This form is to provide you with a copy of the HIMSS17 Call for Proposal questions to assist you in preparing prior to entering your data online. All proposals must be submitted online. Hard copy/email proposals are not accepted.

PLEASE READ AND FOLLOW ALL INSTRUCTIONS. Instructions can be found on the HIMSS Call for Proposal website at http://www.himss.org/health-it-education/onsite/annual-conference/proposals and on the actual proposal application site.

Important Note For Defense Health Agency (DHA) proposal submitters:
Thank you for your interest in submitting an education session proposal for consideration at HIMSS17 to be held at the Orange County Convention Center in Orlando, FL, February 19 – 23, 2017. If you are an active military personnel, do not submit your proposal at this site. Defense Health Agency (DHA) programming from active military personnel is coordinated by a representative of the agency.

If you are military personnel and would like to be considered as a speaker at HIMSS17, please submit your proposal and/or direct any questions/inquiries directly to Alida Vessey at: alida.a-vessey.ctr@mail.mil, or call her directly at 703-967-4731.

All other submitters should contact Deb Clough at dclough@himss.org or 312-915-9559.

Welcome to the HIMSS17 Call for Proposal Application!

Before you begin, please review the proposal instructions and requirements located via the links on the left of the page. It is required that submitters adhere to the HIMSS17 guidelines. Due to CME requirements, education sessions must be free of any commercialism.

If your proposal is accepted, the information you submit will be used in all marketing materials and is subject to HIMSS final approval/edits.

CAUTION:

- This session will time out after approximately 15 minutes and any data not saved will be lost. Please click the "Save" button at the bottom of the form at least every 15 minutes.

- Please remember that all required fields (*) must have some data before continuing to the next page.

Important! Please read all instructions:
- Any field with a red "*" is required. You will not be able to go on to the next page/section if a required field is not completed.
- Do not select the "previous" button located at the end of the page until all information on the current page is saved.
- On the last page, you can select, "Save", should you need to log back into the system to update your information at a later time. If you click, "Save", your proposal will be saved in Draft status.
- For text box answers, please remove all formatting (do not use bullet points, dashes, etc.) before copying and pasting from another source. Please do not copy and paste content from word processors like Microsoft Word into the proposal form. The form works better if you copy and paste from text editors like Notepad.
- You may edit your proposal via the Submission Preview tab until the site closes Monday, June 13, 2016, 5pm Central Time.
• Provide complete, detailed answers to all text questions. Proposals are scored lower if not enough details are provided.
• Proposals will not be received until the “Submit” button has been selected on the final preview page.

To begin, please enter the proposal title below (create with 10 words/60 characters max, including spaces). Organization names should not be used in the proposal title. Do not use all caps. Capitalize the first letter of each word except prepositions, conjunctions and articles.

Next, select one topic category. Please refer to the topic category link on the left of the page for a description of each topic category.

**SUBMISSION INFORMATION**

* Please enter the proposal title below (create with 10 words/60 characters max, including spaces). Organization names should not be used in the proposal title. Do not use all caps. Capitalize the first letter of each word except prepositions, conjunctions and articles.

* Topic Category (Select one):
  - Business of Healthcare and New Payment Models
  - Care Coordination, Culture of Care, and Population Health
  - Career/Workforce Development and Diversity
  - Clinical and Business Intelligence
  - Clinical Informatics and Clinician Engagement
  - Compliance, Risk Management, and Program Integrity
  - Connected Health
  - Consumer and Patient Engagement
  - EHRs
  - Genomics/Precision Medicine
  - Health Information Exchange, Interoperability and Data Access
  - Human Factors, User Experience and Design
  - Innovation, Entrepreneurship and Venture Investment
  - IT Infrastructure, HIT Standards and Medical Device Integration
  - Leadership, Governance, Strategic Planning
  - Privacy, Security and Cybersecurity
  - Process Improvement, Workflow, Change Management
  - Quality and Patient Safety Outcomes

**SPEAKER DETAILS**

**SPEAKER LIMIT** – Before you begin, please read the Speaker Requirements located via the link on the left of the page. Proposal submissions only allow for two (2) speakers (Primary Speaker and Co-Speaker). It is not allowed to submit more than two speakers. Please do not enter additional speakers in any of the text boxes. If so, your proposal will be disqualified.

Per the speaker requirements, a vendor should not be listed as the primary speaker. If a vendor, you are required to submit a proposal with a provider/user as the primary speaker.

If you are a submitter and not a speaker, please identify yourself as such.

**CAUTION:**

• This session will time out after approximately 15 minutes and any data not saved will be lost. Please click the “Save” button at the bottom of the form at least every 15 minutes.

• Please remember that all required fields (*) must have data before continuing to the next page.
IMPORTANT! Please read all instructions: “Submitters Only” or “Speakers” who are submitters cannot be deleted.

Changing a Speaker:
- Go to submission preview tab and select the edit option in the speaker section.
- First add the new speaker, then go back and delete the original speaker.
- If two speakers were originally provided and you want to change both – delete the first speaker and go back to add a new speaker. Then, delete the second speaker and add the second new speaker.

For text box answers, please remove all formatting (do not use bullet points, etc.) before copying and pasting from another source. Please do not copy and paste content from word processors like Microsoft Word into the proposal form. The form works best if you copy and paste from text editors like Notepad.

- Please select one option below identifying your role:
  - Submitter only - submitting on behalf of the Speaker(s)
  - Speaker - Speaker who is submitting own proposal

- Primary and Co-Speaker Required Information – LIMIT 2 Speakers
  - Primary Speaker First Name:
  - Primary Speaker Middle Initial:
  - Primary Speaker Last Name:
  - Credentials: (i.e.: PhD, RN, etc.)
  - Title:
  - Organization:
  - Address 1:
  - Address 2:
  - City:
  - State:
  - Zip:
  - Country:
  - Email:
  - Daytime Phone:

- What is your role on this submission? LIMIT 2 Speakers
  - Primary Speaker
  - Co-Speaker

- If you have a Twitter account, please enter your Twitter handle. Use the @ symbol and your twitter handle. Don’t use hashtags. This is the correct format: @personaladdresshere

- If you have a LinkedIn account, please enter your address. A submitter can find this information on their LinkedIn profile page. They can find the URL right underneath their profile photo. This is the correct format: https://www.linkedin.com/in/personaladdresshere

- Did you speak at HIMSS16 in Las Vegas?
  If so, what venue?
  - Symposia
  - Workshops
  - General Education Sessions
  - Exhibition Floor Sessions

- How many previous Annual HIMSS Conference and Exhibitions have you presented at?

- HIMSS Member: Yes No
  If yes, list HIMSS Member Number:
* **Worksite:** choose one option below provided on application
  - Academic Education Institution
  - Academic Medical Center
  - Ancillary Clinical Service Provider
  - Banks/Financial Services
  - Community Health Center Clinic
  - Critical Access Hospital
  - Federal, State or Local Government
  - Financial, Legal, Investment Firm
  - Healthcare Consulting Firm
  - Home Healthcare Org
  - Hospital, Multi-Hospital System, Integrated Delivery System
  - IDS/Hospital-Owned Ambulatory Clinic
  - Independent Ambulatory Clinic
  - Life Sciences
  - Long Term Care Facility
  - Payer, Insurance Company, Managed Care
  - Professional Assn/Society
  - Public Health
  - Vendor
  - Other

* **Principal Professional Title:** choose one option below provided on application
  - CEO, Chairman, Pres, Exec Dir, Adm, Group Practice Mgr
  - CFO, VP/Finance, Finance Director, Controller
  - CIO, VP of IT/IS
  - CMIO, CNIO, CCIO
  - CMO, Medical Director, Chief of Staff
  - CNO, VP/Director of Nursing
  - COO, Exec VP, Sr VP, VP, Gen Mgr
  - CSO, VP, Director Info Security/Site Security
  - CTO
  - Chief/Director of Other Clinical Depts./Lab Services/Pharmacy
  - Compliance Officer; Compliance VP/Director/Manager
  - Government Employee/Public Servant
  - HSA Product Management
  - Healthcare Strategists
  - Hospital-Based Physician/Hospitalist
  - IT, Business Consultant
  - Manager of Management Engineering/Process Improvement
  - Manager of Other Admin/Financial Depts
  - Marketing & Sales
  - Mgr/Supervisor of Patient Accounting/Billing/Revenue Cycle
  - Mgr Info Security / Site Security
  - Mgr Network, Internet, Intranet, Telecom, Call Center
  - Mgr of Nursing
  - Mgr of Other Clinical Depts. /Lab Services/Pharmacy
  - Mgr of Other IT/IS Dept
  - Non Management Staff Patient Accounting/Billing/Revenue Cycle/Financial Depts/Admin Depts
  - Non-Management
  - Nurse
  - Nurse Practitioner
  - Other
  - Physician's Assistant
  - Private Practice Physician
  - Professor/Educator
  - Programmers / Developers
• Project Manager
• Registered Pharmacist
• Senior Staff / Staff
• Student
• Systems Analyst
• Treasury Services/Cash Management/Lock Box Management
• VP, Director Mgmt Engineering
• VP, Director Network, Internet, Intranet, Telecom, Call Center
• VP, Director of other IT/IS Department
• VP/Director of Other Admin/Financial

* Length of Time in the Field (years): choose from options below provided on application
  • Less than 1
  • 1-5
  • 6-10
  • 11-15
  • Greater than 15

* Biography of your professional background (2000 characters max, include spaces) Please do not post the actual resume/CV.

* Public Speaking Experience (2500 characters max, include spaces): List the most recent three presentations you have made at regional and national meetings. Identify speaking organization, date, program and name of your presentation.

* Speaker Introduction (1000 characters max, include spaces): Should your proposal be accepted, please provide a written introduction of yourself. Please write in 3rd person, present tense, and in a business-like tone.

* Please acknowledge you have read the HIMSS 17 Publication and Recording Authorization terms and conditions, and that you agree to this authorization.

Publication and Recording Authorization
I hereby grant to the Healthcare Information and Management Systems Society ("HIMSS") a non-exclusive, perpetual license to use, distribute or sell in any medium and to create derivative works from presentations in which I participate in as a speaker or as a moderator at the 2017 HIMSS Conference and Exhibition in Orlando, FL (the "Conference"), including written, audio or visual material distributed or displayed during the presentations (collectively, the "Work"). Such use, distribution, and creation may include audiotapes, videotapes, web broadcasting, live simulcast, printed materials, and electronic/digital/computer media and other media. The Work may be edited as reasonably deemed necessary by HIMSS in order to render suitable for use or sale, and I forever waive any and all rights to royalties that may arise as a result of my participation. On behalf of myself, my heirs successors, and assigns, I hereby release any and all claims against HIMSS which may arise directly or indirectly from the exercise of the license granted hereunder.

Additionally, I hereby agree that I will not present my HIMSS conference approved presentation for a period of three months prior to the date of the conference. As a courtesy, I will notify HIMSS should this presentation be presented again within three months post-conference.

In consideration for the above, HIMSS agrees to acknowledge my contribution to the Work in whatever form HIMSS uses, distributes, or creates for the Work.

I warrant the following:

1. That I hold all rights to this Work, unless I created the Work in my role as an employee of the Federal government. I warrant my presentation is original and that I am the sole author or co-author and owner or co-owner of the presentation and have full power to make this declaration; and no agreement to publish is now outstanding; that it contains no matter libelous or otherwise unlawful or which invades individual privacy or which infringes any proprietary right at common law or any statutory copyright; that I will hold
harmless and indemnify HIMSS, its licensees and distributees, or any of them, against any and all suits, claims, demands, or recoveries, including damages, costs, expenses, and attorneys’ fees, which may be made, taken, or incurred at any time by or against HIMSS, its licensees and distributees, or any of them, which are based upon any of the following allegations: plagiarism, invasion of privacy, violation of proprietary right or copyright, libelous or injurious matter contained in said presentation.

2. That I have obtained all necessary clearances, have cited all sources and/or included all necessary acknowledgements. I warrant that where I am using a previously published figure, table or text excerpt, I obtained written permission to reproduce it from the copyright holder, and I have acknowledged the original source in the caption for a figure or as a footnote to a table or text excerpt.

3. HIMSS reserves all rights to determine if/when my material as a speaker/moderator will be presented. In the event that HIMSS shall commence any suit or action to interpret or enforce the agreements under this Authorization, I agree to reimburse HIMSS for its costs and expenses incurred in connection with such suit or action, including attorney fees and costs.

∗ To confirm that you agree to this authorization, please type your name between the slashes (example: /First name Last name/) in the space provided to indicate your signature.

∗ If this proposal is accepted, please confirm that, if accepted, you will provide up to two pieces of content (i.e., a blog post, podcast, twitter chat, or other type of content) leading up to conference that will promote your session to a broader audience. Yes/No

∗ If this proposal is accepted, please confirm that you will acknowledge and comply, to the best of your ability, with all HIMSS17 deadlines that will be published at a later date. Failure to do so may result in forfeiture of the session. Yes/No

If you only have one speaker, please select save and next. If you want to add a speaker, please select save and continue to add a speaker (LIMIT 2 speakers).

CONTENT & MATERIALS
Content and materials – This section contains the details on the submission including the presentation description, learning objectives, target audience, etc. Please refer to the links on the left of the page for further details.

CAUTION:
- This session will time out after approximately 15 minutes and any data not saved will be lost. Please click the “Save” button at the bottom of the form at least every 15 minutes.
- Please remember that all required fields (*) must have data before continuing to the next page.

Helpful Hints:
- Remove all formatting (do not use bullet points, etc.) before copying and pasting from another source.
- Please do not copy and paste content from word processors like Microsoft Word into the proposal form. The form works best if you copy and paste from text editors like Notepad.
- Identify the source(s) of your information/data.
- For content text boxes listed below there is a 500 word maximum limit. You may answer each content section with as many words as you need, however, no more than 500 words.

Proposal Content and Materials
HIMSS reserves the right to change your selected topic category, session format, session level as needed. If accepted, HIMSS may copy edit your session description and learning objectives for marketing materials.

∗ Will you require an internet connection to present this session? Yes No
* If this proposal is accepted, would you use the audience response polling technology during your session? Yes No

* Have you presented on this topic elsewhere? Per the HIMSS Publication & Authorization Form, speakers may not present this presentation for a period of three months prior to the date of the conference and, as courtesy, should notify HIMSS if presented 3 months after conference. Yes No

If you presented elsewhere please indicate for whom? when? where? audience? (please indicate reference names and contact info – 2000 characters max)

* Provide a brief summary description (1,000 characters max) as you want it to appear in the program book and on the website if selected.

* Presentation Format (please select one)
  - 60-Minute Lecture (limit 2 speakers max)
  - 60-Minute Essential Conversation (2 speakers/facilitators max, this is not a panel session)
  - 60-Minute Roundtable (limit 2 facilitators max, this is not a panel session)

* Level of presentation (please select one)
  - **Introductory** — Provides a broad-based overview of a topic; assumes attendees have little to no knowledge of the subject matter; the content delivered is considered basic and of a non-technical nature for the layperson’s consumption. (Equivalent to a Freshman-level baccalaureate class or 100-series level of instruction).
  - **Intermediate** — Assumes that the content delivered will address topics beyond the beginner level but does not stray into deeply advanced content or concepts; provides a moderate level of subject matter that adds to and enriches attendees’ understanding; (Equivalent to a sophomore- or junior-level baccalaureate class or 200- or 300-series level of instruction.)
  - **Advanced** — Provides an extraordinarily intense and advanced level of content that is beyond the intermediate level; subject matter is deeply in-depth and mature in course of progress or development. (Equivalent to a senior seminar or graduate-level series of instruction.)

* What is the primary professional role for which your presentation is targeted?
* What is the secondary professional role for which your presentation is targeted?
* What is the third professional role for which your presentation is targeted?
  - CIO, CTO
  - C-Suite
  - Clinical Engineering Professional
  - Clinical Informaticist
  - Consultant
  - Early Careerist Professional
  - First Time Attendee
  - Government or Public Policy Professional
  - Healthcare Financial Professional
  - IT Professional
  - Investor/Entrepreneur
  - Life Sciences Professional
  - Management Engineer and Process Improvement Professional
  - Military Health Professional
  - Nurse, CNO, CNIO
  - Payer
  - Pharmacy Professional
  - Physician, CMO, CMIO
  - Privacy Professional
• Project Manager
• Public Health Practitioner
• Security Professional
• Senior IT Executive

* Identify one sub-topic for which this proposal is related (100 character max, including spaces). Please refer to the HIMSS17 Topic Categories link located on the left of the page for a list of sub-topics available under each main topic category.

LEARNING OBJECTIVES
Precisely describe what attendees are to gain by attending this presentation. Please follow the instructions below when writing your learning objectives. The appropriate verbs from the reference list below must be used. If the appropriate verbs are not used, the learning objectives will not be accepted.

• List 3 – 5 learning objectives
• Each learning objective should be one-sentence, short and concise, without a period at the end of the sentence
• HIMSS requires that learning objectives begin with verbs that are observable and measurable
• Please review below list for acceptable active verbs to utilize to begin your learning objective

All learning objectives need to start with active verbs and define an operational or behavioral objective.

• Example#1 Correctly-worded Learning Objective: Analyze the process improvement steps taken by the team
• Example#2 Correctly-worded Learning Objective: Compare two different approaches to process improvement

Behavioral Terms that are NOT measurable do NOT meet criteria for approval.

• Example #1 Incorrectly-worded Learning Objective: Understand what steps the team used for process improvement
• Example #2 Incorrectly-worded Learning Objective: Learn about two different approaches to process improvement

VERBS FOR WRITING LEARNING OBJECTIVES
Some Verbs for Use in Stating Cognitive Outcomes
Knowledge Comprehension Application Analysis Synthesis Evaluation Define Explain Apply Analyze Arrange Appraise List Express Employ Appraise Create Assess Recognize Describe Demonstrate Calculate Design Choose Record Discuss Illustrate Categorize Develop Compare Repeat Identify Interpret Classify Diagnose Decide State Restate Perform Compare Formulate Estimate Translate Practice Contrast Hypothesize Evaluate Use Criticize Manage Judge Debate Organize Justify Diagram Plan Measure Differentiate Prepare Rate Distinguish Propose Score Outline Summarize Select

Verbs for Use in Stating Affective Outcomes
Receiving Responding Valuing Organization Value Complex Accept Answer Complete Adhere Act Ask Assist Follow Defend Discriminate Choose Compile Form Integrate Display Follow Greet Initiate organize Influence Reply Help Join Practice Show Share Study

Some Verbs for Use in Stating Psychomotor Outcomes
Perception Set Guided Response Mechanism Complex Adaption Origination Detect Begin Copy Assemble Assemble Adapt Arrange Differentiate Proceed Follow Construct Construct Change Compose Identify React React Display Display Revise Construct Respond Reproduce Manipulate Manipulate Vary Create Start Work Operate Design Write Work

Bad words that should not be used as cognitive objectives!
Understand Review Learn Increase Know Expand horizons Approach Appreciate Become Really Grasp the significance of Improve Grow Thinks critically

* Learning Objective 1:
* Learning Objective 2:
Learning Objective 3:
Learning Objective 4 (optional):
Learning Objective 5 (optional):

Enduring Credit Questions

These questions will be used for enduring credit available through the HIMSS eLearning environment required by HIMSS CE providers.

* Please provide two(2) multiple choice questions and one(1) true/false question that attendees should be able to answer after attending this presentation. There is a 300 character maximum count that includes spaces.

* In the appropriate fields, please provide the correct answer and the reason why for each question. In addition, please provide the incorrect answers and the reasons why.

**EXAMPLE - Multiple Choice Questions**

**List Multiple Choice Question (300 characters maximum, includes spaces):**

A universal goal to improve patient safety is the use of:

Correct Answer:
- A. Surgical pause - This is one of the main goals of The Joint Commission International Center for Patient Safety.

Incorrect Answer:
- B. Patient privacy process - This is not a patient safety goal.
- C. Diagnosis-related groups - This is not a patient safety goal.
- D. Peer review - This is not a patient safety goal.

**EXAMPLE – True/False Question (300 characters maximum, includes spaces)**

When setting up relational databases, the primary key refers to a field or set of fields that uniquely identifies each record stored in the table.

Correct Answer:
- True: A primary key (if assigned) is used as a unique identifier for each record in the table.

Incorrect Answer:
- False: A primary key (if assigned) is used as a unique identifier for each record in the table.

**DETAILED PRESENTATION DESCRIPTION**

Please provide further background on the topic. Please identify the source(s) of your data.

* Please describe the **TOPIC/ISSUE** that will be presented and how it was identified. (2,500 characters max, include spaces).
* Please describe the **APPROACH(ES)** used to address the topic/issue (2,500 characters max, include spaces).
* Please describe the **CHALLENGES/BARRIERS** faced (2,500 characters max, include spaces).
* Please describe the **CONCLUSION/OUTCOMES ACHIEVED** (2,500 characters max, include spaces).
* Please describe the **Recommendation(s)** you would offer (2,500 characters max, include spaces).
* The HIMSS IT Value Suite is a robust library of value-focused, evidence based examples of value using the **HIMSS IT Value STEPS** that benefits patients, healthcare providers and communities. Describe how your topic demonstrates the various stages of STEPS (where applicable) and include metrics to support the value your organization received:
S=Satisfaction
T=Treatment/Clinical
E=Electronic Information/Data
P=Patient Engagement/Population Management
S=Savings

(2,500 characters max, include spaces).

If submitting for a roundtable discussion session, please list details on how you would facilitate a group discussion with approximately 200 attendees. (Note: this is not a panel session or a lecture session). If not submitting for a roundtable session, please continue to next question.

If submitting for an Essential Conversation session, please list details on how you would facilitate this session with attendees. If not submitting for an Essential Conversation session, please continue.

* If accepted, can we record your presentation? Yes No
* If accepted, can we take photographs during your presentation? Yes No
* If accepted, can we publish your submission? Yes No
* If your submission is declined, do you want this submission considered for other presentations? Yes No