

Redesign for Results:
Insight. Innovation. Impact.

2008 ICSI Colloquium on Clinical Quality Improvement

insight
innovation
impact

DoubleTree Hotel Park Place | **May 7-9, 2008** | St. Louis Park, Minnesota



Sponsored by the Institute for Clinical Systems Improvement
and the Institute for Healthcare Improvement



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2008 ICSI Colloquium on Clinical Quality Improvement

DoubleTree Hotel Park Place | **May 7-9, 2008** | St. Louis Park, Minnesota

The pressures exerted on health care organizations to improve quality and increase value have never been greater. And the demands for evidence of significant progress are growing more insistent. The 11th annual ICSI Colloquium on Clinical Quality Improvement will help you focus your energy and resources in the most productive direction. You'll hear health care leaders who have redesigned their practices for better results share their experience and insights. You'll learn about exciting innovations in care delivery. And you'll see the impact that redesign is having on patient outcomes and other key measures of health care improvement. Best of all, you'll discover that achieving a health care system we can all feel good about is already happening. Join us and discover the quantum leaps you can make in your own organization.

At the conclusion of the two-and-a-half day 2008 ICSI Colloquium on Clinical Quality Improvement, participants will be able to:

1. Identify key insights for care redesign and improvement through collaborative sharing, direct patient feedback, and public transparency of data.
2. Describe how innovative redesign of various aspects of the health care system would lead to measurably improved practice and patient/community outcomes and satisfaction.
3. Discuss ideas and designs developed and implemented by health care organizations that have demonstrated a positive impact on value-driven outcomes for patients and health care teams.
4. Identify one or two new innovative ideas that could be implemented in his/her health care organization in working toward achievement of system redesign.

A conference for

- Clinicians, including physicians and nurses engaged in clinical improvement activities
- Medical directors
- Medical group and hospital administrators and leaders
- Quality improvement and quality assurance management staff
- Clinic managers
- Health care leaders at all levels

insight innovation impact

Comments from last year's Colloquium participants

Very exciting and empowering.

Always great information—will keep my motivation going for quite a while.

I wasn't disappointed in a single presentation.

So very valuable for this community.

Absolutely great presenters.

Stimulating and useful.

My first ICSI conference: impressive! I learned much. Great presenters/materials all around.

Highly valued. Presenters were experts in the field. Credible information.

Excellent conference—appropriate topics for medical field at this time.

Very comprehensive Colloquium.

Excellent content.

It gave me tools I can take home and use.

For more information, please call (763) 765-2301 or visit the ICSI Web site at www.icsi.org.

Redesign for Results: **Insight. Innovation. Impact.**

2008 ICSI Colloquium on Clinical Quality Improvement

DoubleTree Hotel Park Place | **May 7-9, 2008** | St. Louis Park, Minnesota

The 11th annual ICSI Colloquium on Clinical Quality Improvement features experts in innovative redesign, leadership, culture, value-driven health care, patient centeredness and more. Presenters will share their insights and the impact of their work through pre-colloquium workshops, keynote addresses and breakout sessions during the two-and-a-half-day conference. The keynote speakers are:

Stephen C. Schoenbaum, MD, MPH

Executive Vice President for Programs
The Commonwealth Fund
New York, NY

Speaking on:

Achieving a High Performance Health System in America

Stephen C. Schoenbaum, MD, MPH, is Executive Vice President for Programs at The Commonwealth Fund and Executive Director of its Commission on a High Performance Health System. The

Fund is a national foundation based in New York City that is devoted to improving coverage and access to health care and quality of care through its support of health services research and health policy analysis.

From 1993-1999, Dr. Schoenbaum was the medical director and then president of Harvard Pilgrim Health Care of New England, a mixed model HMO delivery system in Providence, RI. Prior to that, from 1981-1993, he was Deputy Medical Director at Harvard Community Health Plan in the Boston area, where his roles included developing specialty services, disease management programs, clinical guidelines, and enhancing the Plan's computerized clinical information systems. Nationally, he also played a significant role in the development of HEDIS. He is currently a lecturer in the Department of Ambulatory Care and Prevention at Harvard Medical School, a department he helped to found, and the author of over 150 medical publications. He

is a board member of the Alliance for the Prudent Use of Antibiotics, the American College of Physician Executives, and the Picker Institute. He is also a longstanding member of the International Advisory Committee to the Joyce and Irving Goldman Medical School, Ben Gurion University, Beer Sheva, Israel, an honorary member of the British Association of Medical Managers, and an honorary fellow of the Royal College of Physicians.

Thomas Bodenheimer, MD

Professor of Family and Community Medicine
University of California, San Francisco
San Francisco, CA

Speaking on:

Fixing the Crisis in Primary Care: Insights and Innovations

Thomas Bodenheimer, MD, is a general internist who received his medical degree at Harvard and completed his residency at University of California, San Francisco. He spent 32 years in primary care practice in San Francisco's Mission District—10 years in community health centers and 22 years in private practice. He is currently Professor of Family and Community Medicine at University of California, San Francisco. He is co-author of the books *Improving Primary Care: Strategies and Tools for a Better Practice* (McGraw-Hill, 2006), and the health policy textbook *Understanding Health Policy, 4th edition* (McGraw-Hill, 2005). He has written numerous health policy articles in the *New England Journal of Medicine*, *JAMA*, and the *Annals of Internal Medicine*. His major concern is the future of primary care medicine in the United States, but he is happiest playing viola in an orchestra or backpacking in the High Sierras.

Redesign for Results:

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2008 ICSI Colloquium on Clinical Quality Improvement

May 7-9, 2008

DoubleTree Hotel Park Place
St. Louis Park, Minnesota

Wednesday, May 7, 2008

1:00 - 4:30 p.m.

Pre-Colloquium Workshops

(Choice of 1, 2, 3 or 4)

Four pre-colloquium workshops will be offered simultaneously on topics including: skills-building to improve quality and patient safety, conversing successfully when the stakes are high, building strong teams to enhance performance and patient safety, and achieving generational synergy within the changing health care environment. The workshops have been developed based on suggestions from past Colloquium participants for deeper, more concentrated work sessions. Workshop leaders will deliver presentations as well as coach participants in interactive learning activities. We hope you will join us a day early to begin your quality learning experience!

1. Back to the Basics: Building Essential Skills for Quality and Patient Safety

Robert C. Lloyd, PhD

Executive Director of Performance Improvement
Institute for Healthcare Improvement
Naperville, IL

Even though Deming's ideas have driven health care improvement initiatives for nearly 20 years, it is important to periodically revisit the theories, tools, and methods that drive quality improvement. New as well as seasoned employees

must also be properly grounded in these principles and tools in order to successfully spread improvement throughout the organization. This session provides an overview of quality models, tools and techniques, and team management essentials, as well as suggestions on how to test, implement, and spread strategies to improve quality and patient safety.

**2. Crucial Conversations®:
Tools for Talking When Stakes are High**

Nickijo L. Hager, MSN, RN

Vice President for Mission and Organizational Development
Franciscan Skemp Healthcare, Mayo Health System
La Crosse, WI

This session will provide an overview of the research-based Crucial Conversations® tool kit and introduce key skills that ensure results while creating an environment of mutual respect and honesty. This engaging interactive experience will challenge you personally and professionally!

3. TeamSTEPPS™: Team Strategies and Tools to Enhance Performance and Patient Safety

Stan Davis, MD, FACOG

Medical Quality Consultant
Fairview Health Services
Minneapolis, MN

Kristi Miller, MS, RN, C

System Director of Clinical Safety
Fairview Health Services
Minneapolis, MN

Janet Jorgenson-Rathke, PT

Care Improvement Facilitator
Institute for Clinical Systems Improvement
Bloomington, MN

Penny Fredrickson

Care Improvement Facilitator
Institute for Clinical Systems Improvement
Bloomington, MN

TeamSTEPPS™ is an evidence-based teamwork system designed to optimize patient safety, quality and outcomes in hospital and ambulatory settings. This session will focus on the application of TeamSTEPPS™ principles in the hospital environment. You will gain an understanding of the TeamSTEPPS™ process and the

tools that improve communication and other teamwork skills. In addition, you will be provided access to a comprehensive, ready-to-use training curriculum.

**4. Generational Collaboration:
A Prescription for Creating a Healthy Future**

Deborah Gilburg, JD, BA

Principal
Gilburg Leadership Institute
Reading, MA

Jonathan Gilburg, BA

Principal
Gilburg Leadership Institute
Holyoke, MA

Linda Dudek, BS, BA

Co-founder
Ah Ha!
Cary, NC

Differences in generational perspectives and experiences can lead to biased intergenerational assumptions that undermine cooperation, trust, and understanding. By applying an insightful model on generational dynamics, we can start to address blind spots, recognize important areas of compatibility, and foster the intergenerational partnerships required to build hope for an uncertain future. In this highly interactive workshop, you will explore the primary differences, strengths, and challenges of the generations in our workplace and discuss the implications of these differences. You will practice working in intergenerational groups in order to experience the collaborative and creative potential that can come from a deeper appreciation of generational differences, and identify ways to apply these insights to your personal and organizational lives.

Thursday, May 8, 2008

7:30 a.m. Continental Breakfast

8:30 - 9:00 a.m. Welcome, Announcements and Setting the Stage

John Sakowski, Chief Operating Officer, Institute for Clinical Systems Improvement (ICSI), Bloomington, Minnesota

9:00 - 10:15 a.m. Keynote Address

Stephen C. Schoenbaum, MD, MPH, Executive Vice President for Programs, The Commonwealth Fund, New York, NY

Achieving a High Performance Health System in America

The Commonwealth Fund Commission on a High Performance Health System has recommended five strategies for achieving a high performance health system: 1) extending comprehensive, affordable, and seamless insurance coverage to all; 2) aligning incentives to reward high-quality, efficient care; 3) organizing the health system to achieve accountable, coordinated care; 4) investing in public reporting, evidence-based medicine, and the infrastructure necessary to deliver the best care; and 5) creating a national entity or process that sets aims for health system performance and priorities for improvement, monitors performance, and recommends practices and policies. Dr. Schoenbaum will describe why we need these strategies, how we can get them, and the roles each of us must play.

10:15 - 10:35 a.m. Break

10:35 - 11:50 a.m. Breakout Session 1
(Choice of A, B or C)

A. Redesigning Services Around Changing Physician Workforce Trends

Cheryl Magnuson-Giese, MSW/MPH, SPHR, Senior Director of Physician Services, HealthPartners Medical Group and Clinics, Bloomington, MN, and Burke T. Kealey, MD, Assistant Medical Director, Hospital Medicine, HealthPartners Medical Group and Clinics, Bloomington, MN

The speakers will discuss workforce trends in physician staffing and describe how some of these challenges were met in

designing a unique, inpatient, 24/7 hospitalist model in a busy urban setting.

B. The Employer Perspective: What Must Change?

Moderator: Ann Robinow, Health Care Consultant, Edina, MN;
Panelists: Timothy Crimmins, MD, Vice President, Health Safety and Environment, General Mills, Inc., Minneapolis, MN; Charles Montreuil, Vice President, Corporate HR, Carlson Companies, Minneapolis, MN

This moderated panel discussion will explore leading employer perspectives on several questions, including:

- Is there a burning platform for the need to change?
- What needs to be done and by whom?
- What have they started to change already within their organizations?
- How will this impact medical groups, health plans, ICSI, and other stakeholders?

C. Next-Generation Tools for the Medical Home

Steven G. Clemenson, MD, Chief Medical Information Officer, MeritCare Health System, Fargo, ND

The Medical Home will require new electronic tools to enable coordinated, personalized care of individuals and populations with various conditions. We will explore concepts for care plans, complexity, chronic condition review and population views.

11:50 a.m. – 12:50 p.m. Lunch
Atrium

12:50 - 1:50 p.m. Breakout Session 2
(Choice of Session A, B or C)

A. Necessary But Not Sufficient, P4P, Electronic Medical Records, Cultural Change in Pursuit of Excellence

Barry A. Bershaw, MD, Medical Director, Quality & Informatics, Fairview Health Services, Minneapolis, MN

Arguments abound over whether Electronic Medical Records (EMRs) improve quality, whether P4P helps or hurts, and how much transparency is a good thing. This story of a large system's journey to top ratings from Bridges to Excellence gives details on how each of these elements was crucial to success in improving the health of our patients.

B. Using Human Factors to Address Retained Foreign Objects

Carol Hamlin, RN, MS, Director of Departmental Performance, University of Minnesota Medical Center, Fairview, Minneapolis, MN, and Kathleen A. Harder, PhD, Director, Center for HF Systems Design, University of Minnesota, Minneapolis, MN

Foreign objects retained following surgery can have severe consequences for patients. Operating room practices and policies for counting were investigated in two health care systems, one in Minnesota and one in Delaware. The objectives were to make recommendations that would ensure the delivery of safe patient care and improve the work environment of health care practitioners. Following the implementation of the recommendations, the University of Minnesota Medical Center, Fairview has not had a retained foreign object in three years and Christiana Care Health System has not had a retained foreign object in two years. The methodology, findings surrounding the count process, recommendations for improvement, and the implementation efforts of the two health care systems will be presented.

C. Risky Business ... Transforming Primary Care

Leslie Francis, MBA, MHA, Director, Medical Group Affairs, The Permanente Federation, Oakland, CA, and Hannah King, MPH, Senior Consultant, Kaiser Permanente, Oakland, CA

Although we talk about the need for innovation in health care, trying something new in care delivery takes courage. To promote innovation, Kaiser Permanente has supported a collaborative of 15 teams tasked with transforming primary care to produce significant improvements in quality outcomes; service and satisfaction; efficiency, and the work environment. The real work for leaders is to unleash the potential of health care teams to build flexible, patient-centered options that address the total health needs of individuals and populations.

1:50 - 2:10 p.m.

Break

2:10 - 3:10 p.m.

Breakout Session 3
(Choice of A, B, or C)

A. Design for Reliability: Horizontal Interventions and the End of the Sub-Optimization Problem

Gary R. Yates, MD, Corporate Vice President and Chief Medical Officer, Sentara Healthcare, Norfolk, VA, and Craig Clapper, PE, CQM, Partner & Chief Operating Officer, Healthcare Performance Improvement, Litchfield Park, AZ

High Reliability Organizations (HROs) are reliable over a wide range of inputs. In healthcare, too many reliability interventions are solutions looking for a problem to solve such as applying a single technology to a single activity or focusing people and protocols on a handful of core measures. This can lead to sub-optimization—the foci are more reliable while all else becomes less reliable.

So, how can we design to avoid sub-optimization and realize results across a wide-range of patient care activities? This presentation will answer this question by providing an introductory primer on design-for-reliability using a balanced mix of vertical and horizontal interventions. A method for creating and sustaining a culture designed to reduce human error as a horizontal intervention will be presented in a case study format based on the experience of Sentara Healthcare.

B. Innovation through Lean Methods in Healthcare

David Munch, MD, Chief Clinical and Quality Officer, Exempla Lutheran Medical Center, Denver, CO

Industries that do not innovate eventually give way to those that do. This presentation describes the tenets of innovation, how to succeed, how to fail and how Lean methods and principles offer a successful model of innovation for the healthcare industry.

C. Transforming Primary Care—A Snowball’s Chance in... Minnesota

Jeffrey S. Schiff, MD, MBA, Medical Director, Minnesota Health Care Programs, Minnesota Department of Human Services, St. Paul, MN

The 2007 Minnesota Legislature passed funding for payment reform to support care coordination at the primary care level for patients with complex and chronic illnesses. The Minnesota Department of Human Services, in cooperation with an array of partners, is developing the program envisioned by this legislation as a medical home model. This talk will focus on the implementation of the program, its relationship to other efforts occurring in the state, and the national momentum to develop a medical home model and transform primary care.

3:10 – 3:30 p.m.

Break

3:30 – 4:30 p.m.

Breakout Session 4
(Choice of A, B, or C)

A. Optimizing Patient Care through Innovative Patient-Centered Technologies

Diane Davies, MD, HealthFront, St. Paul, MN; Deborah Paone, MHSA, President, Paone & Associates, LLC, Bloomington, MN; and Kellie Prentice, Coordinator of Cardiovascular Health and Rehab, Rice Memorial Hospital, Willmar, MN

Experiences with patient health records, Web-based interventions, and other technologies will provide the audience with opportunities to consider how technology can be used successfully in improving patient care. Different perspectives will provide information promoting improving our ability to engage patients in their care—electronically.

B. Quality Counts: A Maine Perspective on Regional Health Alliances

Lisa M. Letourneau, MD, MPH, Senior Director Clinical Integration, MaineHealth, Portland, ME

Dr. Letourneau will share her perspectives on using a regional health improvement collaborative to drive improvements in statewide health care quality. In her role helping to establish and lead Quality Counts, a regional health improvement collaborative in Maine, Dr. Letourneau has had experience in

bringing together diverse stakeholders to forge a shared vision for improving quality in the state of Maine. As a participant in the Robert Wood Johnson ‘Aligning Forces’ initiative, this Maine alliance is using regional collaboration to drive improvements in care through the alignment of performance measurement and public reporting of data; quality improvement for providers; and engaging consumers in the use of quality data. This session will explore lessons learned and opportunities for building on the strengths of regional alliances to drive change.

C. Assessing Patient Complexity: A Patient-Centered Approach to Care Management

Macaran A. Baird, MD, MS, Professor and Head, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN, and C.J. Peek, PhD, Department of Family Medicine and Community Health, University of Minnesota, Minneapolis, MN

Every clinician has encountered “complex” patients and has reacted with, “Oh my gosh,” but not necessarily with a patterned vocabulary for exactly how the patient is complex and what to do about it. Patient “complexity” is interference with standard care caused by severity or diagnostic uncertainty, distraction or lack of readiness to engage, reduced social safety and participation, disorganization of care or difficult provider relationships. This requires a combination of usual care for a condition, plus individualized care that addresses patient-specific sources of complexity—across whatever diseases and conditions the patient may have. The complexity assessment method being developed at the University of Minnesota Department of Family Medicine and Community Health (from foundational work done in the Netherlands) aims to provide a practical but systematic vocabulary and action-based evaluation method that clinicians routinely use to improve the care of their patients (and improve the education of their students and residents).

Friday, May 9, 2008

7:00 a.m. Continental Breakfast

7:30 – 8:30 a.m. Breakfast Discussions
(Choice of A, B, C or D)

A. High Tech Diagnostic Imaging: Beyond the Alternative

Melissa Marshall, MBA, Guideline Work Group Facilitator, Institute for Clinical Systems Improvement, Bloomington, MN, and Cally Vinz, RN, Director, Evidence-Based Health Care, Institute for Clinical Systems Improvement, Bloomington, MN

Learn how six medical groups in Minnesota have implemented point-of-service, clinical decision support for High Tech Diagnostic Imaging. Hear an overview of the ICSI initiative about this topic and where it is headed.

B. Fall Prevention in the Hospital—State of the Art 2008

John Degelau, MD, MS, Medical Affairs Liaison, Chief of Hospital Medicine, HealthPartners Medical Group and Clinics, Bloomington, MN, and Linda Setterlund, MA, CPHQ, Guideline Work Group Facilitator, Institute for Clinical Systems Improvement, Bloomington, MN

This session will describe the current state of the art of Fall Prevention in hospitals. Successful strategies to influence, involve and engage hospital departments toward improved outcomes will be discussed.

C. DIAMOND: Depression Improvement Across Minnesota, Offering a New Direction

Sherry Behm, RN, MHA, Director of Clinical Practice, Family HealthServices Minnesota, St. Paul, MN; Pam Pietruszewski, MA, Guideline Work Group Facilitator, Institute for Clinical Systems Improvement, Bloomington, MN; Leif I. Solberg, MD, Associate Medical Director, HealthPartners Medical Group and Clinics, Director for Care Improvement Research, HealthPartners Research Foundation, Bloomington, MN; and Michael A. Trangle, MD, Associate Medical Director, HealthPartners Medical Group and Clinics, Bloomington, MN

This session will give an overview of the purpose of and progress to date of the ICSI DIAMOND initiative and the DIAMOND study. Hear directly from primary care medical groups on the steps they

have taken to implement the DIAMOND collaborative care model for depression, what the barriers/challenges have been, and lessons learned to share with other groups starting this work.

D. ICSI—Bridging the Quality Chasm

Gary Oftedahl, MD, Medical Director, Institute for Clinical Systems Improvement, Bloomington, MN

This presentation will provide an overview of ICSI, linked to the organization's "Redesign for Results" initiative. It will highlight ICSI's collaborative efforts in depression care and diagnostic imaging, and will address future plans.

8:30 – 8:45 a.m.

Break

8:45 – 9:00 a.m.

Opening Remarks

9:00 – 10:15 a.m.

Keynote Address

Thomas Bodenheimer, MD, Professor of Family and Community Medicine, University of California, San Francisco, San Francisco, CA

Fixing the Crisis in Primary Care: Insights and Innovations

A primary care practice with the average panel size of 2,000 patients per physician can no longer provide all its patients with high-quality acute, chronic, and preventive care plus care coordination. The reasons for this are related to the central primary care institution of the 15-minute visit, and a reimbursement system that rewards quantity, not quality. To fix the broken primary care sector of the health care system requires both macro-system (primary care reimbursement) and micro-system (re-organization of primary care practices) reform. Specific proposals on macro- and micro-system reform are presented.

10:15 – 10:35 a.m.

Break

10:35 – 11:50 a.m.

Breakout Session 5
(Choice of A, B or C)

A. Update on Minnesota Health Care Reform

Julie Sonier, MPA, Director, Health Economics Program,
Minnesota Department of Health, St. Paul, MN

This presentation will provide an overview of the Health Care Transformation Task Force proposal for health care reform in Minnesota, the analysis and rationale behind the proposal, and an update on legislative activities related to health reform in 2008.

B. Listen To Your Patients: They Are Telling You How to Improve the Quality of Their Care Transitions

Eric A. Coleman, MD, MPH, Associate Professor of Medicine,
Division of Health Care Policy and Research, Division of Geriatrics,
University of Colorado at Denver and Health Sciences Center,
Aurora, CO

At the conclusion of this session, participants will be able to recognize the value of incorporating the voice of the consumer in developing new care models; understand the challenges of executing safe and high-quality care transitions, and be familiar with the Care Transitions Intervention, a low-cost, low-intensity care model designed to improve outcomes as patients transition across sites of care.

C. Transforming Primary Practice Through Teams, Payment and Knowledge

David Ford, Chief Executive Officer, CareOregon, Portland, OR

CareOregon is a Medicare/Medicaid payer who provides transformational Grants to Primary Practices to do “whole (micro) system” change in primary care practices. They use collaboratives, data, coaching and are now piloting new payment methodologies to facilitate real complex care management within transforming practices. Their learning center, called Learning Commons, is modeled on best practices from Jonkoping, Sweden and Southcentral Foundation in Anchorage, AK. They are currently collaborating with BC/BS and other health plans to broaden the spread to commercially insured populations and more practices in the community/state at large and are part of the IHI’s new international Triple Aim Collaborative.

11:50 a.m. – 1:00 p.m.

Lunch
Atrium

1:00 – 2:15 p.m.

Breakout Session 6
(Choice of A, B or C)

A. The Urgency of Addressing Health Disparities in Minnesota

Jesse Bethke Gomez, MMA, President, CLUES (Comunidades Latinas Unidas En Servicio), St. Paul, MN

By the year 2035, Minnesota’s diverse populations are projected to grow by 77%. This trend, coupled with other projected demographic and economic changes, suggests an increasingly urgent need to address the health disparity issues we face today.

B. Transforming “Unbalanced Operational Rubbish Heaps” into “Balanced Scorecards”

Davis Balestracci, MS, Statistician/Quality Improvement Specialist,
Harmony Consulting, LLC, Portland, ME

There are many misconceptions about balanced scorecards—it is not simply a matter of accumulating an organization’s operational and financial measures in one place and periodically comparing them with arbitrary targets. This session will present Norton and Kaplan’s original theory as well as deal with the most non-trivial issue of effective data displays (Warning: I will be merciless on “traffic lights”). What seems intuitively simple is actually quite complex because of questions that MUST be answered by an organization’s executives before implementation. I will also issue a challenge to quality improvement personnel to see their job as the organizational learning and growth sub-business: the strategy for achieving an organization’s strategy.

C. Palliative Care in an Integrated Health System

Dean Fox, MD, Medical Director of Hospice and Palliative Care,
Essentia Health System, Duluth, MN

Palliative care, medicine's newest specialty, has proven value in inpatient and outpatient care. St. Mary's Hospice and Palliative Care program describes the strategies and partnerships used to heighten awareness about palliative care, and meet the need for services in an integrated health system.

2:15 – 3:00 p.m.

Closing

Accreditation

CME Accreditation Statement

Physician

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of HealthPartners Institute for Medical Education and the Institute for Clinical Systems Improvement and the Institute for Healthcare Improvement. HealthPartners Institute for Medical Education is accredited by the ACCME to provide continuing medical education for physicians.

HealthPartners Institute for Medical Education designates this educational activity for a maximum of *13.5 AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Nursing

This program has been designed to meet the Minnesota Board of Nursing's criteria for 16.1 of contact hours or required continuing education. It is the responsibility of each nurse to determine whether a continuing education activity meets the criteria established by the Minnesota Board of Nursing.

Linda L. Grummer, MS, RN

Education Specialist

HealthPartners Institute for Medical Education

Continuing Professional Development

Colloquium Registration Desk Hours

The Colloquium Registration Desk is located in the Foyer on the second floor of the hotel.

Wednesday, May 7	11:00 a.m. - 6:00 p.m.
Thursday, May 8	7:00 a.m. - 4:30 p.m.
Friday, May 9	6:45 a.m. - 1:00 p.m.

Continental Breakfast

A continental breakfast will be served in the Terrace Foyer on the second floor of the hotel.

Thursday, May 8	7:30 - 9:00 a.m.
Friday, May 9	7:00 - 9:00 a.m.

For more information about the Colloquium, call (763) 765-2301 or visit the ICSI Web site at www.icsi.org.

General Information

Location and accommodations — The 2008 ICSI Colloquium on Clinical Quality Improvement will be held at the DoubleTree Hotel Park Place, St. Louis Park, MN. See hotel reservation form for details.

Colloquium registration — Includes access to all sessions, session handouts, Colloquium jump-drive “notebook,” continental breakfasts, lunches, and refreshment breaks. For more on registration, go to www.icsi.org or call (763) 765-2301. Space is limited and pre-registration is strongly advised.

Payment — Registration must be paid in U.S. dollars drawn on a U.S. bank. American Express, MasterCard, and VISA credit cards may be used for payment on mail, telephone, facsimile, or electronic registrations and will also be accepted at the on-site Attendee Services Desk. Registration payment by check may be used for mail or on-site registrations only. Payment must accompany registration. Payment vouchers or purchase orders will not be considered as payment. *Registrations received without payment will not be processed.* Written confirmation will be sent upon receipt of registration and payment.

Cancellations — Please submit Colloquium cancellations in writing by e-mail, mail or fax to the ICSI Meeting Management Office on or before March 26, 2008. All Colloquium cancellations will be assessed a \$75 cancellation fee. Refunds will be processed after June 6, 2008. Cancellations received after March 26, 2008 will not be honored. There is no charge for transferring registration to another person at any time. Written notification of all registration transfers must be received by the Meeting Management Office.

ADA — For equal and full enjoyment of the Colloquium, please specify special requirements in the “Special Requests” areas of the Colloquium registration and hotel reservation forms.

Dietary — Please specify special dietary requirements in the “Special Requests” area of the Colloquium registration form. Every effort will be made to meet dietary requirements; requests, however, are subject to availability.

Recommended attire — Business casual.

Program changes — All information is subject to change without notice.

For more information — Visit the ICSI Web site at www.icsi.org or contact the ICSI Meeting Management Office at (763) 765-2301 or by e-mail, registration@icsi.org.

Conference Location

The 2008 ICSI Colloquium will be held at the DoubleTree Hotel Park Place in St. Louis Park, Minnesota. The DoubleTree Hotel Park Place is located just minutes from downtown Minneapolis providing easy access to major downtown attractions and restaurants. The hotel offers a variety of amenities, including free parking, complimentary fitness center, on-site restaurants, cable TV, high-speed Internet access, iron and ironing board, hairdryer, coffee maker and a work desk.

Travel and Transportation

Travel — Travel arrangements, including air and ground, can be made through the Colloquium's travel partner, Travel One, at (952) 854-2551 or (800) 245-1111. Please ask for Leann Krenz.

Airport transfer — Transportation from the Minneapolis/St. Paul Airport is available via Super Shuttle at the rate of approximately \$20 a person each way with reservations. For reservations, call (800) 258-3826.

Cab — Cab service is also available between the airport and the DoubleTree Hotel Park Place. Follow the signs from baggage claim to taxi cabs. The fare is approximately \$45.00 one way.

Parking — Complimentary guest parking is available at the DoubleTree Hotel Park Place.

**For more information, please call (763) 765-2301
or visit the ICSI Web site at www.icsi.org.**

About ICSI

The Institute for Clinical Systems Improvement (ICSI) is an independent, non-profit organization that helps its members provide evidence-based health care services to people in Minnesota and surrounding states. Founded in 1993 by HealthPartners Medical Group, Mayo Clinic and Park Nicollet Health Services, ICSI today is comprised of 60 medical groups representing more than 9,000 physicians, and sponsored by all six major Minnesota health plans. Its proven collaborative processes enable ICSI to unite diverse stakeholders in the health care system to deliver patient-centered and value-driven care.



HOTEL RESERVATIONS

2008 ICSI COLLOQUIUM ON CLINICAL QUALITY IMPROVEMENT

May 7–9, 2008

The ICSI Colloquium will be held at the DoubleTree Hotel Park Place in St. Louis Park, Minnesota. The DoubleTree Hotel Park Place is located just minutes from downtown Minneapolis, providing easy access to major downtown attractions and restaurants. The hotel offers a variety of amenities, including free parking, complimentary fitness center, on-site restaurants, cable TV, high-speed Internet access, iron and ironing board, hairdryer, coffee maker and a work desk.

Hotel reservations may be submitted online at www.doubletreeminneapolis.com (enter convention/group code ACQ). To mail or fax reservations, fill out the following form and return it to the hotel, or call the hotel at (952) 542-8600. Reservations received after April 9, 2008, will be accepted on a space- and rate-available basis. One night's deposit is required. Cancellations must be received 24 hours prior to arrival in order to avoid a charge for the first evening.

Please print or type (one reservation per room)

Name _____

Title _____ Affiliation _____

Address _____

City _____ State _____ ZIP Code _____ Country _____

Daytime telephone _____ Fax _____
(For international numbers, please include country and city codes)

E-mail address _____

Preference: King Double Smoking Non-smoking

Number of occupants: 1 2 3

Sharing room with _____

Special Requests (ADA/Dietary, Etc.) _____

Single/Double \$119 plus tax | All rates subject to 6.65% tax | Check-in is 3 p.m. | Check-out is 12 p.m.

Arrival Date _____ Departure Date _____

Check Enclosed *(One night's deposit U.S. funds drawn on a U.S. bank)*

American Express Carte Blanche Diners Club VISA Discover MasterCard

Name *(as it appears on the card)* _____

Card # _____ Expiration Date _____

Cardholder Signature _____

The hotel will send a confirmation.

Reservations Manager
DoubleTree Hotel Park Place
1500 Park Place Blvd.
St. Louis Park, MN 55416
Phone (952) 542-8600
Fax (952) 542-8063
www.doubletreeminneapolis.com

COLLOQUIUM REGISTRATION

2008 ICSI COLLOQUIUM ON CLINICAL QUALITY IMPROVEMENT

May 7–9, 2008

Register for the 2008 ICSI Colloquium on Clinical Quality Improvement online at www.icsi.org (click registration), via telephone or complete the following form and return it by mail or fax to the ICSI Meeting Management Office.

Please print or type

First Name _____

Last Name _____

Profession (MD, RN, NP, etc.) _____

Title _____

Affiliation _____

Address _____

City _____ State _____

ZIP Code _____ Country _____

Daytime telephone _____

(For international numbers, please include country and city codes)

E-mail address _____

Special Requests (ADA, dietary, etc.) _____

Check Enclosed (Remit to ICSI, payable in U.S. dollars drawn on a U.S. bank)

VISA MasterCard American Express

Name (as it appears on the card) _____

Card # _____

Expiration Date _____ Security Digits _____

For your protection, we ask for these digits to prevent unauthorized use of your credit card number. A security digit is three numbers for VISA or MasterCard and four numbers for American Express and may be found on the front or back of the card.

Cardholder Signature _____

Billing Address

Street Address _____

City _____ State _____

ZIP Code _____ Country _____

Return Colloquium registration form to:

ICSI Meeting Management Office, P.O. Box 16377

Minneapolis, MN 55416-0377

Telephone: (763) 765-2301; Fax: (952) 303-4060

www.icsi.org

SPONSOR REGISTRATION

	<i>On or before March 26</i>	<i>After March 26</i>
Colloquium	\$475	\$550
Pre-Colloquium Workshop (Select workshop at right)	\$150	\$225
Colloquium and Pre-Colloquium Wrkshp (Select workshop at right)	\$625	\$700

Sponsor rate applies to staff of ICSI sponsors and participating member organizations. Please reference www.icsi.org for a complete list of sponsors and participating member organizations.

GENERAL REGISTRATION

	<i>On or before March 26</i>	<i>After March 26</i>
Colloquium	\$750	\$825
Pre-Colloquium Workshop (Select workshop at right)	\$250	\$325
Colloquium and Pre-Colloquium Wrkshp (Select workshop at right)	\$1000	\$1075

TOTAL DUE _____

MAY 7 PRE-CONFERENCE WORKSHOPS

(Select **one**—workshops run concurrently)

- 1) Back to the Basics: Building Essential Skills for Quality and Patient Safety
- 2) Crucial Conversations®: Tools for Talking When Stakes are High
- 3) TeamSTEPPS™: Team Strategies and Tools to Enhance Performance and Patient Safety
- 4) Generational Collaboration: A Prescription for Creating a Healthy Future