Coumadin Adverse Events



Project Start Date: 4/08

Executive Sponsor: Bill Adams

Project Process Owner: Brian Hodges/Lillian Morris

Physician Champion: Dr. Jubelirer

Black Belt: Karen Miller

Green Belt: Elaine Davis

Team Members: Kathy Bragg, RN,(3E), Rickey Kincaid, RN (4N), Linda Booth, NP (Hospitalists), Eric McComas (Staff Pharmacist), Julie Budinger, NP (Trauma), Cheryl Thomas RN (7S)

Project Description/Problem Statement:

Baseline data indicates 6.6% heparin adverse events and 38% for coumadin therapy. Of the 348 critical INR's of patients on coumadin, 37.9% resulted in harm.

Project Scope: Inpatients who received coumadin and experienced a critical INR.

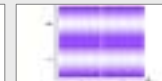
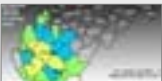
Alignment:

Strategic Goal: Launched selected Safety Initiatives from the AHRQ Indicators.

TJC standards: 3E National Patient Safety Goal

What is the project business case?

Annual cost \$50,445 includes RN time to treat critical INR's, excludes nursing time to administer Vitamin K. Also excludes additional LOS from complications or treatments.





Prioritization: Pay-Off Matrix Tool

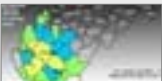
Improve

HIGH <i>Benefit</i>	High Payoff, Low-Effort Live nursing CEU education high risk units, Target Physician Education (Internal Medicine, Hospitalists, ED, Individual)	High Payoff, Hi Effort Vitamin K orderset Soarian alert drug interaction INR>3.0 Coumadin orderset Revise anticoag flowsheet Minimize “daily” orders
	LOW	Low Hanging Fruit CBT Training all RN’s (CEU) MAK: requirement to document INR prior to administration Safety Lunch and Learn Pharmacy Education Post Vit K guidelines and drug interaction info, pocket cards, pharmacy policy

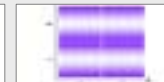
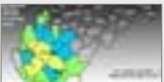
LOW

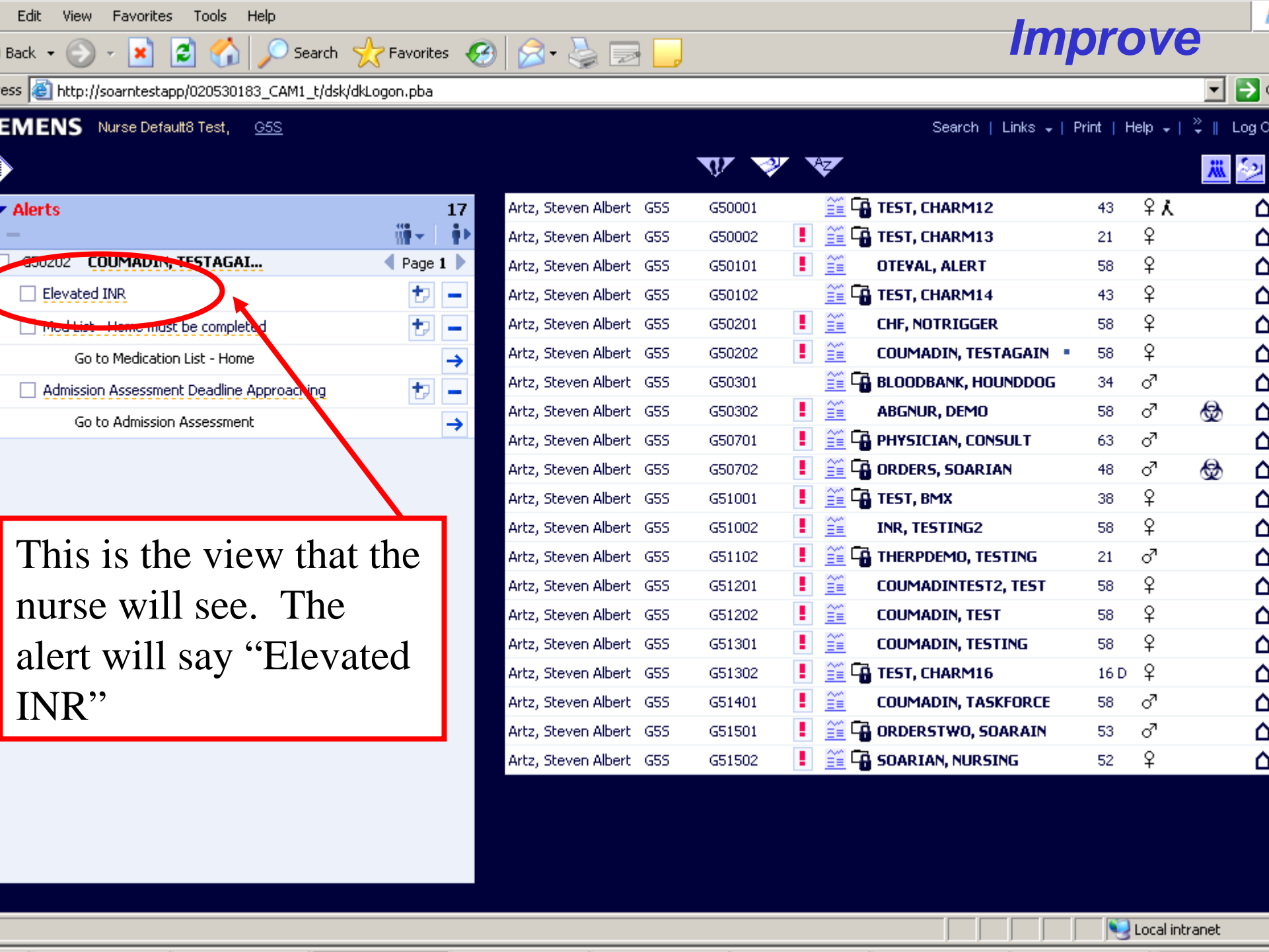
Effort

HIGH



- Will run on all inpatients and observation patients in a bed.
- Workflow listens for an INR result to come into Soarian.
- If the INR is < 3 , no alert should be produced
- If the INR is ≥ 3 , then the workflow will look to the Pharmacy system to see if the patient is receiving one of the drugs that has been identified as high risk for interacting with Coumadin. If the drug is found, then an electronic alert will be produced to physicians. We also send an electronic alert to nursing to follow-up with the physician.





This is the view that the nurse will see. The alert will say "Elevated INR"

Artz, Steven Albert	G55	G50001	TEST, CHARM12	43	♀	
Artz, Steven Albert	G55	G50002	TEST, CHARM13	21	♀	
Artz, Steven Albert	G55	G50101	OTEVAL, ALERT	58	♀	
Artz, Steven Albert	G55	G50102	TEST, CHARM14	43	♀	
Artz, Steven Albert	G55	G50201	CHF, NOTRIGGER	58	♀	
Artz, Steven Albert	G55	G50202	COUMADIN, TESTAGAIN	58	♀	
Artz, Steven Albert	G55	G50301	BLOODBANK, HOUNDDOG	34	♂	
Artz, Steven Albert	G55	G50302	ABGNUR, DEMO	58	♂	
Artz, Steven Albert	G55	G50701	PHYSICIAN, CONSULT	63	♂	
Artz, Steven Albert	G55	G50702	ORDERS, SOARIAN	48	♂	
Artz, Steven Albert	G55	G51001	TEST, BMX	38	♀	
Artz, Steven Albert	G55	G51002	INR, TESTING2	58	♀	
Artz, Steven Albert	G55	G51102	THERPDEMO, TESTING	21	♂	
Artz, Steven Albert	G55	G51201	COUMADINTEST2, TEST	58	♀	
Artz, Steven Albert	G55	G51202	COUMADIN, TEST	58	♀	
Artz, Steven Albert	G55	G51301	COUMADIN, TESTING	58	♀	
Artz, Steven Albert	G55	G51302	TEST, CHARM16	16 D	♀	
Artz, Steven Albert	G55	G51401	COUMADIN, TASKFORCE	58	♂	
Artz, Steven Albert	G55	G51501	ORDERSTWO, SOARAIN	53	♂	
Artz, Steven Albert	G55	G51502	SOARIAN, NURSING	52	♀	

ts 17

0202 **COUMADIN, TESTAGAI...** Page 1

Elevated INR

Med List - Home must be completed

Go to Medication List - H...

Admission Assessment Deadli...

Go to Admission Assessm...

Artz, Steven Albert	G5S	G50001	TEST, CHARM12	43	♀	
Artz, Steven Albert	G5S	G50002	TEST, CHARM13	21	♀	
Artz, Steven Albert	G5S	G50101	OTEVAL, ALERT	58	♀	
Artz, Steven Albert	G5S	G50102	TEST, CHARM14	43	♀	
Artz, Steven Albert	G5S	G50201	CHF, NOTRIGGER	58	♀	
AIN				58	♀	
DOG				34	♂	
				58	♂	
T				63	♂	
				48	♂	
				38	♀	
				58	♀	
RLL				38	♀	
AIN				53	♂	
Artz, Steven Albert	G5S	G51502	SOARIAN, NURSING	52	♀	

Alert Description -- Web Page Dialog

COUMADIN, TESTAGAIN 58y ♀ G5S-G50202

Allergies: (0) Diagnoses: (0) MR#: 1800012489

Alert

Date: 12/17/08 09:37

Elevated INR

Please notify physician of Elevated INR

Close Help

After the nurse clicks on the alert, this is the message he/she will see.

Project Control Date: 6/17/09

Define the Project: 38% episodes of harm for Coumadin therapy

Defect: INR > 4 for IP (excludes admissions for INR). IHI defined episode of harm

Measure the Process:

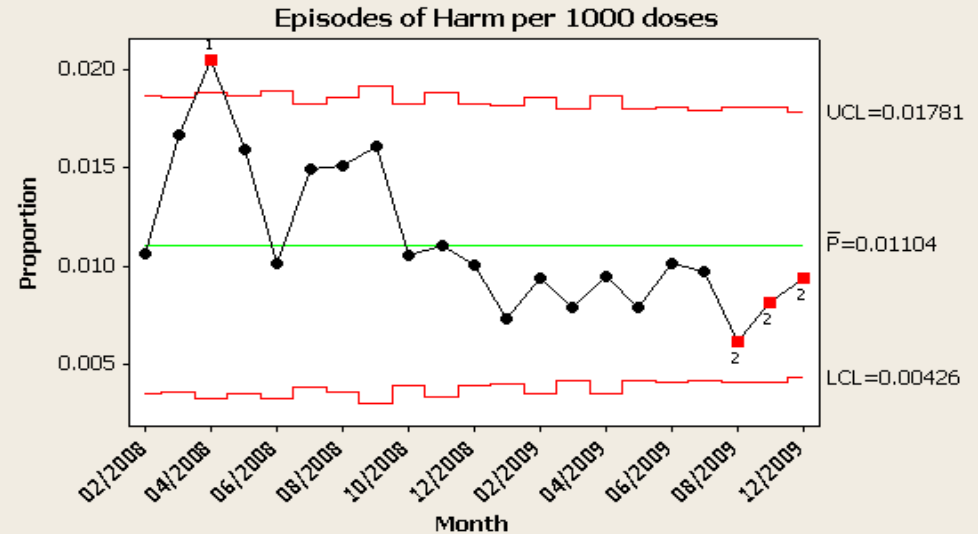
Baseline: 2/2008 = 4.15% critical INR, 15.86 episodes of harm

Current: 6/2009 = 9.69 episodes of harm

Target/Goal: 11 episodes of harm/1000 Coumadin doses

Analyze:

- 71% of critical INR's occurred at Memorial
- Highest volume units: G7S, M3W, M3N, M2E, M4N
- Statistically more episodes of temporary harm occurred at Memorial.
- Statistically, more patients with harm had a drug interaction with a fluoroquinolone antibiotic.



Tests performed with unequal sample sizes

Improve: 1) Targeted live nursing education on high volume units, 2) and high volume physicians, 3) coumadin reversal orderset, 4) Nurse/Physician Soarian Alert (drug interactions), 5) coumadin orderset.

Control Monitoring: Y = Episodes of harm

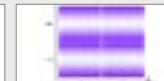
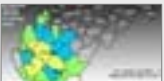
Special Cause Notes/Action: April had 2nd order change

Savings: Annual cost \$50,445 includes RN time to treat critical INR's, excludes nursing time to administer Vitamin K. Also excludes additional LOS from complications or treatments.





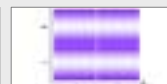
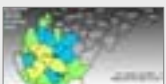
Sleep Apnea





Harm and Mortality Concerns

1. Emergent and Urgent intubations had increased @ CAMC
2. Most common reasons for MET (rapid response team calls) calls were respiratory in nature
3. Many codes outside of the ICU were a result of respiratory failure
4. We had several respiratory failures in patients who had unrecognized sleep apnea





What is the Incidence of Sleep Apnea in Admitted Patients?

According to our Premier data for June '08-May '09:
4.5% (1,721/38,275) of admitted patients had a 1° or 2° Dx of sleep apnea

- Mortality Index: 0.56 (40 deaths)
- Complication Index: 0.9
- Cost Index 1.06 (\$13,538/case)

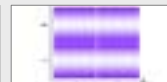
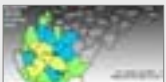
However.....

Screens for Sleep Apnea conducted from Aug '08-Nov '08 revealed:

- 15% of pre-op patients had a Diagnosis of Sleep apnea **and**
- 6.7% of pre-op patients had witnessed apnea at night but no formal sleep study

21.7% of pre-op patients were at risk for sleep apnea and therefore at very high risk for post-op respiratory failure

- **This represents 6,583 pts annually with unrecognized sleep apnea**





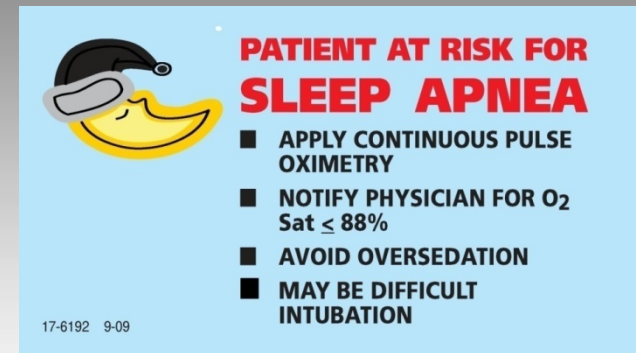
How can we screen all patients admitted to CAMC for Sleep Apnea?

We designed a simple 2 question screen on our electronic nursing admission history:

1. *Do you have a diagnosis of sleep apnea?*
2. *Has anyone seen you stop breathing when you sleep?*

A yes response to either prompts 5 interventions:

1. *Apply Sleep Apnea sticker*
2. *Apply continuous pulse oximetry*
3. *Query re: CPAP and instruct to have equipment brought in*
4. *Present patient with CAMC Sleep Apnea education*
5. *Automatic notification of respiratory electronically*





Soarian Nursing Admission History Screen Shots

Informational Message -- Web Page Dialog

i PATIENT AT RISK FOR SLEEP APNEA 1. Apply Sleep Apnea sticker to lower left corner of chart 2. Apply continuous pulse oximetry 3. Avoid oversedation 4. Notify MD of desaturation 5. May be a difficult intubation

Close

SIEMENS Nurse Default Test, G4S

RULES, PHARMACY2000 | DOB: 01/01/1950(59y) | G4S-040901 | Attending: Steven Albert Artz | Admit Date: 11/19/2009(1)

Admission History-Obstetrical

Entered by: Nurse Default Test

Scheduled: N/A

Hours slept: []

Have you ever been diagnosed with Sleep Apnea? Yes No

Do you have CPAP equipment? Yes No

Is CPAP Equipment with Pt? Yes No

Has anyone observed you stop breathing during sleep or do you choke at night? Yes No

[Sleep Apnea Patient Education](#)

Culture/Spiritual

Are there any religious or cultural practices that may be affected by this hospitalization? Yes No

Description: []

Is there a religious person or practice you desire during hospitalization? Yes No

Description: []

Educational History [Communication Assistance for Patients](#)

Language Spoken: English

Learning Preferences: []

Other Learning: []

Collected: 11/20/2009 07:53 | Charted for: [] | Status: In progress

SIEMENS Nurse Default Test, G4S

RULES, PHARMACY2000 | DOB: 01/01/1950(59y) | G4S-040901 | Attending: Steven Albert Artz | Admit Date: 11/19/2009(1)

Admission History-Obstetrical

Entered by: Nurse Default Test

Scheduled: N/A

Hours slept: []

Have you ever been diagnosed with Sleep Apnea? Yes No

Do you have CPAP equipment? Yes No

Is CPAP Equipment with Pt? Yes No

Has anyone observed you stop breathing during sleep or do you choke at night? Yes No

[Sleep Apnea Patient Education](#)

Culture/Spiritual

Are there any religious or cultural practices that may be affected by this hospitalization? Yes No

Description: []

Is there a religious person or practice you desire during hospitalization? Yes No

Description: []

Educational History [Communication Assistance for Patients](#)

Language Spoken: English

Learning Preferences: []

Other Learning: []

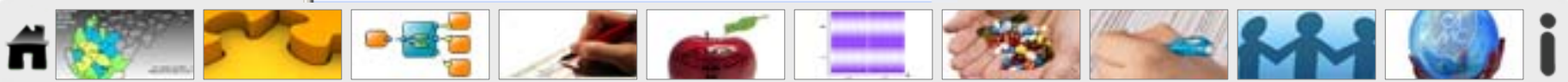
Collected: 11/20/2009 07:53 | Charted for: [] | Status: In progress

Interventions 5

Page 1

G40901 **RULES, PHARMACY2000**

- [Contact Physician for Order for Use of Home CPAP Equipment](#) 12/04/09 07:57
- [Safety Check - Notify Clin Eng 8a-4:30p; Resp after hrs for CPAP](#) 12/04/09 07:57
- [Add Sleep Problem to IPOC \(14\) for 1 Times](#) 12/04/09 07:57
- [Apply Sleep Apnea Sticker to Lower Left Corner of Chart](#) 12/04/09 07:57
- [Sleep Prob-Cont Pulse Ox-No Dr Ord Needed-Contact Resp PRN](#) 12/04/09 07:57





Equipment needs to monitor and rescue patients

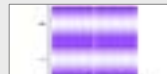
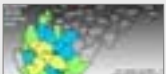
We had few continuous pulse oximeters and nursing depended on respiratory to deliver and set up.

Post-Op Pilot:

- Deployed 15 Massimo Pulse Oximeters to each of 3 post-op units
- Trained nurses on their use and monitored all post-op patients on continuous pulse oximetry for first 24 hours

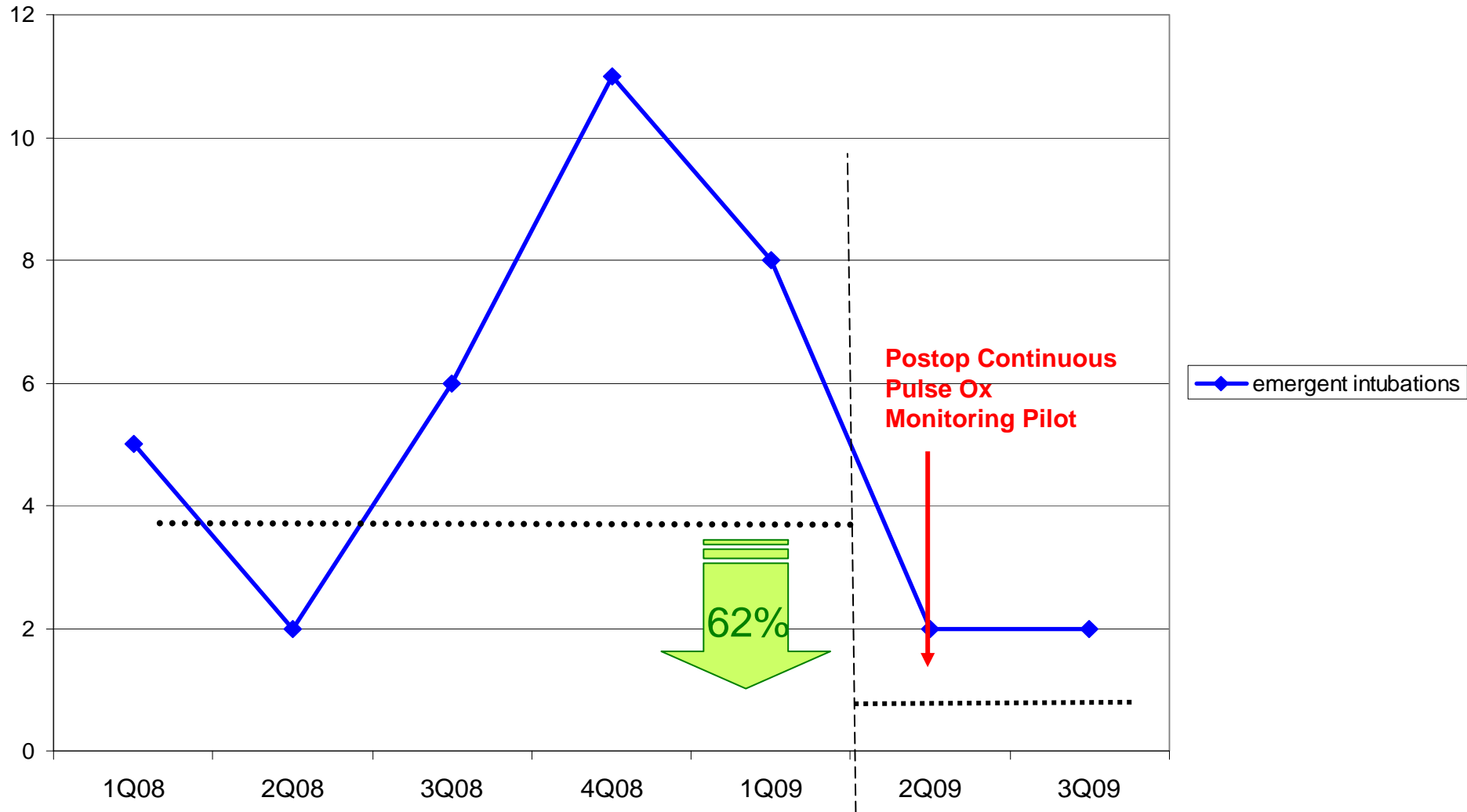
Results:

- Great nursing acceptance, monitors didn't "walk"
- Emergent intubations decreased significantly
- Paradigm shift in culture, nursing can initiate and manage the respiratory monitoring.





Emergent intubations on 3 post-op floors (post-op pilot started 2ndQ '09)





Sleep apnea screen initiated for all of CAMC: 10/19/09

1. Nurses and respiratory therapists had training on nursing adm Hx changes and competency training on use of continuous pulse ox.
2. New CPAP orderset developed to simplify initiating CPAP when settings unknown.
3. SBAR developed to communicate desaturation.
4. Narcotic orderset revised to incorporate O₂ monitoring, sleep apnea questions and emergency response procedures.
5. PCA pump nursing flowsheet revised.
6. Graphic sheet for vitals being revised to include O₂ sat and FiO₂.
7. Sleep apnea sticker applied to all @ risk patients.

21,531 Patients screened from 10/19/2009 to 03/10/2010:

9% (1912 out of 21,531) had Dx of Sleep Apnea (SA)

+ 9% (2042 out of 21,531) obsvd quit breathing at night (no formal dx SA)

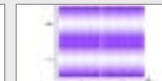
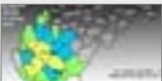
18% of pts admitted to CAMC were at risk for Sleep Apnea

BMI of pts at Risk for Sleep Apnea

< 30	= 23%
30-34	= 24%
35-40	= 21%
>40	= 31%

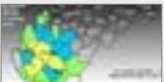


Nutrition Services



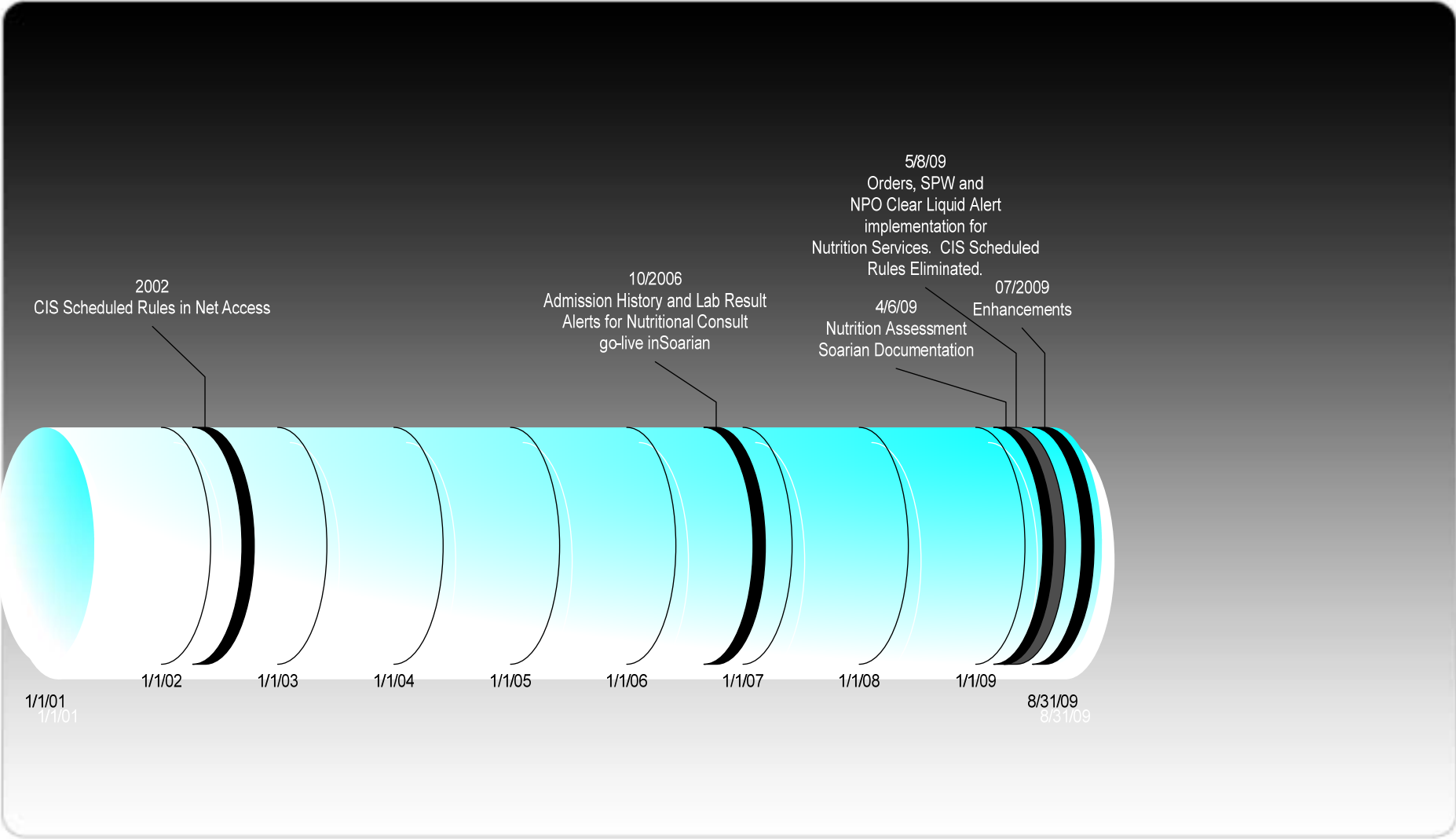
Challenges:

- Meeting The Joint Commission (TJC) standard while improving productivity and maintaining the same staffing levels.
- Utilize International Dietetics & Nutrition Terminology (IDNT): Standardized Language for the Nutrition Care Process
- Eliminate the need to manually track patient data.
- Improve intervention times in the patient care path.
- Decrease duplication of work.
- Timely notification to physicians for assessment review.
- Reduce paper documentation.
- Decrease the time it takes for paper documentation to be available in the legal Electronic Medical Record (EMR).



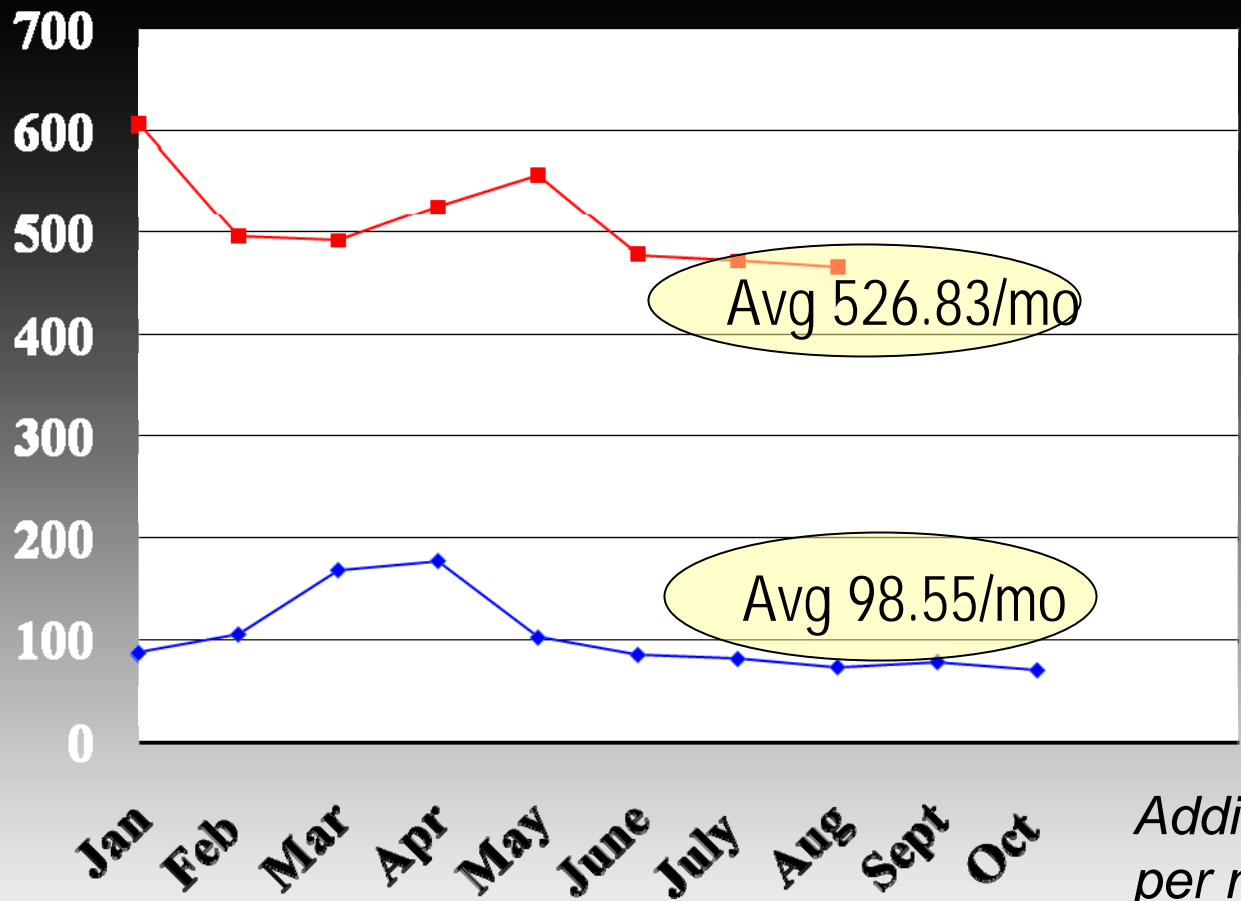


Nutrition Automation Journey





Nutritional Screening Requests



◆ Invision Consults
■ Soarian Alerts 2007

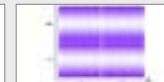
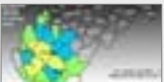
Additional 427 patients per month at nutritional risk identified



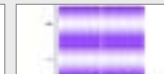
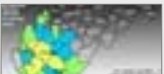


Nutrition Services: CAMC Results

- Initially, 20% of CAMC's pts. were identified at nutritional risk and assessed by the dietitian. Currently about thirty (30) percent of CAMC's patients are now assessed by the dietitian.
- Achieved 100% compliance with TJC nutritional screening guidelines.
- Improved productivity – Nutrition Services more than doubled the number of nutritional screenings without increasing staff.
- The Nutrition Services management was able to quickly and easily identify all patients who need nutritional assessments.
- The management was able to better focus the staff's work assignments. Staff members spend less time in non-productive activities.
- In the absence of the automated nutritional screening workflow, the Nutrition Services Department would need to add three fulltime clerical people to review all patient charts to determine whether a dietitian needed to intervene and conduct a nutritional assessment.
- Estimated range of avoided annual salary expenses is \$60,000 to \$90,000.



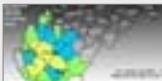
- **Nursing/Nurse Managers**
- **ET nurses**
- **Physicians**
- **Nurse Practitioners**
- **Physical Therapy**
- **Speech Therapy**
- **Occupational Therapy**
- **Nutrition Services**
- **Epidemiology**
- **Case Coordination/Social Work**
- **Clinical Trials**
- **Pharmacy**
- **Coding Specialists**





Corporate Scorecard

MAK Saves	CAMC	98% ✓	Not Available	92% ✓	95% ✓		90%
	General	98% ✓	Not Available	91% ✓	95% ✓		90%
	Memorial	97% ✓	Not Available	92% ✓	95% ✓		90%
	WCH	98% ✓	Not Available	97% ✓	93% ✓		90%
Infection Rate from Multiple Drug Resistant Organisms (MRSA)	CAMC	0.28 ✓	0.26 ✓	Not Available	0.30 ✓		0.31
HPSG#7: Steps to Prevent CL Associated Bloodstream Infection	CAMC	1 ✗	2 ✗	Not Available	6 ✗		17
Inpatient Fall Rate (NDHQI)	CAMC	2.89 ✓	2.32 ✓	1.74 ✓	2.61 ✓		3.41
Injury Fall Rate	CAMC	0.84 ✓	0.46 ✓	0.39 ✓	0.55 ✓		0.89
Patient Safety Scorecard	CAMC	Not Available	Not Available	Not Available	Not Available		3% improvement
Hospital Acquired Pressure Ulcers - ICU Units [^]	CAMC	12% ✗	15% ✗	24% ✗	7% ✓		7% or less
Hospital Acquired Pressure Ulcer - Non-ICU Units	CAMC	9% ✗	4% ✓	5% ✓	4% ✓		5% or less
All or nothing score - SCIP [^]	CAMC	84.30% ✓	85.50% ✓	86.00% ✓	86.09% ✓		83.00%
CMS Indicator - AMI [^]	CAMC	95.61% ✓	94.60% ✗	94.54% ✗	94.82% ✗		95.50%
CMS Indicator - Heart Failure [^]	CAMC	64.80% ✗	64.60% ✗	64.54% ✗	65.68% ✗		87.30%
CMS Indicator - Pneumonia [^]	CAMC	79.40% ✗	77.40% ✗	79.57% ✗	79.10% ✗		81.40%
CMS Indicator - CABG [^] **	CAMC	85.60% ✓	87.50% ✓	88.60% ✓	87.98% ✓		85%
CMS Indicator - Hips/Knees [^] **	CAMC	85.30% ✗	87.00% ✓	88.56% ✓	88.93% ✓		86.95%
All or nothing score - Ventilator	CAMC	97.80% ✓	97.70% ✓	97.90% ✓	97.85% ✓		96.7%
	General	98.90% ✓	98.50% ✓	98.50% ✓	98.52% ✓		98.5%
	Memorial	96.50% ✓	96.80% ✓	96.80% ✓	96.75% ✓		95.3%
Discharges before Noon [^]	CAMC	16.35%	16.74%	16.79%	16.80%		Tracking
	General	12.70% ✓	12.97% ✓	13.47% ✓	13.68% ✓		10.84%
	Memorial	17.10% ✓	17.33% ✓	17.46% ✓	17.33% ✓		16.50%
	WCH	19.40% ✓	21.04% ✓	20.01% ✓	20.34% ✓		16.50%



Contact Hour Credits



In order to receive contact hours for today's session:

- Complete the evaluation form by click on the evaluation link located on the left-side of your viewing console or you can access directly at www.siemens.com/nurse_survey2
- Once completed, print out your certificate for Continuing Nursing Education Credits of 1.0 contact hour offered by Corexcel.
 - *please be sure to check the box located on the evaluation form to enable the print function*

Upcoming Siemens Webcast Topics

Contact Information:

Gail E. Latimer, MSN, RN, FACHE, FAAN, Vice President,
Chief Nursing Officer, Siemens Healthcare
gail.latimer@siemens.com

Join us for other webcasts in this series:

Monday, April 5, 2010 – 2:00 – 3:00 p.m., ET

Embracing a Magnet Culture: Examples of Nursing Excellence

*Joanne T. Clavelle, MS,RN, NE-BC, FACHE, Vice President, Patient Care Services, CNO and Paddy Yancy, RN,
Nursing Supervisor, St. Luke's Regional Medical Center*

To register for these events and to learn more on how healthcare IT can help tackle the challenges clinicians face today visit Siemens Clinical Gateway at: www.usa.siemens.com/clinicalgateway

Thank you

for attending this session.