2003 Annual Nursing Conference: Creating a Safe Environment for Our Patients

Saturday, November 15, 2003
Ashton B. Taylor Auditorium
Mayo Clinic
Scottsdale, Arizona

Mayo School of Continuing Medical Education

CONFERENCE FACULTY
Mayo Clinic in Scottsdale
Denise K. Betcher, MSN, RN*
Vicki L. Buchda, MS, RN
Nancy S. Cisar, MSN, RN, CCRN, CS
Belinda L. Curtis, BSN, RN, BC*
Carol M. Hansen, MSN, RN, CCRN
Nadine F. Lendzion, MN, RN, CNRN

Eric A. Nelson, MS, RPh
Debra K. Pendegast, MSN, RN, CNA
Nancy P. Sparah, MS, RN, MBA, CNS
Mary J. Wright, MN, RN
Richard S. Zimmerman, MD

Visiting Faculty
Ginger Malone, MSN, RN
Children’s Hospitals and Clinics
Minneapolis, MN

*Course Co-Directors

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Rita B. Buss, MSN, RN
Belinda L. Curtis, BSN, RN, BC
Rebecca D. Wilson, MSN, RN, C

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Hematology/Oncology/Transplant Staff Nurse
Shirley K. Bell, EdD, RN (Ad-Hoc)
Clinical Associate Professor
ASU College of Nursing
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Unit Based Educator
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Grand Canyon University
Kathy Sewell, MSN, RN
ED – Unit-based Educator
Rebecca D. Wilson, MSN, RN, C
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Cynthia J. Young, BSN, RN
GI/Endoscopy

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COURSE HIGHLIGHTS
This course is designed to explore how today’s nurses are integrally involved in developing and promoting patient safety practices. A combination of lecture and Q & A sessions will be used to review principles of safety science; nursing leadership; and strategies in creating, implementing, and evaluating an effective safety program; recent initiatives affecting medication safety; and promoting patient safety techniques for all healthcare professionals.

COURSE LEARNING OBJECTIVES
Upon completion of this course, participants should be able to:
• Discuss the principles of Safety Science
• Describe three key leadership strategies in creating a safety program
• Explain the importance of patient safety for healthcare professionals
• Identify specific methods to implement a medication safety program
• Develop strategies to establish the nurse’s role in patient safety

MEETING LOCATION
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In case of an emergency, you may be reached at the conference by calling pager number 1-480-301-5833.

EDUCATIONAL GRANTS
Mayo School of Continuing Medical Education uses multiple mailing lists and cannot guarantee competence or proficiency in the performance of any procedures, which may be discussed or taught in this course.

DISCLAIMER
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REGISTRATION
To register, please complete the attached registration form and return with payment. The course fee is $200.00. If you are using a credit card, you may fax your registration form to 1-480-301-8323. The registration fee is $210.00 until October 15th, and $250.00 beginning October 16th. The fee includes: course tuition, continental breakfast, refreshment breaks, lecture, a comprehensive course syllabus. A letter of confirmation will be sent upon receipt of payment and completed registration form. If you do not receive a confirmation letter, please call 1-480-301-4580, or send an e-mail to mcs.cme@mayo.edu. Please bring the confirmation letter with you to the registration desk.

Although it is not Mayo Clinic’s policy to limit the number of registrants for a course, conference room facilities may necessitate closure of enrollment. Early registration is strongly recommended. Walk-in registration is not guaranteed.

Saturday, November 15, 2003
7:00 a.m. Registration, Continental Breakfast and Industry Exhibits
Moderator: Belinda Curtis, BSN, RN, BC
8:00 Welcome and Introductions
Debra K. Pendergast, MSN, RN, CNA
8:15 Part I – Patient Safety: A Call to Action
Ganger Malone, MSN, RN
9:45 Break – Industry Exhibits and Refreshments
10:00 Part II – Patient Safety: A Call to Action
Ganger Malone, MSN, RN
10:30 Significant Forces in Patient Safety: The Nursing Profession
Richard S. Zimmerman, MD
11:30 Complimentary Lunch
Moderator: Denise K. Betcher, MSN, RN
12:30 p.m. Are The 5 Rights Enough?
Eric A. Nelson, MS, RPh
Mary J. Wright, MN, RN
1:15 Part I – Solving The Puzzle: How Do We Keep The Patient Safe?
Nancy C. Cisar, MS, RN, CCRN, CS
Carol M. Hansen, MS, RN, CCRN
Nadine F. Lendzion, MN, RN, CNRN
Nancy P. Spahr, MS, RN, MBA, CNS
2:00 Break – Industry Exhibits and Refreshments
2:15 Part II – Solving The Puzzle: How Do We Keep The Patient Safe?
Nancy C. Cisar, MS, RN, CCRN, CS
Carol M. Hansen, MS, RN, CCRN
Nadine F. Lendzion, MN, RN, CNRN
Nancy P. Spahr, MS, RN, MBA, CNS
3:00 Putting It All Together: Creating A Culture Of Safety
Vicki L. Buchda, MS, RN
3:30 Closing Remarks

For additional information, call Mayo School of Continuing Medical Education, Mayo Clinic, at 1-480-301-4580 or e-mail mcs.cme@mayo.edu.

Registration Form
2003 Mayo Clinic Annual Nursing Conference
Nursing Today: Creating A Safe Environment For Our Patients
Saturday, November 15, 2003

Please print or type all information. Duplicate form for multiple registrations.

To expedite registration, fax this form with your credit card noted 1-480-301-8323, or mail to Mayo School of Continuing Medical Education, Mayo Clinic, 1400 East Shea Boulevard, Scottsdale, AZ 85259.

If you have ever registered for a previous Mayo Clinic Scottsdale course? □ Yes □ No

Your type of practice:
□ Hospital □ Nursing Home □ Private Practice
□ Clinic □ Staff/Charge Nurse □ Home Care
□ Hospice □ Other: __________________________

Years in practice:
□ 0-4 □ 5-10 □ 11-15 □ 16-25 □ 25+

□ Check box if you have any special needs or dietary requirements. If so, please indicate your needs here: __________________________

Name/Degree/Certification: __________________________
E-mail Address: __________________________

Address
City State Zip
( ) ( )
Daytime Telephone Fax Number

Date Reg’ed __________________ Auth# ____________________ CK# __________________
Expiration date (mo/yr) ___________________________________________________________________________

□ Students (must include proof of minimum 8 hour enrollment)
□ General Registration $120 $145 $ _______

□ Check enclosed (Please note check payable to Mayo Clinic)
□ Visa □ MasterCard □ Discover

Course Registration Fees: Until 10/15 After 10/15

Form of Payment (U.S. Funds Only)

□ General Registration $120 $145 $5

Course Number: 2003

Date Reg’d __________________ Auth# ____________________ CK# __________________

To expedite registration, fax this form with your credit card noted

FOR OFFICE USE ONLY: S2003M423

Signature Date

Date Reg’d __________________ Auth# ____________________ CK# __________________

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**REGISTRATION**

To register, please complete the attached registration form and return with payment. If you are using a credit card, you may fax your registration form to

To expedite registration, fax this form with your credit card noted: 1-480-301-8023, or mail to Mayo School of Continuing Medical Education, Mayo Clinic, 1440 East Shea Boulevard, Scottsdale, AZ 85250.

If you have ever registered for a previous Mayo Clinic Scottsdale course? □ Yes □ No

Your type of practice: □ Hospital □ Nursing Home □ Private Practice □ Clinic □ Staff/Charge Nurse □ Home Care □ Hospice □ Other

Years in practice: □ 0-4 □ 5-10 □ 11-15 □ 16-20 □ > 25

Check box if you have any special needs or dietary requirements. If so, please indicate your needs here:

- Name/Degree/Certification
- E-mail Address
- City
- State
- Zip
- Daytime Telephone
- Fax Number
- Course Registration Fees:
  - General Registration $120 $145 $ _______
  - Students (must include proof of minimum 8 hour enrollment) $80 $95 $ _______
- Form of Payment: (U.S. Funds Only)
  - Check enclosed (Please note check payable to Mayo Clinic) □
  - Visa □ MasterCard □ Discover
- Card Number ____________________________ Expiration date (mm/yr) __________
- Date ____________________________

**EDUCATIONAL GRANTS**

At the time of this printing, a complete listing of commercial supporters was not available.

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If your registration must be canceled, please note that a refund of your tuition, less a 20% administrative fee, will be processed when we receive written notification prior to November 1, 2003. Regrettably, we are unable to process any refunds after the November 1 deadline.

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**Credit**

This activity is approved for up to 6.9 contact hours is provided by Mayo Clinic Arizona, which as a provider of continuing nursing education by the Arizona Nurses Association, is accredited as an approved of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

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---

**Saturday, November 15, 2003**

**Moderator:** Belinda Curtis, BSN, RN, BC

**7:00 a.m.**

**Welcome and Introductions**

Debra K. Pendersent, MSN, RN, CNA

**8:15**

**Part I - Patient Safety: A Call to Action**

Ganger Malone, MSN, RN

**9:45**

**Break – Industry Exhibits and Refreshments**

**10:00**

**Part II – Patient Safety: A Call to Action**

Ganger Malone, MSN, RN

**10:30**

**Significant Forces in Patient Safety: The Nursing Profession**

Richard S. Zimmerman, MD

**11:30**

**Complimentary Lunch**

**Moderator:** Denise K. Betcher, MSN, RN

**12:30 p.m.**

**Are The 5 Rights Enough?**

Eric A. Nelson, MS, RPh

Mary J. Wright, MN, RN

**1:15**

**Part I – Solving the Puzzle:**

**How Do We Keep The Patient Safe?**

Nancy C. Cisar, MSN, RN, CCOR

Carol M. Hansen, MS, RN, CCRN

Nadine F. Lendzion, MN, RN, CNRN

Nancy P. Spahr, MS, MBA, CNS

**2:00**

**Break – Industry Exhibits and Refreshments**

**2:15**

**Part II – Solving the Puzzle:**

**How Do We Keep The Patient Safe?**

Nancy C. Cisar, MSN, RN, CCOR

Carol M. Hansen, MS, RN, CCRN

Nadine F. Lendzion, MN, RN, CNRN

Nancy P. Spahr, MS, MBA, CNS

Vicki L. Buchda, MS, RN

**3:30**

**Closing Remarks**

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**Educational Grants**

Appropriate acknowledgement will be given to all supporters at the time of the meeting.

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**Nursing Today: Creating A Safe Environment For Our Patients**

**Saturday, November 15, 2003**

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- Nursing Home
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Years in practice:

- 0-4 5-10 11-15 16-25  > 25

Check box if you have any special needs or dietary requirements. If so, please indicate your needs here:

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**Name/ Degree / Certification**

**E-mail Address**

**Form**

**Address**

City State Zip

Daytime Telephone Fax Number

**Course Registration Fees:**

<table>
<thead>
<tr>
<th>Until 10/15</th>
<th>After 10/15</th>
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<tr>
<td>$120</td>
<td>$145</td>
</tr>
</tbody>
</table>

**General Registration**

$120

**Students (must include proof of minimum 8 hour enrollment)**

$80

**$95**

**Form of Payment**

- (must include proof of minimum 8 hour enrollment)

- (Please make checks payable to Mayo Clinic)

- Visa
- MasterCard
- Discover

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**Expiration date (mm/yyyy)**

**Signature**

Date

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