

***CALL FOR PRESENTATIONS***

***OAASC 2016 Annual Meeting:***

***A Multi-Disciplinary Conference for ASC Professionals***

 ***September 15 & 16, 2016*** ***Pre-conference Sept****.* ***14***

***Submission deadline: Mar****.* ***31, 2016***

**The Ohio Association of Ambulatory Surgery Centers**

**P.O. Box 340225, Columbus, OH 43234**

**614/358-0177 FAX 614/467-2071**

**Email –** **rleffler@oaasc.net**

**THE 2016 OAASC ANNUAL MULTI-DISCIPLINE CONFERENCE**

The Ohio Association of Ambulatory Surgery Center (OAASC) will be holding its annual

multi-disciplinary educational conference at the **Embassy Suites Hotel and Conference Center at in historic Dublin, OH (Columbus)** September 15-16, 2016 (pre-conference Sept 14), and would like to invite you to **join us as a presenter**.

**AUDIENCE**

Based on previous conferences, we are anticipating 150-200 ASC professionals in attendance. Attendees are

ASC administrators, clinical directors, nurse managers, physicians, business managers, coders/billers and

ASC industry support professionals.

**PROPOSED TOPICS**

Participants are invited to respond to this *Call for Presentations* with a wide range of proposals. Emphasis

is placed on **clinical research, quality improvement, infection prevention, life safety, materials management, operations topics, staff management, physician recruitment/management, coding, billing and reimbursement practices, leadership, and health care management**. Our goal is to help Ohio’s ASC professionals keep their “fingers on the pulse” of what’s important to their centers and professions, so the timelier the information, the better.

**Innovative approaches by Ohio ASCs in the realm of ambulatory surgery clinical, coding expertise, quality initiatives and business operations are encouraged and welcomed. Interdisciplinary team proposals and joint presentations by more than one ASC or organization are also acceptable.**

**PRESENTATION LEVELS**

Applicants *must select an accurate* knowledge level for their intended audience.

• **Beginning**: For people with a basic knowledge in a subject area

• **Intermediate**: For those having a working knowledge in an area

• **Advanced**: Presenter and audience both are knowledgeable and able to discuss the subject matter thoroughly

• **General**: Relevant to all participants regardless of their professional discipline

*Specifying levels assists participants in their selections and improves the presenter’s evaluations.*

**PRESENTATION FORMATS**

**Workshops are scheduled for either a 60 or 90 minute session**. More 60 minute sessions are planned so please try to accurately access the timeframe for your presentation. Proposals must be submitted according to the recommended format.

**DEADLINE**

**Proposals will be accepted by mail, fax or email until 5 p.m. /eastern, March 31, 2016.** Proposals received after that date and time may not be subject to consideration.

**SCREENING AND NOTIFICATION**

A panel of ASC professionals representative of an interdisciplinary team will screen the proposals. Presenters selected will be notified of acceptance by **May 1, 2016**.

**REGISTRATION FEES**

Speakers (including panel members) whose presentations are selected are invited to attend the conference free of charge if requested.

**HONORARIUM/TRAVEL REIMBURSEMENTS**

Please specify any honorarium or travel reimbursement requirements for your presentation. The OAASC

will contact you with questions or concerns on your submission.

**WHAT TO INCLUDE IN PROPOSALS**

To submit a proposal, complete and mail, fax or email a typed copy of the following items to: Randy

Leffler, OAASC, P.O. Box 340225, Columbus, OH 43234, FAX 614-467-2071 or via email at rleffler@oaasc.net. To be considered, proposals ***must include*** all of the following items:

 A title of the presentation that does not exceed ten (10) words or 54 characters. (Longer titles will be edited, if necessary.) The title should inform the reader of the subject matter. Titles shouldn’t be too creative as to be confusing, nor should your title be too sterile as to discourage attendees. Be creative but on target with your topic.

 A brief description of the presentation (not to exceed 25 words or 150 characters) for inclusion in the registration brochure. Very important – please limit your description to 25 words or less as this will be the description included in the registration brochure which will have limited space.

 Presenter Bio Data Form (or forms for multiple presenters). This information is crucialwill be utilized for continuing education and conference promotions.

**Once your presentation has been selected for the conference, you will be required to complete the Education Documentation Form, including Purpose of the presentation, with 2 - 4 objectives. YOUR EDUCATIONAL OBJECTIVES ARE VERY IMPORTANT FOR CONTINUING EDUCATION. NO PRESENTATION WILL BE INCLUDED IN THE FINAL PROGRAM WITHOUT APPROPRIATE OBJECTIVES AND OUTLINE. We will provide you with a few helpful documents to assist in putting together measurable objectives and a non-repetitive content outline.**

**Finally, we will need electronic copies of your presentation 8 weeks prior to the conference for printing and continuing education purposes.**

**Thank you for your consideration and we look forward to working with you!**

**The Ohio Association of Ambulatory Surgery Centers**

**2016 OAASC Annual Meeting - A Multi-Disciplinary Conference for ASC Professionals**

**PRESENTATION PROPOSAL APPLICATION**

The primary presenter must complete a Presentation Proposal Application. A primary presenter should be designated below.

**Type of Presentation Audience Level**

( ) Workshop ( ) Beginning

( ) Research ( ) Intermediate

( ) Panel / Team ( ) Advanced

( ) General

**Name of Primary Presenter**:

(As you would like it printed on registration brochure)

**Job Title**:

**Name of Organization**:

**Your Mailing Address:**

(Street/PO Box)

(City) (State) (Zip)

**Your Telephone**: (Home):

(Work):

(Need home or mobile phone in case of last minute emergencies)

(FAX):

Email:

**Other Presenter(s)**: /

(Name) (Job Title)

 /

(Name) (Job Title)

**Title of Presentation**:

(10 words or less)

**Honorarium Required (if applicable)**:

If you require travel expenses, they must also be mentioned here.

**Teaching Methods**:

( ) Handouts ( ) Power Point

( ) Experiential ( ) Panel

( ) Lecture ( ) Other:

(Specify)

**AV Needs**: Each room will be set up with podium and microphone (depending on size). What else do you need?

|  |  |  |
| --- | --- | --- |
| ( ) Overhead Projector | ( ) Flip Chart | ( ) Screen |
| ( ) LCD Projector | ( ) VCR/TV | ( ) Other  |

(Specify)

*OAASC MAY HAVE LIMITED COMPUTER PROJECTION EQUIPMENT (LCD) AVAILABLE FOR POWERPOINT PRESENTATIONS. IF YOU HAVE YOUR OWN PROJECTOR, YOU MAY BE ASKED TO BRING IT. ALSO PLAN TO BRING YOUR OWN LAPTOP WITH YOUR PRESENTATION LOADED ON IT. THANK YOU!*

**Please** mail, email or fax this **completed application** with a typed **Description of Proposed Presentation attached** (for use in the Registration Brochure), by **March 20** to Randy Leffler at: OAASC, P.O. Box 340225, Columbus, OH 43234

FAX 614-467-2071, rleffler@oaasc.net.

Name of Presentation (10 Words or less): Presenter Name:

Description (25 Words or less):

**Ohio Nurses Association**

**Biographical and Conflict of Interest Form**

**2013 Criteria**

Title of Educational Activity: OAASC Annual Conference Education Activity Date: Sept 15-16

If you are the Nurse Planner for the activity, complete Sections 1, 2, 4 and 5

If you are on the planning committee for the activity, complete Sections 1, 2, 4 and 5

If you are the faculty/presenter/author for this activity, complete Sections 1, 3, 4 and 5

Role in Educational Activity: (Check all that apply) Nurse Planner

Content Expert

X Faculty/Presenter/Author

Content Reviewer

Other – Describe:

**Section 1: Demographic Data**

Name with Credentials/Degrees:

If RN, Nursing Degree(s): AD Diploma BSN Masters Doctorate

Address:

Phone Number: Email Address:

Current Employer and Position/Title:

**Section 2: Expertise – Planning Committee**

If a planning committee member, select area of expertise specific to the educational activity listed above:

 Nurse Planner (responsible for ensuring adherence to CE criteria)

 Content Expert

 Other

Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, ONA will request additional documentation.)

**Section 3: Expertise - Presenter/Faculty/Author/Content Reviewer**

 **An "X" on this line identifies the expertise information the same as listed above.**

Please describe expertise specific to the educational activity listed above. (If the description of expertise does not provide adequate information, ONA will request additional documentation.)

**Section 4: Conflict of Interest**

The potential for conflicts of interest exists when an individual has the ability to control or influence the content of an educational activity **and** has a financial relationship with a *commercial interest*,\* the products or services of which are pertinent to the content of the educational activity. The Nurse Planner is responsible for evaluating the

presence or absence of conflicts of interest and resolving any identified actual or potential conflicts of interest during the planning and implementation phases of an educational activity. If the Nurse Planner has an actual or potential conflict of interest, he or she should recuse himself or herself from the role as Nurse Planner for the educational activity. (See addendum for information about commercial interest.)

All individuals who have the ability to control or influence the content of an educational activity must disclose all ***relevant relationships\*\**** with any commercial interest, including but not limited to members of the Planning Committee, speakers, presenters, authors, and/or content reviewers. Relevant relationships must be disclosed to the learners during the time when the relationship is in effect and for 12 months afterward. All information disclosed must be shared with the participants/learners prior to the start of the educational activity.

**\*\**Relevant relationships****,* as defined by ANCC, are relationships with a commercial interest if the products or services of the commercial interest are related to the content of the educational activity.

 Relationships with any commercial interest of the individual’s spouse/partner may be relevant relationships

and must be reported, evaluated, and resolved.

 Evidence of a relevant relationship with a commercial interest may include but is not limited to receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (stock and stock options, excluding diversified mutual funds), grants, contracts, or other financial benefit directly or indirectly from the commercial interest.

 Financial benefits may be associated with employment, management positions, independent contractor relationships, other contractual relationships, consulting, speaking, teaching, membership on an advisory committee or review panel, board membership, and other activities from which remuneration is received or expected from the commercial interest.

 Employees of commercial interest organizations are never eligible to be on planning committees or serve as faculty for a session that pertains to their field of employment.

. Is there an actual, potential or perceived conflict of interest for yourself or spouse/partner?

 Yes No

**If yes,** complete the table below for all actual, potential or perceived conflicts of interest\*\*:

|  |  |  |
| --- | --- | --- |
| Check allthat apply | Category | Description |
|  | Salary |  |
|  | Royalty |  |
|  | Stock |  |
|  | Speakers Bureau |  |
|  | Consultant |  |
|  | Other |  |

\*\* All conflicts of interest, including potential ones, must be resolved prior to the planning, implementation, or evaluation of the continuing nursing education activity.

**Section 5: Statement of Understanding**

Completion of the line below serves as the electronic signature of the individual completing this

Biographical/Conflict of Interest Form and attests to the accuracy of the information given above.

**Typed or Electronic Signature: Name and Credentials (Required) Date**

**Section 6: Conflict Resolution (to be completed by Nurse Planner)**

A. Procedures used to resolve conflict of interest or potential bias if applicable for this activity: (Check all that apply)

Not applicable since no conflict of interest.

 Investigation indicated that there was no conflict of interest.

 Removed individual with conflict of interest from participating in all parts of the educational activity.

 Revised the role of the individual with conflict of interest so that the relationship is no longer relevant to the educational activity.

 Not awarding contact hours for a portion or all of the educational activity.

 Undertaking review of the educational activity by a content reviewer to evaluate for potential bias, balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND monitoring the educational activity to evaluate for commercial bias in the presentation.

 Undertaking review of the educational activity by a content reviewer to evaluate for potential bias,

balance in presentation, evidence-based content or other indicators of integrity, and absence of bias, AND reviewing participant feedback to evaluate for commercial bias in the activity.

 Other - Describe:

**Nurse Planner Signature**

**(\* If form is for the activity Nurse Planner, an individual other than the Nurse Planner must review and sign the form).**

Completion of the line below serves as the electronic signature of the Nurse Planner reviewing the content of this Biographical/Conflict of Interest Form

 **\_ Typed or Electronic Signature: Name and Credentials (Required) Date**

**Addendum:**

**\**Commercial interest***, as defined by ANCC, is any entity producing, marketing, reselling, or distributing healthcare goods or services consumed by or used on patients, or an entity that is owned or controlled by an entity that produces, markets, resells, or distributes healthcare goods or services consumed by or used on patients.

Commercial Interest Organizations are ***ineligible*** for accreditation. An organization is NOT a Commercial Interest Organization\* if it is:

 A government entity;

 A provider of clinical services directly to patients, including but not limited to hospitals, health care

agencies and independent health care practitioners;

 An entity the sole purpose of which is to improve or support the delivery of health care to patients,

including but not limited to providers or developers of electronic health information systems, database

systems, and quality improvement systems;

 A non-healthcare related entity whose primary mission is not producing, marketing or selling or

distributing health care goods or services consumed by or used on patients.

 Liability insurance providers

 Health insurance providers

 Group medical practices

 Acute care hospitals (for profit and not for profit)

 Rehabilitation centers (for profit and not for profit)

 Nursing homes (for profit and not for profit)

 Blood banks

 Diagnostic laboratories

Additionally, non-profit 501c organizations are not considered commercial interest organizations, however, ANCC and ONA reserve the right to screen 501c organizations to ensure there is no component of the organization that produces, markets, re-sells or distributes health care goods or services consumed by or used on patients, or is an advocate for a commercial interest. (ANCC Primary Accreditation Manual, version 3.0)