About REMEDI

The Regenstrief National Center for Medical Device Informatics (REMDI) is an evidence-based community of practice for medical device informatics. REMEDI is a collaborative community of pharmacists, nurses, researchers, vendors and others working to improve patient safety and quality through the development and exchange of infusion pump medication administration knowledge and best practices. REMEDI Central currently includes a pump vendor-neutral analytics and reporting package, allowing hospitals to perform self-analysis and comparison of Dose Error Reduction Software (DERS) programming alerts, smart pump compliance, and drug limit libraries.

For more information: https://catalyzecare.org/remedi#learnmore

“REMDI: Where technology, practice, and interdisciplinary teams meet”

About RCHE

The Regenstrief Center for Healthcare Engineering (RCHE) is an interdisciplinary research center located at Purdue University in West Lafayette, IN. RCHE’s mission is to improve healthcare delivery systems by conducting impactful research guided by national priorities and leveraging collaborative partnerships.

For more information: http://www.purdue.edu/discoverypark/rche/
The Regenstrief Center for Healthcare Engineering (RCHE) is pleased to welcome you to the REMEDI Pump Collaborative Annual Conference.

APRIL 19-21, 2017
BIG TEN CONFERENCE CENTER
ROSEMONT, ILLINOIS
<table>
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<tr>
<th>Time</th>
<th>Event &amp; Location</th>
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<tr>
<td>11:00 am</td>
<td>Registration and Gathering (<em>Lunch provided</em>)</td>
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<tr>
<td>12:00 pm</td>
<td>Welcome—Rich Zink, Regenstrief Center for Healthcare Engineering (RCHE)</td>
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<tr>
<td>12:15 pm</td>
<td>Marilyn Flack, AAMI</td>
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<tr>
<td>12:30 pm</td>
<td>Margaret Schmidt, Allina Health</td>
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<tr>
<td>1:00 pm</td>
<td>Break</td>
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<tr>
<td>1:30 pm</td>
<td>Dan Degnan, Center for Medication Safety Advancement</td>
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<tr>
<td>2:00 pm</td>
<td>Sonia Pinkney, University Health Network</td>
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<tr>
<td>3:00 pm</td>
<td>Break</td>
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<tr>
<td>3:30 pm</td>
<td>Kang-Yu Hsu, School of Industrial Engineering, Purdue University</td>
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<tr>
<td>3:45 pm</td>
<td>Yuehwern Yih, Regenstrief Center for Healthcare Engineering, School of Industrial Engineering, Purdue University</td>
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<tr>
<td>4:00 pm</td>
<td>Open Mike</td>
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<tr>
<td>4:45 pm</td>
<td>Reception</td>
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<tr>
<td>6:45 pm</td>
<td>Adjourn</td>
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*All events are casual business attire*

*Big Ten Conference Center Main Dining Area (2nd floor)*

*Dinner on your own (see options in ‘Nearby Dining and Activities’ section)*
## AGENDA

### Day Two—Thursday, April 20th

*All events are casual business attire*

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td></td>
<td>Big Ten Conference Center Main Dining Area</td>
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<tr>
<td>7:30 am</td>
<td>Meet and Greet <em>(Light Continental Breakfast Provided)</em></td>
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</table>
| 8:30 am | Paul E. Milligan, BJC HealthCare  
**Continuous Monitoring of Patients On Opioids: Initiatives at BJC Healthcare** |
| 9:00 am | Steve Landry, School of Industrial Engineering, Purdue University  
**Nurse’s Mental Models of Smart Infusion Pumps** |
| 9:30 am | Jennifer Hill, Data Analyst, Regenstrief Center for Healthcare Engineering  
**Exploring the Limit Locator Tool** |
| 10:00 am | Break |
| 10:30 am | REMEDI Development Team |
| 11:30 am | Wan-Ting (Kerina) Su, School of Industrial Engineering, Purdue University  
**A knowledge-based model for risk assessment of high-risk intravenous infusions with overridden alerts** |
|       | Big Ten Conference Center Main Dining Area |
| 11:45 am | Lunch |
| 1:15 pm | Candida Arvelo, ICU Medical  
**Integration of Smart Infusion Pumps with Electronic Medical Record Reduces Potentially Catastrophic Medication Design Errors** |
| 1:45 pm | Kelcy Freeman, Smiths Medical  
**Beyond The Lockout Time** |
| 2:15 pm | Break |
| 2:45 pm | Tim Hoh, Baxter  
**Pursuing 100: A Clear-Cut Guide to Optimizing Infusion Safety** |
| 3:15 pm | Tim Vanderveen, Becton Dickinson  
**Addressing Infusion Pump Alarms – The “Why” Behind the “Nuisance”** |
|       | Big Ten Conference Center Rooms, 202, 203/205, 245, 215 |
| 3:45 pm | Vendor Breakout Sessions (see program for map and specific locations) |
| 4:45 pm | Adjourn |
### Agenda

**Day Three—Friday, April 21st**

*All events are casual business attire*

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<tr>
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<tr>
<td>7:30 am</td>
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<tr>
<td></td>
<td><strong>Big Ten Conference Center Rooms, 202/203/205</strong></td>
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<tr>
<td>8:30 am</td>
<td>Julie Kindsfater, Aurora Health Care</td>
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<td>Untangling Heparin Issues in Radiology</td>
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<td>9:00 am</td>
<td>Melanie Cline, Purdue Healthcare Advisors</td>
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<td>Lean + REMEDI = Continuous Team Learning</td>
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<td>9:30 am</td>
<td>Ben Dunford, Krannert School of Management, Purdue University</td>
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<td>“Culture, change and infusion quality: an organization science perspective”</td>
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<tr>
<td>10:00 am</td>
<td>Break</td>
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<tr>
<td>10:30 am</td>
<td>Mary Alexander, Infusion Nurses Society (INS)</td>
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<td>“Don’t Just “Go with the Flow”: How Standards Promote Infusion Pump Safety”</td>
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<tr>
<td>11:15 am</td>
<td>Gerard Castro, The Joint Commission</td>
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<td>Joint Commission Patient Safety Update</td>
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<td>11:45 am</td>
<td>Closing Comments — Rich Zink, Regenstrief Center for Healthcare Engineering (RCHE)</td>
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<tr>
<td>12:00 pm</td>
<td>Adjourn</td>
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Big Ten Conference Center

(Second Floor)
Overview of the new National Coalition for Infusion Therapy Safety “Quick Guides” developed to assist hospitals on their journey to improve infusion therapy safety

Presented by: Marilyn Neder Flack, Senior Vice-President Patient Safety Initiatives, Association for Advancement of Medical Instrumentation (AAMI); Executive Director, AAMI Foundation

Each year Marilyn updates us on the activities of the AAMI Foundation’s National Association for Infusion Therapy Safety which launched in March 2015. This year, Marilyn will briefly discuss the contents of the 4 Quick Guides the Coalition has produced, in collaboration with REMEDI.

Quick Guides:

- Questions Senior Hospital Leaders Should Ask About Infusion Therapy Safety
- Improving the Safe Use of Multiple IV Infusions
- What Questions Should Your Organization be Asking About Smart Pump Compliance?
- Managing Infusion Pump Alarms

CEM of patients on opioids. The AAMI Foundation will provide the knowledge, tools, and strategies to overcome the identified barriers to help hospitals implement policies to improve outcomes for patients on opioids.

Marilyn Neder Flack joined AAMI as Senior VP for Patient Safety Initiatives and Executive Director of the AAMI Foundation in September, 2013. Flack develops and implements the Foundation’s strategy to strengthen the development, management, and use of medical technology for improved patient outcomes, develops technology-related safety metrics, leads research efforts, and does fundraising for the organization.

Prior to joining AAMI, Flack was director of the Division of Patient Safety Partnerships at the FDA’s Office of Surveillance and Biometrics in the Center for Devices and Radiological Health, where she worked with the nation’s thought-leaders to solve problems with the use of medical devices, and participated in technology-related research. She has previous experience working as the director for clinical research and regulatory affairs for a medical device company, working as a premarket reviewer for FDA, and working in a variety of patient settings as an audiologist.

Flack holds a BA in speech-language pathology/audiology from Douglass College/Rutgers University; an MA in audiology from the University of Maryland; a master’s certificate in project management from George Washington University; and is a member of the Joint Commission’s Patient Safety Advisory Group.
AAMI Foundation:

The AAMI Foundation is the 501(c)(3) charitable arm of AAMI (Association for the Advancement of Medical Instrumentation). The Foundation’s mission is to “promote the safe adoption and safe use of healthcare technology.” The AAMI Foundation collaborates with clinicians, healthcare technology professionals, patient advocates, regulators, accreditors, industry, and other important stakeholder groups to identify and address issues that arise from today’s complex medical environment which have potential to threaten positive patient outcomes.

In order to support the pursuit of patient safety nationwide, the Foundation has implemented several multi-year initiatives such as:

- National Coalition for Alarm Management Safety
- National Coalition to Promote Continuous Monitoring of Patients on Opioids
- National Coalition for Infusion Therapy Safety
- Home Infusion Safety Project

http://www.aami.org/
Optimizing ‘Bolus from Bag’ functionality

**Presented by: Margaret Schmidt, PharmD, MBA, Pharmacy Coordinator, Allina Health**

When initially deploying Baxter Sigma Spectrum pumps across all hospitals and clinics, Allina Health chose not to optimize the ‘Bolus from Bag’ functionality.

Now a comprehensive initiative is underway to optimize this functionality for safety and efficiency.

The stakeholders and tasks to develop and implement Best Practices for administering bolus and loading doses from a continuous infusion will be described in detail.

**Margaret Schmidt** is the Pharmacy Coordinator at Allina Health (Allina) for the previous 6 years. Coordinated the development of the Master Drug Library for Allina, 13 individual hospitals and 27 clinics in 2012-13. In her current role, she also coordinated the implementation of bedside barcode medication administration, conversion of Allina’s Automated Dispensing Systems and development of Allina’s IV Workflow Management system. She has extensive experience in pharmacy practice in hospital, retail and managed care settings.

**Allina Health** is dedicated to the prevention and treatment of illness and enhancing the greater health of individuals, families and communities throughout Minnesota and western Wisconsin.

Allina Health cares for patients from beginning through end-of-life through its 14 hospitals, 61 clinics, 49 rehabilitation locations, 15 retail pharmacies and specialty medical services
The Center for Medication Safety Advancement: What do you do there?

Presented by: Dan Degnan, PharmD, MS, CPPS, FASHP  
Senior Project Manager | Clinical Assistant Professor of Pharmacy Practice  
Center for Medication Safety Advancement | Purdue University College of Pharmacy

The Center for Medication Safety Advancement (CMSA) at the Purdue College of Pharmacy was established in 2010 through a grant from the Lilly Endowment. The Center’s mission is “Make safe medication use common practice”. This presentation will demonstrate how CMSA accomplishes its mission through a combination of engagement, scholarship and innovation.

Dr. Dan Degnan is currently the Senior Project Manager at the Purdue University College of Pharmacy’s Center for Medication Safety Advancement and is a Clinical Assistant Professor of Pharmacy Practice at Purdue University. He also works with the Regenstrief Center for Healthcare Engineering (RCHE) at Purdue as a Clinical Research Associate with expertise and research interests in the area of medication safety technology, advanced pharmacy automation, pharmacy operations and high reliability.

Prior to his role at Purdue, Dan served as the Medication Safety Officer at Community Health Network in Indianapolis, Indiana for almost 10 years. During Dan’s time at Community, the health system was recognized as a finalist for American Society of Health-System Pharmacists’ (ASHP) award for Excellence in Medication Use Safety and with a Cheers award from the Institute for Safe Medication Practices.

Dan received Bachelors and Doctor of Pharmacy degrees at Purdue University. He completed a specialty residency in pharmacy administration and a Master’s Degree in Pharmacy Administration at the University of Wisconsin. He is recognized as a Certified Professional in Patient Safety (CPPS) by the National Patient Safety Foundation. Dan is currently a member of the ASHP Advisory Panel for the Award for Excellence in Medication Use Safety and the Past Chair of the ASHP Section for Inpatient Care Practitioners. He has held leadership positions in national organizations for both pharmacy and healthcare quality.
Mission: "Making Safe Medication Use Common Practice"

- Conduct national research, including a study on the safety of IV push medication administration
- Develop innovations, such as a virtual clean room to enhance training
- Educate health professionals with over 8000 learners trained in safe medication use
- Offer 30+ hours of continuing education opportunities for medical professionals
- Engage with regulatory and governmental agencies to promote safe medication use worldwide
- Provide medication safety expertise to local, national, and international partners

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facebook.com/purduecmsa
linkedin.com/company/center-for-medication-safety-advancement
Multiple IV Infusions: A Human Factors Approach To Improve Safety

Presented by: Sonia Pinkney, MHSc, Peng, Human Factors Engineering, Manager of Medical Engineering University Health Network

Administering multiple intravenous (IV) infusions to a patient is common in critical care environments, but most efforts to improve IV infusion safety have focused on administering a single IV infusion. Administering multiple IV infusions not only increases the potential for error, but it also introduces new types of errors, which for the most part are not addressed by recent advances in medication delivery technology. This presentation will review the findings from a groundbreaking study that used multiple methods to gather evidence regarding the risks associated with administering multiple IV infusions and the comparative effectiveness of targeted practice-, technology- and education-related interventions.

Sonia is a Human Factors Engineer with HumanEra and a Manager of Medical Engineering at the University Health Network. She has over fifteen years experience working on healthcare and technology-related projects in both operational and research roles. Sonia’s expertise spans the entire life cycle of technology, including: designing award-winning technology; procuring and implementing diverse medical technology; and managing critical patient safety incidents. Most recently, her efforts have focused on improving the safety of IV infusions.

University Health Network: University Health Network (UHN) is a healthcare and medical research organization in Toronto, Ontario, Canada. It is the merger of four major hospitals: Toronto General Hospital, Toronto Western Hospital, Princess Margaret Cancer Centre, and the Toronto Rehabilitation Institute. All four hospitals are affiliated with the University of Toronto. UHN also operates The Michener Institute, an applied health sciences college.
Patient Safety Implications of Delays in Infusion Pumps Drug Limit Library Updates

Presented by: Kang-Yu Hsu, Post-Doctoral Candidate, School of Industrial Engineering, Purdue University

This presentation focuses on demonstrating the potential patient harm when administering an infusion using a smart pump with an outdated drug limit library (DLL). Possible clinical impact includes (1) using basic infusion mode as workaround, (2) miscalculating the dosage or infusion rate, and (3) causing unnecessary and missed alerts.

Kang-Yu Hsu is an Industrial Engineering Ph.D. candidate with particular interests in applying machine learning techniques to healthcare data to ensure patient safety. He holds a master’s degree in Operation Research and a B.A. in Industrial Engineering from National Tsing Hua University. Since 2015, Kang-Yu has been a graduate research assistant working on REMEDI Central projects at the Regenstrief Center for Healthcare Engineering at Purdue University.
Visual Cues for Smart Pump Drug Limit Library Update to Improve Patient Safety

Presented by: Yuehwern Yih, Ph.D., IIE Fellow, ELATE Fellow, Associate Director, Regenstrief Center for Healthcare Engineering; Director, Smart Systems and Operations Laboratory, Professor School of Industrial Engineering, Purdue University

We are starting an Indiana CTSI funded project working with Indianapolis Coalition for Patient Safety (ICPS) on utilizing visual cues to facilitate timely update of the drug limit library on infusion pumps. Visual cues will be able to prompt frontline stakeholders to (1) renew the out-of-date DLL or (2) choose an updated smart pump.

Yuehwern Yih was appointed the associate director of RCHE in May 2016. Her major responsibilities include faculty engagement, strategic research initiatives, and programs coordination. She is a professor of Industrial Engineering and her expertise resides in system and process design, modeling, monitoring, and decision making to improve quality and performance. Dr. Yih provides strong leadership in infusing system engineering in healthcare services. She is an NEC Faculty Fellow, IIE Fellow, and ELATE Fellow.
Open Mike Session

Key strengths of our group are the collaborative nature of problem sharing and the willingness to help each other. We have designed this Open Mike session to allow you to share what’s on your mind and get feedback from your peers. A desired outcome for the session is to identify the challenges and successes you are experiencing in the medication and patient safety space. Interaction among the community should promote understanding and generate a path to solving your issue. At times, it is enough to know you are not the only one that is addressing a difficult patient safety problem.

The process we will follow is to identify a topic and then open it up to all the attendees for discussion. You may choose your own topic or pick from the list below of challenging and relevant patient and medication safety topics.

List of Potential Medication Safety Topics

- The use of Insulin Pens vs Insulin Vials for inpatients
- ENFit enteral devices – Preventing IV administration of enteral feedings
- Culture of Safety Survey Results – What to do?
- CPOE, BCMA and ADC Overrides
- Boxed Warning products from the FDA . . . . are they helpful?
- Drug Drug Interaction monitoring software . . . . what to do with so many alerts?
- Tallman lettering – Do you use? Does it make it safer?

Once you have your topic...grab the mic! Start by introducing yourself and then tell your story . . . try using an SBAR format (Situation – Background – Assessment – Recommendation) . . . or just go for it.
Continuous Monitoring of Patients On Opioids: Initiatives at BJC Healthcare

Presented by: Paul E. Milligan, Pharm.D., Medication Safety Pharmacist at BJC HealthCare in St. Louis, Missouri

- Failure to rescue is a growing problem! Did you know that...
- Opioids are involved in almost One-Half of all deaths from Medication Errors
- One-Third of hospital codes due to respiratory depression
- 20,000 post-op patients receive naloxone annually
- US Healthcare costs associated with post-op respiratory failure total $2 Billion
- At BJC, less than 20% of all oversedation events occur to patients on PCA’s.

Please join us to learn how BJC Healthcare is making improvements in the area of continuously monitoring patients on parenteral opioids in the general care setting to address the over sedation and failure to rescue problems!

“Continuous Monitoring of Patients on Opioids: Initiatives at BJC Healthcare” promises to be a very interesting look at the challenges and benefits to implementing continuous monitoring.

Paul E. Milligan, Pharm.D., is Medication Safety Pharmacist at BJC HealthCare in St. Louis, Missouri. As Medication Safety Pharmacist, Dr. Milligan provides a leadership role in formulating system policy and instituting interventions that promote medication safety in all aspects of the medication management process. Additional activities include, being a liaison to several active system safety teams at BJC including, BJC System Pharmacy and Therapeutics Committee, Glycemic Management Team, Clinical Decision Support Collaborative, and Oversedation Task Force, among others.

BJC HealthCare Center for Clinical Excellence

BJC HealthCare’s Center for Clinical Excellence assists BJC to deliver better and safer health care for its patients. Since the 1990s, the Center has embodied BJC’s commitment to make medicine better through evidence-based clinical quality interventions, innovations and project and change management. The Center is comprised of a diverse group of health care and non-health care professionals – nurses, epidemiologists, physicians, analysts, and engineers – who work collaboratively to achieve the Center’s mission to be the trusted advisers to all of BJC’s health care facilities.

As trusted agents and advisers, the Center’s goals are to enable rapid deployment of best practices, and to foster an environment of trust and system-wide excellence for BJC’s 15 hospitals. The Center – or “CCE” – strives to be results-oriented, reliable, transparent, respectful and objective.

CCE’s four departments include the Clinical Advisory Group, Healthcare Informatics, Strategy, and Transformation Support.


BJC HealthCare is one of the largest nonprofit health care organizations in the United States, and is focused on delivering services to residents primarily in the greater St. Louis, southern Illinois and mid-Missouri regions. With net revenues of $4.3 billion, BJC serves the health care needs of urban, suburban and rural communities and includes 15 hospitals and multiple community health locations. Services include inpatient and outpatient care, primary care, community health and wellness, workplace health, home health, community mental health, rehabilitation, long-term care and hospice.

BJC is the largest provider of charity care, unreimbursed care and community benefits in the state of Missouri. BJC hospitals and services provide more than $301 million in charity and unreimbursed care annually. In addition, BJC provides additional community benefits through commitments to research, emergency preparedness, regional health care safety net services, medical and nursing education, health literacy, community outreach and regional economic development.

BJC Highlights — 2015

| Hospitals | 15 |
| Employees | 27,283 |
| Physicians | 3,964 |
| Staffed Beds | 3,275 |
| Hospital Admissions | 140,829 |
| Home Health Visits | 183,187 |
| Emergency Department Visits | 484,279 |
| Net Revenue | $4.3 billion |
| Charity and Unreimbursed Care | $285 million* |
| Community Health Programs | $12.9 million* |

(providing more than 529,000 individual services)

* = based on 2015 data

Statistics are from year-end 2015, except where noted. Totals are aggregate figures for the hospitals and health care services that are members of BJC HealthCare.
Nurse’s mental models of smart infusion pumps.

Presented by: Steve Landry, Associate Professor and Associate Head of Industrial Engineering, Associate Professor of Aeronautics and Astronautics (by courtesy), Purdue University, Regenstrief Center for Healthcare Engineering (RCHE)

The responses of nurses to smart infusion pump alerts is likely affected by their “mental model” of the pump. After a brief discussion of “mental models” and how they are elicited, I will talk about a study we are beginning that would attempt to elicit nurse’s mental models in a novel way.

Steven J. Landry received his Ph.D. in industrial and systems engineering from the Georgia Institute of Technology, Atlanta, Georgia, in 2004; his S.M. in aeronautics and astronautics from the Massachusetts Institute of Technology, Cambridge, MA, in 1999, and his B.S. in electrical engineering from Worcester Polytechnic Institute, Worcester, MA, in 1987. He is an associate professor and the associate head in the School of Industrial Engineering, an associate professor of aeronautics & astronautics (by courtesy), and a member of the faculty advisory committee for the Regenstrief Center for Healthcare Engineering. Previously, he was an Aeronautical Engineer at NASA Ames Research Center and a C-141B pilot, instructor, and flight examiner for the United States Air Force. His research involves air transportation and healthcare systems engineering and human factors.
Exploring the Limit Locator Tool

Presented by: Jenna Hill, Programmer Analyst, Regenstrief Center for Healthcare Engineering, Purdue University

This presentation introduces and demonstrates REMEDI’s new Limit Locator application: a tool aimed at reducing infusion pump alerts. The current practices for alert reduction tend to focus on the drugs that generate the most alarms. By utilizing a new analysis method, which looks at false alarms and missed detections, the Limit Locator provides REMEDI users with another tool for reducing nuisance alerts.

Jenna Hill is a programmer analyst with the Regenstrief Center for Healthcare Engineering (RCHE) at Purdue University. Jenna joined RCHE in 2015 after working six years as a data manager with the Illinois State Water Survey at the University of Illinois. Jenna’s areas of expertise include web programming, database development, and research data management. She holds a bachelor’s degree in Biology with a minor in Computer Science and a master’s degree in Bioinformatics from the University of Illinois at Urbana-Champaign.
Updates from the REMEDI Development Team

The REMEDI development team will demonstrate new analytics features recently added to the Drug Limit Library and Compliance apps, as well as discuss tips, tricks, and future plans for the platform.
A knowledge-based model for risk assessment of high-risk intravenous infusions with overridden alerts

Presented by: Wan-Ting (Kerina) Su, Post-Doctoral Candidate, School of Industrial Engineering, Purdue University

The research aims to develop a risk assessment model which can quantify potential risk of harm on patients by high-risk drug infusions with overridden alerts. We will create infusion scenarios of various risk factors, and invite clinicians to assess their potential risk of harm. The results will help the hospital medication safety team identify and address most risky combinations of care area and high-risk medication with severe risk of patient harm.

Wan-Ting (Kerina) Su is a Ph.D. candidate in the School of Industrial Engineering at Purdue University. She received her B.S. and M.S. degrees in industrial engineering (Human Factors) from National Tsing Hua University in Taiwan. Her research interests include risk assessment, patient safety improvement, and decision support system. Her dissertation focuses on applying quantitative and qualitative methods, including statistics, data mining, and expert judgment approach, to quantify risk of harm on patients receiving alert- overridden infusions. She is a research assistant at the Regenstrief Center for Healthcare Engineering working on analyzing infusion pump alert data to help improve patient safety.
Integration of Smart Infusion Pumps with Electronic Medical Record Reduces Potentially Catastrophic Medication Design Errors

Presented by: Candida Arvelo BSN, MBA, Director Clinical Services, ICU Medical

This presentation covers the results of a recent study looking at data associated with the integration of Drug Libraries/EMR & auto-programming and its impact on drug library compliance, catastrophic events, and decreasing clinical practice variability.

Candy Arvelo is the Director of Clinical Services for ICU Medical. She previously served as a Department Clinical Director at HCA Houston for more than 10 years.

ICU Medical and Hospira Infusion Systems: Breadth of Product Line

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<tr>
<th>Pharmacy</th>
<th>Infusion/Bedside</th>
<th>OR/ICU</th>
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<tr>
<td>Closed System Transfer Devices (CSTDs)</td>
<td>IV Pumps, Solutions and Dedicated Sets</td>
<td>Hemodynamic Monitoring Systems to Assess Patient Fluid Status</td>
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<tr>
<td>IV Solutions &amp; Fluid Dispensing Pumps</td>
<td>Needlefree Connectors, Secondary Sets &amp; Accessories</td>
<td>Needlefree Closed Blood Sampling Systems and Disinfecting Caps</td>
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<tr>
<td>Needlefree Vial Access Devices, Bag Spikes &amp; Specialty Pharmacy Sets</td>
<td>Peripheral IV Catheters</td>
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<td>Disinfecting Caps</td>
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Beyond The Lockout Time

Presented by: Kelcy Freeman, PharmD, BCPS, Clinical Specialist, Pharmacy, Smiths Medical

Since its introduction in 1971, patient-controlled analgesia (PCA) has become a widely-used pain management technique, but medication errors and adverse effects are still common. Most PCA infusion pumps can be programmed to restrict the maximum amount of drug that can be delivered over a certain period of time (commonly 1-hour or 4-hour limits), but use of this type of dose limit varies widely. The presentation examines the use of PCA dose limits and evidence supporting or discouraging their use.

Kelcy Freeman joined the Smiths Medical Professional Services team six years ago, during which time she has assisted over 200 pharmacists as they built smart pump libraries for the CADD®-Solis Ambulatory Infusion Pump and the Medfusion™ syringe infusion system. Kelcy participates in new product development, develops and presents clinical education to a variety of audiences, and provides support to both regional and global Smiths Medical sales and marketing teams. She also represents Smiths Medical in the AAMI Foundation’s National Coalition for Infusion Therapy Safety.

Prior to joining Smiths Medical, Kelcy held pharmacy operations and informatics positions at several Atlanta-area hospitals after completion of a PGY-1 clinical residency at Memorial Health University Medical Center in Savannah, GA. She is active in ASHP and its state affiliate, GSHP, and keeps her pharmacy skills sharp by staffing at Grady Health System. Kelcy graduated from University of Georgia College of Pharmacy and is an avid Georgia Bulldog fan; you can hear her barking proudly at most UGA football games.

Smith’s Medical: At Smiths Medical, we provide innovative solutions and superior support to help healthcare professionals and providers ensure safety, enhance patient outcomes, and improve the total cost of care. We are passionate about improving and saving the lives of patients through high quality, innovative medical devices and services. We are a leading global manufacturer of specialty medical devices that provides innovative and lifesaving solutions for the world’s healthcare markets. Specializing in Infusion Therapy, Vascular Access, Vital Care, and Specialty Products & Services, our products are found in hospital, emergency, home and specialty care environments and are used during critical and intensive care, surgery, post-operative care and for support in managing chronic illness.
Medfusion® 4000 Wireless Syringe Infusion Pump and PharmGuard® Infusion Management Software

Advanced infusion integration
Medfusion® 4000 wireless syringe infusion pumps are now interoperable. The new PharmGuard® Interoperability software add-on module for the PharmGuard® Server software now takes infusion data one step further by charting it into patient records on the hospital’s Electronic Medical Record (EMR) system.

Now Supports Interoperability!

www.MedfusionPump.com
Pursuing 100: A Clear-Cut Guide to Optimizing Infusion Safety

Presented by: Timothy Hoh, B.Sc.Phm. is a Senior Manager of Global Medical Affairs at Baxter International Inc.

Meticulous drug library maintenance boosts drug library compliance. Learn how to uncover greater insights from your CQI data to improve your drug library and elevate your compliance rate.

Timothy Hoh, B.Sc.Phm. is a Senior Manager of Global Medical Affairs at Baxter International Inc. and has been in that role since 2012 and with the company since 1990. In his current role, Hoh is responsible for research and development to enhance Baxter’s infusion systems. He also has expertise in best practices for continuous quality reporting; drug library development for infusion devices in support of hospitals’ patient safety initiatives; expertise in aseptic compounding and pharmacy cleanroom designs for hospitals across Canada. Hoh earned his pharmacy degree from the University of Toronto.

Baxter International Inc.: Baxter provides a broad portfolio of essential renal and hospital products, including home, acute and in-center dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; biosurgery products and anesthetics; and pharmacy automation, software and services. The company’s global footprint and the critical nature of its products and services play a key role in expanding access to healthcare in emerging and developed countries. Baxter’s employees worldwide are building upon the company’s rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.
Baxter’s Sigma Spectrum Infusion System hardware works in concert with the pump’s software to encourage use of innovative features that are designed to help enhance patient safety and clinician efficiency. The system defaults to the drug library safety feature when powered on and offers wireless connectivity capability for interoperability with EMR systems and wireless drug library updates. The system also can provide internal support for Real Time Location Systems (RTLS) asset management, is the only pump with a Dose/Rate Change Error Prevention Feature, which helps clinicians protect high-risk infusions during titrations, and boasts industry-leading drug library compliance.

To learn more about the Sigma Spectrum Infusion System, visit sigmapumps.com

1Smart Pumps 2016: The Quest for Patient Safety, August 2016, (C) KLAS All Rights Reserved, www.klasresearch.com

The Sigma Spectrum Infusion Pump with Master Drug Library is intended to be used for the controlled administration of fluids. These may include pharmaceutical drugs, blood, blood products and mixtures or required patient therapy. The intended routes of administration consist of the following clinically accepted routes: intravenous, arterial, sub-cutaneous, epidural or irrigation of fluid space.
Addressing Infusion Pump Alarms – The “Why” Behind the “Nuisance”

Presented by: Tim Vanderveen, BD

Infusion pump alarms and alerts are major source of hospital noise, nuisance, and dissatisfaction for clinicians and patients alike. Reducing the alarms starts with a clear understanding of what leads to the alarms. This presentation will cover common and not so common causes of alarms and mitigations to address their frequency.

Tim Vanderveen, PharmD MS serves as Vice President of Center for Safety and Clinical Excellence for Medication Management Solutions at BD. Vanderveen is responsible for ensuring BD’s commitment to education and innovation to reduce variation in clinical practice, and to supporting hospitals’ patient safety initiatives in the management of their medications. He is instrumental in the development of many of the innovations, and safety and performance enhancements in drug infusion. He served as Director of Clinical Affairs, Medication Management Systems for ALARIS Medical Systems. Dr. Vanderveen joined IMED Corporation in 1983. In 1996, IVAC Medical Systems merged with IMED Corporation to form ALARIS Medical Systems. He served hospital pharmacy residency at Bronson Methodist Hospital in Kalamazoo, Michigan. From 1972 to 1983, he was on the faculty of the College of Pharmacy at Medical University of South Carolina and was Director of the Division of Clinical Pharmacy. He also had a faculty appointment in the College of Medicine and was on staff at the Charleston VA Hospital. His clinical practice was in nutritional support and co–founded one of the first multi–disciplinary nutrition support teams. During his academic tenure, his research, speaking and publication interests were closely tied to drug therapy in patients receiving parenteral and enteral nutrition. Dr. Vanderveen received his BS and MS degrees from Purdue University School of Pharmacy and his PharmD degree from the Medical University of South Carolina.
**BD Medication Management Solutions (MMS)** is focused on providing solutions to help hospitals and health systems globally improve the safety and reduce the cost of medication management across the continuum of care. The company’s best-in-category products—supported by an integrated IT platform and enhanced by expert services—provide the broadest offering of medication management solutions from medication preparation and storage in the pharmacy, to administration at the bedside. BD Medication Management Solutions works with health systems to look at their entire medication management process to improve their practices, processes and effective adoption of technology to support optimal care and improved outcomes.

**BD** is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and health care worker safety and the technologies that enable medical research and clinical laboratories. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures, and support the management of diabetes. The company partners with organizations around the world to address some of the most challenging global health issues. BD has more than 40,000 associates across 50 countries who work in close collaboration with customers and partners to help enhance outcomes, lower health care delivery costs, increase efficiencies, improve health care safety and expand access to health. For more information on BD, please visit bd.com.
Vendor Breakout Sessions

During this time, users will split into groups and meet with representatives from their pump manufacturer. The objective of these sessions are for users and vendors to work together to identify solutions and opportunities that address the commonly held goal of improving patient safety and quality. In order to maximize the value of this session, please provide any questions for your vendor to Rich (zinkr@purdue.edu) by Friday, April 7th. This gives your vendor time to research your questions and be prepared to answer it during your session.

Thank you to the vendors for participating in these breakout sessions and participating in the remainder of the conference.
**Baxter** touches millions of lives every day. Our products and services are essential building blocks of healthcare.

Our mission to save and sustain lives inspires our work and our commitment to expanding access to care, providing cost-effective healthcare solutions, delivering quality products and advancing innovations for the world.

Our commitment to our mission means we are there when patients and healthcare professionals need us, during the critical moments that matter most.

**BD** is a global medical technology company that is *advancing the world of health* by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and health care worker safety and the technologies that enable medical research and clinical laboratories. The company provides innovative solutions that help advance medical research and genomics, enhance the diagnosis of infectious disease and cancer, improve medication management, promote infection prevention, equip surgical and interventional procedures and support the management of diabetes.

**ICU Medical** connects patients and caregivers through safe, life-saving, life-enhancing medical devices. We provide clinicians around the world with innovative and cost-effective patient care solutions for unmet clinical needs.

Our products help clinicians improve patient outcomes by minimizing bacterial ingress that can cause bloodstream infections and preventing exposure to infectious diseases or hazardous drugs. Our diverse product line includes needlefree vascular access devices, custom infusion sets, closed system hazardous drug handling devices and systems, advanced sensor catheters, needlefree closed blood sampling systems, and innovative hemodynamic monitoring systems. These clinically-proven innovations are the result of a unique company culture, supported by visionary leaders and resourceful minds, united by the common desire to redefine the limits of patient and healthcare worker safety.

**Smiths Medical** provides innovative solutions and superior support to help healthcare professionals and providers ensure safety, enhance patient outcomes, and improve the total cost of care.

At Smiths Medical, we are passionate about improving and saving the lives of patients through high quality, innovative medical devices and services. We are a leading global manufacturer of specialty medical devices that provides innovative and lifesaving solutions for the world’s healthcare markets. Specializing in Infusion Therapy, Vascular Access, Vital Care, and Specialty Products & Services, our products are found in hospital, emergency, home and specialty care environments and are used during critical and intensive care, surgery, post-operative care and for support in managing chronic illness.
Untangling Heparin Issues in Radiology

Presented by: Julie Kindsfater, Pharm.D., BCPS, Drug Policy, Formulary Coordinator, Sr., Aurora Health Care

This presentation provides a synopsis of one organization’s journey to untangle concentration issues in interventional radiology.

Julie Kindsfater is a drug formulary and medication safety specialist for Aurora Health Care, the largest health care provider in Wisconsin. Julie has managed her organization’s pump data since 2008, and has been a member of the Infusion Pump Steering Committee since 2014.

Aurora Health Care: Aurora Health Care is an integrated, not-for-profit health care provider serving communities throughout eastern Wisconsin and northern Illinois, serving communities throughout eastern Wisconsin and northern Illinois, with 15 hospitals, more than 150 clinics and 70 pharmacies in 30 communities.
**Lean + REMEDI = Continuous Team Learning**

*Presented by: Melanie Cline, RN, MSN, Managing Advisor-Lean Facilitator, Purdue Healthcare Advisors*

Will demonstrate application of Lean daily improvement technique to leverage the knowledge of clinical team members to solve problems identified within the REMEDI database. LDI is a technique for small scale change applied within a team learning environment while at work. Robust root cause analysis is the foundation for establishing a shared understanding of the root cause of a problem and rapid testing of a hypothesis to improve performance of leading metrics. Effectiveness of the process change is evaluated by monitoring of performance metrics through application of countermeasures to drive improvement and establishment of a habit of group learning and continuous process improvement.

**Melanie Cline, RN, MSN,** serves as Managing Advisor-Lean Facilitator at Purdue Healthcare Advisors (PHA). In this role, she teaches and guides hospitals and healthcare agencies throughout Indiana and the Midwest to adopt lean methodologies. Melanie also has research responsibilities at the Regenstrief Center for Healthcare Engineering at Purdue University.

Previous to her position at Purdue, Melanie worked for five years as Director of Nursing Operations for IU Health-Riley Hospital for Children in Indianapolis, where she led the design, clinical space design, and operational activation of the $400M Simon Family Tower. The work to introduce both Lean/Six Sigma and operational improvements in inpatient nursing, perioperative services, and ER services was influential in driving the entire health system to adopt lean as a strategy to transform the healthcare system. During her 30+ years at Riley Hospital, Melanie progressed in responsibility from staff nurse on the Infant Unit to managing theToddler Unit to directing Pediatric Care Center 1 followed by the Pediatric Specialty Care Center. She also served briefly as Interim Chief Nursing Officer.

In response to two reimbursement changes in 2013, Melanie led a care model redesign project that adjusted the nursing skill percentage mix from 95% registered nursing (RN) skill to 70%, thereby saving IU Health $1.9M while sustaining quality and service outcomes in the 90th percentile. In addition to her extensive experience in operations Melanie also is an expert in nursing practice and clinical process improvement. She co-authored the Career Advancement Program at IU Health, which redefined and elevated nursing practice and served as the basis for the attainment of magnet status. Her work in leading a team to develop a bedside nursing report to engage patients and families in safe hand-offs resulted in Riley Hospital receiving the 2010 “Socius Award” from the National Patient Safety Foundation. Melanie has presented her work at national meetings and has published in nursing journals and nursing textbooks on the synergy model.
THE LEAN FIRST SERIES

Lean certification training designed for the healthcare industry from Purdue University

The Lean First series offers certification courses, coaching, experienced-based learning, and participation in an online community to empower individuals to create and sustain improvement within their organization. Organizations that link strategy, deployment and continuous improvement have the most success with lean.

STRATEGY

How to best foster lean skills within an organization becomes part of the initial strategy session, followed by a deployment plan (usually a combination of training, Rapid Improvement Events and project management) to build lean capability; and concluded with a road map to ensure improvements are sustained and continue to be refined.

DEPLOYMENT

Lean Practitioner
Plans delivers and facilitates-to-closure Kaizen and Rapid Improvement Events (RIEs).

Advanced Lean Practitioner
Facilitates Value Stream Management and complex RIEs, and ensures that successful solutions spread across the organization.

Lean Leader
Offers the most advanced lean skills and experience to plan and facilitate organization-wide adoption of lean thinking, management systems and culture.

LEAN DAILY IMPROVEMENT

As you make change within your organization, it’s important to invest in the training of Lean Daily Improvement Facilitators, who build a team-based, continuous improvement habit at the point of service.

Lean daily improvement (LDI) is a method for making small but meaningful daily adjustments to how we work and behave in order to move or hold a metric. It’s useful for making systematic, small-step changes while work is being done, and sustaining those gains through other change efforts. LDI is essential for sustaining the gains created by the Lean Practitioner, Advanced Lean Practitioner, and Lean Leader.
“Culture, change and infusion quality: an organization science perspective”

Presented by: Benjamin Dunford, Associate Professor, Krannert School of Management, Faculty Scholar, Regenstrief Center for Healthcare Engineering, Purdue University

This presentation will provide research updates on how culture and the changing nature of work impact infusion quality. We will have an interactive discussion about a proposal to augment the REMEDI data base with survey based culture measures.

Dr. Benjamin Dunford is an Associate Professor at the Krannert School of Management, Faculty Scholar at the Regenstrief Center for Healthcare Engineering at Purdue University and a Visiting Professor at the School of Management, Seoul National University in South Korea. Professor Dunford is an award winning teacher on topics including: leadership, compensation, employee engagement, conflict management, international negotiations and employee relations. On these topics he has published over 30 peer reviewed journal articles, conference proceedings and book chapters. His research has been cited in The Economist, as well as numerous major US newspapers, and recognized by a number of academic journals and associations. Professor Dunford has consulted in a variety of industries including media, restaurant, aluminum, and most extensively in healthcare. He earned his PhD from Cornell University in 2004, and holds Masters and Bachelor’s degrees from Indiana University-Purdue University Indianapolis and Brigham Young University, respectively.
“Don’t Just “Go with the Flow”: How Standards Promote Infusion Pump Safety”

Presented by: Mary Alexander, MA, RN, CRNI®, CAE, FAAN, Chief Executive Officer of the Infusion Nurses Society (INS)

Today’s complex health care environment challenges health care professionals to improve patient safety and decrease patient harm. Interprofessional collaboration is key to ensuring that infusion care is safe, complications are prevented, and risk is minimized. This presentation will discuss how applying the Infusion Therapy Standards of Practice can standardize practice, promote continuing competence, and recognize the legal implications associated with infusion care. While ensuring positive patient outcomes, the Standards, provide a framework to guide safe practice among the interprofessional team.

Mary Alexander: As Chief Executive Officer of the Infusion Nurses Society (INS), Mary Alexander is responsible for the management of an international, nonprofit specialty nursing organization of over 7,000 members by assuring consistent delivery of professional services to members. As Editor of the Journal of Infusion Nursing, a scientific, research-based, peer-reviewed publication, Ms. Alexander writes bimonthly columns for the Journal and has editorial responsibilities for a bimonthly membership newsletter, INS Newsline. She is the Editor-in-Chief of the Core Curriculum for Infusion Nursing, 4th edition and Infusion Nursing: An Evidence-Based Approach. She is also responsible for the credentialing program of the Infusion Nurses Certification Corporation.

She received her nursing diploma from Massachusetts General Hospital School of Nursing, her Bachelors of Science degree in Health Care Administration from Emmanuel College in Boston, MA, followed by her Masters of Arts in Business Administration from Framingham State College in Framingham, MA. She has maintained her certification in infusion nursing since 1985. In 2005, she achieved the Certified Association Executive (CAE) designation from the American Society of Association Executives. She is Past President of INS, and in 1992 received the distinguished award of INS Member of the Year. In November 2008 she was inducted as a Fellow of the American Academy of Nursing. She has spoken nationally and internationally on the specialty practice of infusion nursing, patient safety, and standards of practice development.
Infusion Nurses Society (INS)

INS, established in 1973, is an international nonprofit organization that represents the specialty practice of infusion nursing. Currently there are 7,000 members worldwide in 40 countries and territories. INS members practice in all settings, from the hospital/acute care, to alternative sites such as outpatient settings and infusion centers, to the home. They provide infusion care to all patient populations. Since 1985, INS’ sister organization, the Infusion Nurses Certification Corporation (INCC), has been administering the infusion nursing certification program of which there are 3,500 CRNI®s (Certified Registered Nurse Infusion).

INS’ mission is to set the standard for excellence in infusion nursing by developing and disseminating standards of practice, providing quality education, supporting research and certification, and advocating for the public, our patients. To meet members’ needs and nonmember queries, INS provides numerous infusion-related resources, including the Journal of Infusion Nursing, a scientific, peer-reviewed journal, the Infusion Therapy Standards of Practice, face-to-face education programs, webinars, books such as Infusion Nursing: An Evidence-Based Approach, online offerings, scholarships, and more that can be found on the INS LEARNING CENTER. Additional information can be found on the INS website at www.ins1.org.
Joint Commission Patient Safety Update

Presented by: Gerard M. Castro, PhD, MPH, Project Director for Patient Safety Initiatives, The Joint Commission

A brief history of the National Patient Safety Goals and Sentinel Event Alerts will be provided. Within this context, the newest National Patient Safety Goal on alarm management and current patient safety issues will be discussed.

Gerard M. Castro, PhD, MPH is the Project Director for Patient Safety Initiatives in the Office of Patient Safety at The Joint Commission. In this role, he has primary responsibility for the Joint Commission sentinel event database, and manages the coordination, reporting and tracking of sentinel and safety events, in addition to other patient-safety initiatives in the Division of Healthcare Improvement.

Dr. Castro was the Principal Investigator for the Office of the National Coordinator for Health IT project “Investigations of Health IT-related Deaths, Serious Injuries or Unsafe Conditions.” He administers the Patient Safety Advisory Group (PSAG) which advises The Joint Commission on high priority and emerging patient safety issues. He is also a member of the AAMI Foundation Board of Directors, the NQF Common Formats and HIT Patient Safety and Expert Panels as well as the HTSI Coalition of Organizations for Reporting Adverse Events (CORE) Committee.

Dr. Castro received his undergraduate degree from Loyola University in Chicago, and his Master of Public Health degree from the University of Illinois at Chicago in health policy and administration. He received his PhD in Public Health Sciences at the University of Illinois at Chicago focusing on patient safety, healthcare systems engineering, and health policy.
CONFERENCE LOCATION AND DIRECTIONS

Big Ten Conference Center
5440 Park Place
Rosemont, IL 60018
(847) 696-1010/Wi-Fi  B1Gguest  Passcode: rosemontwireless

(click here for directions)
http://office.bigten.org/cc/address.php

The Big Ten Conference Headquarters and Conference Center is a three-story terracotta brick building located directly off I-294 at the Balmoral Avenue exit.

Parking:
When you enter the parking garage, either side, you will go up the ramp. Pull a ticket from the machine when you enter. Follow the signs to the LEFT to Aloft (Big Ten) parking. Park anywhere in the garage and head towards the left side (SW) of the garage towards the elevators. You need to go to the first floor and cross the street. You have successfully arrived at the Big Ten.
Drop-off: Follow the signs to Aloft drop-off. Big Ten is located immediately west of Aloft.
Short-term parking; (2hr. limit—4 a.m. – 4 p.m.) is available in the lot just north of Big Ten.
Parking validation available at the Big Ten Conference Center for $7.50 per day with no in/out privileges
Parking validation available the Aloft Hotel for $15.00 per day with in/out privileges

From O'Hare Airport:
Exit the terminal, following signs for Interstate I-190 East.
Continue for about 2 miles
Take the River Road-South exit, Exit 1B
Merge onto River Road
Turn right on Balmoral Avenue (West)
Proceed approx. one-half mile to the next street/traffic light, (Park Place), and turn right (North)
See Directions above for garage, short-term or drop-off instructions.

From the East:
Take I-90W/I-94 W/Kennedy Expressway W
Keep left to take I-90 W/Kennedy Expy W via Exit 43B toward O'Hare-Rockford
Merge onto I-190 W via Exit 78 toward I-294 S/Indiana/O'Hare
Take the River Road South exit. Exit 1B
Keep right to take the River Road-South ramp
Merge onto River Road South
Turn right on Balmoral Avenue (West)
Proceed approx. one-half mile to the next street/traffic light (Park Place), and turn right (North)
See Directions above for garage, short-term or drop-off instructions.

From the West:
Take I-90 Eastbound (Northwest Tollway/Kennedy Express-way).
Please Note: this is a “Loop” to 1-90 East.
Exit at O’Hare (I-190 West).
Pay the toll
Exit on Mannheim Road South
Proceed in the right lane, and Re-Enter eastbound towards Chicago/Interstate 1-90 East.
Proceed one mile.
Merge onto River Road South
Turn right on Balmoral Avenue (West)
Proceed approx. one-half mile to the next street/traffic light, (Park Place), and turn right (North)
See Directions above for garage, short-term or drop-off instructions.

From the South:
Take I-294 North toward Wisconsin.
IF YOU HAVE AN I-PASS
Take the Balmoral Avenue Exit
Turn right at the end of the ramp and immediately merge to the left lane
Take a left at the very next street/traffic light (Park Place) and turn left (North)
IF YOU DO NOT HAVE AN I-PASS
Proceed to the O’Hare/River Road Exit.
Pay toll and proceed to River Road South, Exit 1B
Merge onto River Road
Turn right on Balmoral Avenue (West)
Proceed approx. one-half mile to the next street/traffic light, (Park Place), and turn right (North)
See Directions above for garage, short-term or drop-off instructions.

From the North:
Follow I-294 South towards Indiana/O’Hare.
Exit at Irving Park East – stay in right lanes – no exit to Irving Park through “open toll”
Go East on Irving Park to River Road.
Turn left onto River Road heading north
Turn left on Balmoral Avenue (West)
Proceed approx. one-half mile to the next street/traffic light, (Park Place), and turn right (North)
See Directions above for garage, short-term or drop-off instructions.
ALOFT CHICAGO O’HARE
9700 Balmoral Avenue
Rosemont, IL 60018
Phone: (847) 671-4444

IPI Conference Room Rate of $145 Block Reservation Link, available until Tuesday, April 4th. Attendees are responsible to book your own hotel.

https://www.starwoodmeeting.com/Book/PurdueRCHEApril2017

Directions to Hotel:

Conveniently located off of the Balmoral exit from I294 head towards Milwaukee.

Hotel shuttle to/from O’Hare Airport available (see below):

AIRPORT ARRIVAL
Upon exiting your plane follow the overhead signs to the Bus/Shuttle Center. This will direct you through baggage claim. The Bus/Shuttle Center can be reached by foot, is centrally located between all 3 Terminals right across from the Airport Hilton Hotel (see map below). Once you reach the Bus/Shuttle center keep an eye out for the large white van or bus with a blue aloft logo outside Door #3. To check on the status of the shuttle call 847-671-4444 and press ZERO for the front desk.

HOTEL DEPARTURE
The complimentary aloft airport shuttle automatically departs the hotel on the hour and half-hour between the hours of 5:00AM- 12:00 midnight to the Domestic Terminals. For complimentary transportation outside of this time frame and for international arrivals, please call (847) 671-4444 ext. 0.

SELF PARKING (surcharge):

Parking validation available at the Big Ten Conference Center for $7.50 per day with no in/out privileges
Parking validation available the Aloft Hotel for $15.00 per day with in/out privileges
NEARBY DINING AND ACTIVITIES

Click here for additional dining options:
http://www.rosemont.com/mbfinancialpark/
ACKNOWLEDGEMENTS

REMDI Steering Committee

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Julie Kindsfater

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Alana Washington
REMEDI Member Hospitals

279 Healthcare Providers
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AAMI
Advancing Safety in Healthcare Technology

Allina Health

The Joint Commission

UHN
Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

BJC HealthCare
The world’s best medicine. Made better.

Aurora Health Care®

Purdue Krannert School of Management

Purdue Center for Medication Safety Advancement

INS
Infusion Nurses Society
Settling the Standard for Infusion Care®
Thank you for attending the 2017 REMEDI Pump Collaborative Conference