

10

TENTH NCDR® ANNUAL MEETING

Celebrating a Decade of Innovation

AGENDA

IMPROVING OUTCOMES THROUGH PATIENT-CENTERED QUALITY INITIATIVES



Quality Improvement. Quantified.®

March 26–27, 2009

Orlando, Florida

Rosen Shingle Creek Hotel

Program Directors: John Rumsfeld, MD, PhD, FACC

Kathleen Hewitt, RN, MSN, CPHQ

Program Overview

Drawing on the success of and feedback from previous programs, this intense two-day meeting will meet your needs for registry-specific information; provide presentations and experiences from other registry participants; and also offer presentations by experts on cutting-edge topics in healthcare. Most importantly, you'll hear how others have led successful quality improvement initiatives in their facilities.

- In-depth, registry-specific data element and definition reviews
- Scenario and case study reviews with audience participation
- Optional early-bird sessions for:
 - New Participant Orientation
 - Advanced Participant Clinical Updates
- Networking opportunities with ACC leadership, NCDR® staff, and other NCDR registry participants
- Informative presentations on healthcare topics critical to NCDR participants
- Storyboards on quality improvement initiatives, research, and education
- Quality improvement presentations featuring real life examples and "lessons learned" from other registry participants
- Panel discussions with experts

Course DescriptionDay 1:

On Thursday, we will provide participants with registry-specific training and updates to improve their data collection efforts for each of the four NCDR registries: ACTION Registry®-GWTG™, the CARE Registry®, the CathPCI Registry®, and the ICD Registry™. We'll also provide guidance in identifying strategies for improving data collection accuracy, consistency, and reliability. Each registry track will be repeated in the afternoon to enable participants to gain in-depth knowledge of more than one registry. These sessions will incorporate an open format including overview presentations by ACC leadership, NCDR staff, and NCDR participants, to provide the clinical expertise that will ensure that data collection and outcomes reporting are of the highest quality and reliability.

Day 2:

Friday will feature case studies and scenarios utilizing registry-specific data elements and definitions. We'll also provide information on "lessons learned" from other facilities for implementing quality improvement, research, and education. The afternoon session will identify strategies for engaging administrators and physicians in a hospital quality-improvement program. Throughout the meeting we will provide timely, cutting-edge information on healthcare topics critical to you, our NCDR participants. There will also be opportunities to network with other participants and registry thought leaders.

Objectives

Upon completion of this program, you will be able to:

- Describe registry updates.
- Identify strategies for improving data collection accuracy, consistency, and reliability.
- Complete case studies and scenarios using the registries' data elements and definitions.

- Apply “lessons learned” from other facilities for implementing quality improvement, research, and education.
- Discuss the interaction between registries, advocacy, and government.
- Identify strategies for integrating the NCDR registries into a hospital quality-improvement program.

Who Should Attend

- NCDR Registry Site Managers and data coordinators who are interested in data integrity and data quality
- Nurses, physicians, and managers who oversee operational and/or administrative processes of care for cardiovascular patients, or who provide direct care
- Hospital administrators who want to learn how NCDR can support their strategic goals
- Quality improvement professionals who lead organizational performance improvement efforts
- Technical personnel who are interested in integration, implementation, and lifecycle maintenance of the NCDR database registries

Continuing Nursing Education Credit

The American College of Cardiology Foundation is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

This activity will award 13.75 contact hours of nursing education. Each attendee should only claim credit commensurate with the extent of his or her participation in the activity.

Continuing Education Credit for RCIS, CCT, RCS, and RVS Professionals

ANCC credit is recognized by the American Registry of Radiologic Technologists (ARRT) and by Cardiovascular Credentialing International (CCI) for continuing education credit.

Wednesday, March 25, 2009

3:00 p.m. – 6:00 p.m. EARLY REGISTRATION

Thursday, March 26, 2009

6:30 a.m. – 8:30 a.m. Registration/Continental Breakfast

8:30 a.m. – 5:30 p.m. Meeting

TIME	TOPIC				
7:00 a.m.	Workshop #1* New Participant Orientation		Workshop #2* Advanced Participant Clinical Updates		
8:15 a.m.	Break: Vendor Exhibits / Participant Communication Board				
8:30 a.m.	Welcome / Introduction				
9:00 a.m.	Keynote Presentation				
10:00 a.m.	Break: Vendor Exhibits / Participant Communication Board / Storyboards				
10:30 a.m.	Registry Updates				
11:00 a.m.	Workshop #3* ACTION Registry®-GWTG™ <i>(repeats at 1:30 p.m.)</i>	Workshop #4* CARE Registry® <i>(repeats at 1:30 p.m.)</i>	Workshop #5* CathPCI Registry® Version 4.0 <i>(repeats at 1:30 p.m.)</i>	Workshop #6* ICD Registry™ <i>(repeats at 1:30 p.m.)</i>	Workshop #7* Quality Improvement 101
12:30 p.m.	Lunch / Networking (table assignment by registries)				
1:30 p.m.	Workshop #8* ACTION Registry-GWTG <i>(repeat from 11:00 a.m.)</i>	Workshop #9* CARE Registry <i>(repeat from 11:00 a.m.)</i>	Workshop #10* CathPCI Registry Version 4.0 <i>(repeat from 11:00 a.m.)</i>	Workshop #11* ICD Registry <i>(repeat from 11:00 a.m.)</i>	Workshop #12* Advanced Quality Improvement
3:00 p.m.	Break: Vendor Exhibits / Participant Communication Board / Storyboards				
3:30 p.m.	Presentation: Use of Health Information Technology to Enhance the Continuity of CV Patient Care				
4:30 p.m.	Panel Discussion: The Interaction Between NCDR, Advocacy and Government				
5:30 p.m.	Adjournment				
6:00 p.m.	Welcome Reception*				

*** Because space is limited, these activities require pre-registration.**

Friday, March 27, 2009

6:30 a.m. – 7:30 a.m. Continental Breakfast

7:30 a.m. – 4:30 p.m. Meeting

TIME	TOPIC			
6:30 a.m.	Continental Breakfast			
7:30 a.m.	Presentation: NCDR Data-Supported Research			
8:30 a.m.	<u>Workshop #13*</u> ACTION Registry–GWTG Case Studies (<i>repeats at 10:30 a.m.</i>)	<u>Workshop #14*</u> CARE Registry Case Studies	<u>Workshop #15*</u> CathPCI Registry Case Studies (<i>repeats at 10:30 a.m.</i>)	<u>Workshop #16*</u> Quality Strategies (<i>repeats at 10:30 a.m.</i>)
10:00 a.m.	Break: Vendor Exhibits / Participant Communication Board / Storyboards			
10:30 a.m.	<u>Workshop #17*</u> ACTION Registry–GWTG Case Studies (<i>repeat from 8:30 a.m.</i>)	<u>Workshop #18*</u> ICD Registry Case Studies	<u>Workshop #19*</u> CathPCI Registry Case Studies (<i>repeat from 8:30 a.m.</i>)	<u>Workshop #20*</u> Quality Strategies (<i>repeat from 8:30 a.m.</i>)
12:00 p.m.	Lunch / Networking (table assignment according to # on back of name badge)			
1:00 p.m.	Panel Discussion: How to Engage Hospital Administration and Physicians			
2:00 p.m.	Presentation: How to Use Data to Improve Quality			
3:00 p.m.	Break: Vendor Exhibits / Participant Communication Board / Storyboards			
3:30 p.m.	10 th NCDR Annual Meeting Awards			
4:30 p.m.	Adjournment			

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REGISTRATION FORM

Name _____ Degree(s)/Certification(s) _____ Title _____

Company/Facility Name _____ NCDR Participant ID (if your organization is an NCDR participant) _____

Street Address 1 _____ Street Address 2 _____

City _____ State _____ ZIP _____

Daytime Telephone (including area code) _____ Fax Number (including area code) _____ Email Address _____

To help us meet your professional development needs, please tell us more about yourself (check all that apply):

I participate in these NCDR registries (check all that apply): ACTION Registry–GWTG CARE Registry CathPCI Registry ICD Registry

I have been participating in an NCDR registry for: Less than 1 year 1-3 years More than 3 years Not applicable

I am a member of: ACC CCA (i.e., RN, NP, PA, PharmD) ACC FACC or FIT Not applicable

Which of the following best describes your professional designation (check all that apply):

- MD/DO LPN/LVN RCIS RN CVT RTR RRT RD PA/PAC ANP/MSN
 Other _____

Which of the following best describes your role (please check only one):

- Site Manager Data Collector Data Entry Data Analyst Billing/Account Manager
 Other _____

Let us know if you have any special needs for your attendance at the NCDR Annual Meeting:

- Special dietary requirements: Vegetarian Kosher Fruit Gluten-free Allergy _____
 If you need disability accommodations, please check here and advise us of your needs at least 2 weeks before the program.

To ensure that we can accommodate everyone who is interested in attending specific sessions, please pre-register here:

Thursday, March 26, 2009			
Session Name		I will attend:	
Workshop 1 – New Participant Orientation	Choose one:	<input type="checkbox"/>	7:00 a.m. – 8:15 a.m.
Workshop 2 – Advanced Participant Clinical Updates		<input type="checkbox"/>	7:00 a.m. – 8:15 a.m.
Workshop 3 – ACTION Registry®–GWTG™ (repeats in afternoon)	Choose one:	<input type="checkbox"/>	11:00 a.m. – 12:30 p.m.
Workshop 4 – CARE Registry® (repeats in afternoon)		<input type="checkbox"/>	11:00 a.m. – 12:30 p.m.
Workshop 5 – CathPCI Registry® v4.0 (repeats in afternoon)		<input type="checkbox"/>	11:00 a.m. – 12:30 p.m.
Workshop 6 – ICD Registry™ (repeats in afternoon)		<input type="checkbox"/>	11:00 a.m. – 12:30 p.m.
Workshop 7 – Quality Improvement 101		<input type="checkbox"/>	11:00 a.m. – 12:30 p.m.
Workshop 8 – ACTION Registry–GWTG (repeat from morning)	Choose one:	<input type="checkbox"/>	1:30 p.m. – 3:00 p.m.
Workshop 9 – CARE Registry (repeat from morning)		<input type="checkbox"/>	1:30 p.m. – 3:00 p.m.
Workshop 10 – CathPCI Registry v4.0 (repeat from morning)		<input type="checkbox"/>	1:30 p.m. – 3:00 p.m.
Workshop 11 – ICD Registry (repeat from morning)		<input type="checkbox"/>	1:30 p.m. – 3:00 p.m.
Workshop 12 – Quality Improvement – Advanced		<input type="checkbox"/>	1:30 p.m. – 3:00 p.m.
Welcome Reception		<input type="checkbox"/>	6:00 p.m. – 7:30 p.m.

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Friday, March 27, 2009			
Session Name		I will attend:	
Workshop 13 – ACTION Registry–GWTG Case Studies (<i>repeats in afternoon</i>)	Choose one:	<input type="checkbox"/>	8:30 a.m. – 10:00 a.m.
Workshop 14 – CARE Registry Case Studies		<input type="checkbox"/>	8:30 a.m. – 10:00 a.m.
Workshop 15 – CathPCI Registry Case Studies (<i>repeats in afternoon</i>)		<input type="checkbox"/>	8:30 a.m. – 10:00 a.m.
Workshop 16 – Quality Strategies (<i>repeats in afternoon</i>)		<input type="checkbox"/>	8:30 a.m. – 10:00 a.m.
Workshop 17 – ACTION Registry–GWTG Case Studies (<i>repeat from morning</i>)	Choose one:	<input type="checkbox"/>	10:30 a.m. – 12:00 p.m.
Workshop 18 – ICD Registry Case Studies		<input type="checkbox"/>	10:30 a.m. – 12:00 p.m.
Workshop 19 – CathPCI Registry Case Studies (<i>repeat from morning</i>)		<input type="checkbox"/>	10:30 a.m. – 12:00 p.m.
Workshop 20 – Quality Strategies (<i>repeat from morning</i>)		<input type="checkbox"/>	10:30 a.m. – 12:00 p.m.

REGISTRATION COSTS:

NCDR Participant		Non-NCDR Participant	
Advance Registration Before or on 2/18/09	Late/On-Site Registration 2/19/09–3/26/09	Advance Registration Before or on 2/18/09	Late/On-Site Registration 2/19/09–3/26/09
\$549	\$599	\$649	\$699

Advance Registration: Number of NCDR Participants _____ x \$549 = _____

Number of Non-NCDR Participants _____ x \$649 = _____

TOTAL DUE: _____

Late/On-Site Registration: Number of NCDR Participants _____ x \$599 = _____

Number of Non-NCDR Participants _____ x \$699 = _____

TOTAL DUE: _____

PAYMENT METHOD (*payment must accompany registration*):

Check enclosed (Make checks payable to the *American College of Cardiology Foundation* in U.S. dollars drawn on a U.S. bank)

Charge my: MasterCard® Visa® American Express®

Cardholder's Name _____

Authorized Signature _____

Card Number _____

Expiration Date _____

3-Digit Security Code _____

CANCELLATIONS/REFUNDS: No refund will be given. To send a substitute, or use your credit from a previous meeting, please contact the NCDR Service Center at 800-257-4737.

SUBMIT REGISTRATION (*please use only one of the methods below*):

Mail registration form with check to:
American College of Cardiology Foundation
Attn: NCDR Annual Meeting Registration
11208 Waples Mill Road, Suite 112
Fairfax, VA 22030

Register via phone (credit card charges only)
800-699-5113 (8:30 a.m.—5:00 p.m. EST)
703-449-6418 Outside the United States and Canada

Register via faxed application (credit card charges only)
703-631-1167