

**Founded in 1982**

"Committed to Health Care Risk Management  
& Patient Safety in New York"



## **ANNUAL FULL DAY EDUCATIONAL CONFERENCE**

FRIDAY, JUNE 6 2014 • 8:00 AM – 4:00 PM

LIGHTHOUSE INTERNATIONAL • BENAY VENUTA HALL

111 EAST 59TH STREET

(BETWEEN PARK & LEXINGTON AVENUES)

NEW YORK NY 10022 • (800) 829-0500

### **SPECIAL THANKS** **TO OUR SPONSORS**

AARONSON RAPPAPORT FEINSTEIN & DEUTSCH, LLP



The Association for Healthcare Risk Management of New York, Inc. and our Sponsors invite you to join us at our Annual Full Day Educational Conference. The day is filled with dynamic presentations, including a morning and afternoon keynote address, as well as breakout sessions of various topics. We hope that you will stay through the end for some networking and a farewell toast.

This conference has been approved for a total of 4.5 contact hours of Continuing Education Credit by the American Society for Healthcare Risk Management (ASHRM) toward fulfillment of the requirements for designations of FASHRM (Fellow), DFASHRM (Distinguished Fellow) and towards CPHRM renewal.

### **PROGRAM**

**8:00 – 9:00** Registration and Breakfast  
**9:00 – 9:15** Welcome and Announcements  
Francine Thomas, AHRMNY President

### **9:15 – 10:30 Morning Keynote Address**

#### **Violence in Hospitals**

Colleen Canning, JD CPHRM  
Assistant Vice President  
ACE Medical Risk

Richard D. Sem, CPP CSC  
President  
Sem Security Management

### **10:30 – 10:45 BREAK**

### **10:45 – 11:45 Morning Breakout Sessions**

#### **(A) Disclosure Communication**

Chris Stern Hyman, Esq  
Mediator  
Medical Mediation Group LLC

Carol B. Liebman  
Clinical Professor  
Columbia Law School

#### **(B) Simulation in Healthcare**

Jared Kutzin, DNP MPH MS MEDL RN CPPS  
Director, Simulation Center  
Winthrop University Hospital

Robin Lynch, MSN RN  
Simulation Center Manager  
New York-Presbyterian/Columbia

### **11:45 – 1:00 LUNCH AND BUSINESS MEETING**

### **1:00 – 2:15 Afternoon Keynote Address**

#### **Emerging Trends and the Future of Enterprise Risk Management**

Hollis D. Meidl  
Managing Director, National Healthcare Practice Leader  
Marsh

### **2:15 – 2:30 BREAK**

### **2:30 – 3:30 Afternoon Breakout Sessions**

#### **(A) Worker Safety & Patient Safety in the Age of ACO's** **The "New" Safety Crisis**

Grena Porto, RN MS ARM CPHRM  
Healthcare Practice Leader, ESIS Health, Safety & Environmental  
Vice President, Risk Management, ESIS Proclaim

#### **(B) E-Discovery**

Guido Gabriele, III  
Technology Attorney  
Gabriele & Marano

### **3:30 – 4:00 Closing Remarks & Farewell Toast**

## CONFERENCE REGISTRATION AND MEMBERSHIP RENEWAL

### Conference Fees

\_\_\_\_\_ \$75 – Conference Fee (Member)  
\_\_\_\_\_ \$150 – Conference Fee (Non-member)

### Membership and Conference Registration Fees

#### Individual and Group Membership Rates:

- ☐ \$100 Individual Membership Only (not attending conference)  
☐ \$250 Group Membership Only (not attending conference)  
Three (3) must join at the same time and from the same company to qualify for this rate.

#### Membership + Conference Attendance Rates:

- ☐ \$175 - Individual membership + Conference Fee  
☐ \$325 - Group Membership and 1 member attending conference  
☐ \$400 - Group Membership and 2 members attending conference  
☐ \$475 - Group Membership and 3 members attending conference

### Registration and Payment Options

- 1) You may register for the conference, renew membership dues and make payment electronically on the AHRMNY website.  
Click link to access:  
<http://ahrmny.com/meetinginfo.php?id=21&ts=1399560829>
- 2) If paying by check or money order, please make check payable to **AHRMNY** and mail to:  
  
P.O. Box 4200  
Grand Central Station  
New York, NY 10163
- 3) If faxing registration, please send to 347-402-2953.
- 4) Questions about conference or membership status:  
call 973-641-5311 or email [ahrm@optimum.net](mailto:ahrm@optimum.net)

**Please Xerox this page to register additional attendees**

### Contact Information

#### (Please select breakout sessions you will attend)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of (ASHRM)? ☐ Yes ☐ No

**Breakout Session (Morning)** A ☐ or B ☐

**Breakout Session (Afternoon)** A ☐ or B ☐

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of (ASHRM)? ☐ Yes ☐ No

**Breakout Session (Morning)** A ☐ or B ☐

**Breakout Session (Afternoon)** A ☐ or B ☐

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you a member of (ASHRM)? ☐ Yes ☐ No

**Breakout Session (Morning)** A ☐ or B ☐

**Breakout Session (Afternoon)** A ☐ or B ☐

## EXHIBITORS

**AHRMNY is excited to announce that the following companies have confirmed their participation as exhibitors.  
Please be sure to visit their table throughout the day.**



Continuing Education Credits toward the renewal of FASHRM, DFASHRM and CPHRM designations will be provided through the American Society for Healthcare Risk Management (ASHRM)

**"The Affiliation agreement between our local chapter (AHRMNY) and the national organization (ASHRM) requires that AHRMNY share our members' names and contact information with ASHRM."**