



2019 HIMSS Global Conference & Exhibition Blank Proposal Form

This form is to provide you with a copy of the HIMSS19 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 all instructions. Instructions can be found on the HIMSS Call for Proposal website at <http://www.himss.org/health-it-education/global-conference/proposal> 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 HIMSS19 to be held at the Orange County Center in Orlando, FL, February 11 – 15, 2019. If you are considered 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 HIMSS19, please submit your proposal and/or direct any questions/inquiries directly to Carrie Mellin at carrie.a.mellin.ctr@mail.mil or call directly at 703-906-6126.

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

Welcome to the HIMSS19 Call for Proposal Application!

Before you begin, please review the proposal instructions and requirements located via the links on the Call for Proposal website <http://www.himss.org/health-it-education/global-conference/proposal>.

It is required that submitters adhere to the HIMSS19 guidelines. Based on guidelines established by ACCME, ANCC, and HIMSS, educational content must be unbiased and free of commercial influence. References to products, inclusion of product names, screen shots of applications, and references that include specific vendor organization names are all considered elements of commercialism and is not permitted unless balanced, described as three or more examples of the same type of commercial item is included.

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, July 16, 2018, 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.

SUBMISSION INFORMATION

Please enter the proposal title (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.

*** Title (10 words/60 characters max):**

Next, select one topic category. Please refer to the topic category link on the Call for Proposal website for a description of each topic category.

*** Topic Category (Select one):**

- Clinical Informatics and Clinician Engagement
- Clinically Integrated Supply Chain
- Consumer/Patient Engagement and Digital/Connected Health
- Consumerization of Health
- Culture of Care and Care Coordination
- Cybersecurity, Privacy, and Security
- Data Science/Analytics/Clinical and Business Intelligence
- Disruptive Care Models
- Grand Societal Challenges
- Health Informatics Education, Career/Workforce Development, and Academia
- Health Information Exchange, Interoperability, Data Integration, and Standards
- Healthcare Applications and Technologies Enabling Care Delivery
- Healthy Aging and Technology
- Improving Quality Outcomes Through Health Information and Technology
- Innovation, Entrepreneurship, and Venture Investment
- Leadership, Governance, and Strategic Planning
- Population Health Management and Public Health
- Precision Medicine and Genomics
- Process Improvement, Workflow, and Change Management
- Public Policy, Reporting, and Risk Management
- Safe Information and Technology Practices for Patient Care
- Social, Psychosocial, and Behavioral Determinants of Health
- Telehealth
- User Experience (UX), Usability, and User-Centered Design

SPEAKER DETAILS

SPEAKER LIMIT – Before you begin, please read the Speaker Requirements link on the Call for Proposal website. Proposal submissions allow for two (2) speakers only. Additional speakers submitted in content text boxes will not be considered part of the proposal submission.

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

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- **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

* **Speaker Required Information – LIMIT 2 Speakers**

- Speaker First Name:
- Speaker Middle Initial:
- 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 HIMSS18 in Las Vegas, NV?**

If so, what venue?

- Symposia
- Workshops
- General Education Sessions
- Exhibition Floor Sessions

* **How many previous HIMSS Global Conference & 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 HIMSS19 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 2019 HIMSS Global Conference & 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 streaming, 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, pod cast, 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 you will comply with the HIMSS19 deadline dates to be published upon acceptance. 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.

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.

- * **Identify one focus area your proposal content will emphasize. Please refer to Content Focus link on the Call for Proposal website for further information.**
 - Technology
 - Information
 - Organizational Efficiencies
 - Care
 - Environment
 - Grand Societal Challenges
- * **Will you require an internet connection to present this session? Yes/No**
- * **Would you like to use audience response polling during your presentation? 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)

- * **Does this content appeal to a global audience? Yes/No**
- * **Does this content address a specific region or country outside the United States? Yes/No**
- * **If yes, please list country the topic is specific to.**

- * **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, panel sessions are not accepted) Please refer to the Presentation Format & Requirements link on the Call for Proposal website.
 - 60 Minute Lecture (limit 2 speakers max)
 - 60 Minute Essential Conversation (2 speakers/facilitators max, this is not a panel session)
 - 20 Minute SPARK Session (limit 1 speaker)
- * **If submitting a proposal for a SPARK session, please provide a URL to a video of approximately three minutes that highlights the speaker's style and delivery for a presentation of this type.**
- * **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?**
 - Advocacy Groups Focused on Patient, Family Member, or Caregiver
 - Allied Health Professional
 - CEO/COO
 - CIO/CTO/CTIO/Senior IT
 - Clinical Engineering Professional
 - Clinical Informaticist
 - CMIO/CMIO
 - CNIO/CNO
 - Chief Quality Officer and Chief Clinical Transformation Officer
 - CISO/CSO
 - Consultant
 - Consumer Groups
 - Data Scientist
 - Early Careerist
 - First Time Attendee
 - Government or Public Policy Professional
 - Healthcare Financial Professional
 - Investor or Entrepreneur
 - IT Professional
 - Information Management Professional
 - Life Sciences Professional
 - Management Engineering or Process Improvement Professional
 - Military Health Professional
 - Nurse or Nurse Practitioner
 - Payer
 - Pharmacy Professional
 - Physician or Physician's Assistant
 - Population Health Management Professional
 - Project Manager
 - Professor/Academician
 - Public Health Practitioner
 - Quality Professional
 - Research and Development Professional
 - Start-Up
 - Student
 - Supply Chain Management Professionals/Clinicians
 - Technologist

- * Identify one sub-topic for which this proposal is related (100 character max, including spaces). Please refer to the HIMSS19 Topic Categories link located on the Call for Proposal website for a list of sub-topics available under each main topic category.

BLOOM'S TAXONOMY 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

BLOOM'S TAXONOMY VERBS FOR WRITING LEARNING OBJECTIVES

Some Verbs for Use in Stating **Cognitive** Outcomes

<u>Knowledge</u>	<u>Comprehension</u>	<u>Application</u>	<u>Analysis</u>	<u>Synthesis</u>	<u>Evaluation</u>
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

<u>Receiving</u>	<u>Responding</u>	<u>Valuing</u>	<u>Organization</u>	<u>Value Complex</u>
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

<u>Perception</u>	<u>Set</u>	<u>Guided Response</u>	<u>Mechanism</u>	<u>Complex</u>	<u>Adaption</u>	<u>Origination</u>
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!

Increase	Expand horizons	Approach	Appreciate	Become
Know	Really know	Grasp the significance of	Improve	Grow
Learn	Thinks critically	Understand		

- * **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 after conference for enduring credit available through the HIMSS eLearning environment required by HIMSS CE providers.

Please provide two (2) multiple choice questions with 4 answer choices (a-d) and one (1) true/false question that attendees should be able to answer after attending this presentation. There is a **250** character maximum count that includes spaces for each question and answer.

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

If the correct answer is "all of the above" or "none of the above", please do not simply repeat the answer. Instead, provide a reason or a citation indicating why all the answers are correct or not correct.

EXAMPLE - Multiple Choice Questions

List Multiple Choice Question (**250 characters maximum, includes spaces**):

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

Provide one correct answer (**250 characters maximum, includes spaces**):

- A. Surgical pause

Provide reason why the above answer is correct (**250 characters maximum, includes spaces**).

- A. This is one of the main goals of The Joint Commission International Center for Patient Safety.

Provide three incorrect answers below (**250 characters maximum each, includes spaces**):

- B. Patient privacy process
- C. Diagnosis-related groups
- D. Peer review

EXAMPLE – True/False Question (**250 characters maximum, includes spaces**)

Question: 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.

Provide correct answer below (True or False):

True

Provide reason why the above answer is correct (**250 characters maximum, includes spaces**).

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

DETAILED SUBMISSION INFORMATION

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).

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. (2,500 characters max, include spaces).

- * **If accepted, do you approve recording of your session?** Yes/No
- * **If accepted, do you authorize publication of your session?** Yes/No
- * **If declined, do you approve this submission being considered for other presentations?** Yes/No